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DLN: 93493196004184

# Form **990**

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

2012

Open to Public Inspection

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

A F	or the	2012 cal	endar year, or tax year beginning	09-01-2012 , 2012, and ending 08-	31-2013					
ВС	neck if a	applicable	C Name of organization NEW HAMPSHIRE AMATEUR HOCKEY	ASSOCIATION		D Emplo	yer ide	ntification number		
☐ Ac	ldress c	change				02-03	2497	9		
Ги	ame cha	ange	Doing Business As							
∏ In	ıtıal retu	urn		ıl ıs not delivered to street address) Room/s	uıte	E Telepho	ne num	nber		
Гт	erminate	ed	PO BOX 1446			(603)	224-8	3787		
☐ Ar	nended	l return	City or town, state or country, and ZI CONCORD, NH 03302	P + 4		(003)		.,,,,,		
L V	plicatio	n pending	CONCORD, NIT 03302			<b>G</b> Gross re	eceipts :	\$ 140,005		
			<b>F</b> Name and address of princ	ipal officer	H(a)	Is this a group	return	ı for		
			THOMAS ROGERS PO BOX 2406			affiliates?		┌ Yes 🗸 No		
			CONCORD,NH 03302		Н(р)	Δre all affiliate	s inclu	ıded?		
			L		1			(see instructions)		
I T	ax-exer	mpt status	▼ 501(c)(3)	sert no ) 4947(a)(1) or 527	H(c)	Group exempt	on nu	mher <b>⊫</b> 3724		
J V	/ebsit	: <b>e:►</b> N/	4		(c)	Group exempe	on na	MIDCI P 3721		
<b>K</b> Fo	rm of o	rganization	Corporation Trust Association	Other ►	<b>L</b> Yea	ar of formation 19	90 <b>M</b>	State of legal domicile NH		
Pá	art I	Sum	nmary							
		•	escribe the organization's missior	or most significant activities						
		<u>PRO MO</u>	TION OF HOCKEY AS A SPORT							
Š										
酉										
ě	2	Check tl	his box দ if the organization disc	continued its operations or disposed	of more t	han 25% of its	net as	ssets		
Activities & Governance								1		
26 46				ig body (Part VI, line 1a)			3	12		
Œ				the governing body (Part VI, line 1b			4	0		
₹				alendar year 2012 (Part V, line 2a)			5	0		
a ब				cessary)			6	15		
				rt VIII, column (C), line 12			7a	0		
	Ь	Net unre	elated business taxable income fro	om Form 990-T, line 34	<u></u>		7b			
		C +	Control in	- 11		Prior Year	22	Current Year		
ā	8		ibutions and grants (Part VIII, line		·	23,2 123,5	_	64,548 75,398		
Revenue	9 10	_		e 2g)		123,5	51	75,398		
Æ	111		revenue (Part VIII, column (A), li		' <u> </u>		<del>-  </del>	0		
	12		, , , , , , , , , , , , , , , , , , , ,	must equal Part VIII, column (A), lir	ne 一		+			
						146,8	58	140,005		
	13	Grant	s and sımılar amounts paıd (Part I	X, column (A), lines 1-3)		17,7	92	1,465		
	14	Benef	its paid to or for members (Part IX	, column (A), line 4)	-			0		
ø	15	Saları 5–10		benefits (Part IX, column (A), lines				0		
Expenses	16a		,	olumn (A), line 11e)				0		
क <del>⊜</del>	b				•					
Δ	17		undraising expenses (Part IX, column (D),	nes 11a-11d, 11f-24e)		133,0	16.8	124,660		
	18			t equal Part IX, column (A), line 25)	•	150,8		126,125		
	19			8 from line 12		-4,0		13,880		
± 07 3r A			Superious Subdidectime I			inning of Curre				
Not Assets or Fund Balances						Year		End of Year		
3.45 B.45 B.45	20	Total	assets (Part X, line 16)			135,5	09	149,389		
7 P	21	Total	liabilities (Part X, line 26)					0		
黑道	22	Netas	ssets or fund balances Subtract II	ne 21 from line 20		135,5	09	149,389		
Pa	rt II	Sign	nature Block							
				mined this return, including accompa						
			nowledge	plete Declaration of preparer (other t	than offic	er) is based on	all info	ormation of which		
F · - F		,								
		****	***			2014-07-11				
Sig		Signa	ature of officer			Date				
Her			MAS ROGERS PRESIDENT							
			e or print name and title							
_	_		Print/Type preparer's name PATRICK J KELLY		Date 2014-07-1	Check  if	PTIN			
Pai		-  -	Firm's name F PATRICK J KELLY CPA	<u> </u>		self-employed   Firm's EIN 🕨				
Pre	pare	er								
Us	e On	ıly 🏻 🖟	Firm's address 🟲 713 CHESTNUT ST			Phone no (603	ne no (603) 669-6088			

MANCHESTER, NH 031043002

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

120,177

Total program service expenses ►

# 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2012)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

	Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	l No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	1		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	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)?	4a		No
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Ν
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		N (
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	]		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l I N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a	-	<u> </u>

Se	ction A. Governing Body and Management			
			Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ů	103	
	more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

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

interest policy, and financial statements available to the public during the tax year

▶JOHN MUMFORD 32 MOHAWK LN BRENTWOOD, NH (603) 580-2320

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	(C) Position (do not x, person is both an or and a director/true Office) Institutional Trustee or director			c, unle n office	ss er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		usbee	Trustee		0	npensated						
(1) PER ATTACHED LISTING VARIOUS	4 00	х						0	0	0		
										Form <b>990</b> (2012)		

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

(A) (B) (C) (D) (E)												T	(F)	
	Name and Title	Average hours per	Position (do not check more than one box, unless					Reporta compens	oortable Repor		_	Estima mount of		
		week (list	perso	n is	both	and	officer	•	from th	ne	compensation from related	-   -	compens	ation
		any hours for related					stee)		organization 2/1099-M		organizations (W 2/1099-MISC)		from t rganızatı	
		organizations below	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former					relate organiza	
		dotted line)	요 유 급	<u>∏</u>	<u> -</u>	) P	) () () () () () () () () () () () () ()	单					<b>J</b>	
			trus	<u>5</u>		) ee	을							
			8	Til St.			ensa							
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												+		
												-		
1b	Sub-Total			•				►						
C	Total from continuation sheet	s to Part VII, S	ection A	١.		•		•						
d						•	•	•						
2	Total number of individuals (in \$100,000 of reportable compe					liste	d abov	e) w	ho received	more th	ian			
													Yes	No
3	Did the organization list any fo						emplo	yee	, or highest o	ompen	sated employee			
	on line 1a? If "Yes," complete S						• .	•		•		3		N o
4	For any individual listed on line organization and related organ													
	ındıvıdual		• •		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ									nization 	or individual for	_		
			5.1101							_ •	· · ·	5		No_
	ection B. Independent Co													
1	Complete this table for your five compensation from the organization												tax year	
		(A) lame and business	-						<u>-</u>		(B) cription of services		(C)	
	IV	Lattic and Dublic55								Des	Supplier of Services	$\pm$	Сотпреп	544011
												+		
												#		
									1			- 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

	Check if Schedule O contains a response to any que	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ω 1a	Federated campaigns 1a				311
ш ш ы	Membership dues 1b 4	7,455			
E c	Fundraising events <b>1c</b>				
and Other Similar Amounts	Related organizations 1d				
ie   ,		<del></del>			
Sim					
e f	All other contributions, gifts, grants, and similar amounts not included above	7,093			
등   8	Noncash contributions included in lines  1a-1f \$	i			İ
and 4	Total. Add lines 1a-1f	64,548			
	Business C	ode			
b c d e f f		711210 75,398			
p b		, 11210			
- 1. c					
្តី d					
∄   e					
f f	All other program service revenue				
}   g	Total. Add lines 2a-2f	<b>▶</b> 75,398			
3	Investment income (including dividends, interest,				
	and other similar amounts)	59			
4 5	Royalties				
	(i) Real (ii) Persoi	nal			
6a					
ь	Less rental expenses				
c	Rental income				
d	or (loss)  Net rental income or (loss)	<u> </u>			
	(i) Securities (ii) Othe				
7a	from sales of				
	assets other than inventory				
ь	Less cost or other basis and				
	sales expenses Gain or (loss)				
d	Net gain or (loss)	_			
8a	Gross income from fundraising	· •			
b	events (not including  \$				
	of contributions reported on line 1c)				
	See Part IV, line 18				
ь	Less direct expenses b				
c	Net income or (loss) from fundraising events	▶			
9a	Gross income from gaming activities See Part IV, line 19				
	a h				
b c	Less direct expenses b  Net income or (loss) from gaming activities	<u></u>			
	Gross sales of inventory, less	-			
	returns and allowances .				
_	loss cost of goods cold				
b c	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory	<del>_</del>			
\rightarrow \frac{1}{2}	Miscellaneous Revenue Business C				
11a					
Ь					
c					
d	All other revenue				
e	Total. Add lines 11a-11d	<b>*</b>			
		i l			1

140,005

# Form 990 (2012) Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organızat	ions must comp	olete column (A )	
	Check if Schedule O contains a response to any question in this Pa	tIX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,465	1,465		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
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 (non-employees)				
а	Management				
b	Legal	1,567	0	1,567	0
С	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	1,391	0	1,391	0
14	Information technology	4,500	4,500	0	0
15	Royalties				
16	Occupancy				
17	Travel	8,549	7,312	1,237	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,257	0	1,257	0
20	Interest	130	0	130	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23 24	Insurance				
a		16,760	16,625	135	0
b	BANK CHARGES	231	0	231	0
c	DEVELOPMENT CAMPS	49,287	49,287	0	0
d	RINK RENTAL	12,890	12,890	0	0
e	All other expenses	28,098	28,098	0	0
25	Total functional expenses. Add lines 1 through 24e	126,125	120,177	5,948	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . . . . . . . . . . . . . . (B) (A) End of year Beginning of year 135,509 1 149,389 1 2 2 Savings and temporary cash investments . . . . . 3 3 Pledges and grants receivable, net . . . . . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 8 8 9 9 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D b Less accumulated depreciation . . . . . 10b 10c 11 11 Investments—publicly traded securities . . . . . . 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 Investments—program-related See Part IV, line 11 . . . . . 13 14 14 15 15 135,509 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 16 149,389 **17** 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 ol 0 26 **Total liabilities.** Add lines 17 through 25 . . . . . 26

Fund Balances

ö

Assets

Š

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	.40,005
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	.26,125
3	Revenue less expenses Subtract line 2 from line 1	3			13,880
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	.35,509
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	.49,389
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ gamma$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			_
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equire	3 <b>b</b>		

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As Filed Data -

DLN: 93493196004184

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

NEW HAMPSHIRE AMATEUR HOCKEY ASSOCIATION

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

									02-0324		
	rt I			blic Charity Sta				•	<del></del>	ınstruction	S.
The	rganı:			te foundation becaus							
1			•	on of churches, or a				section 170	(b)(1)(A)(i)		
2	Г	A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sche	dule E )				
3	Γ	A hosp	oital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın <b>sect</b> i	ion 170(b)(	1)(A)(iii).		
4	Γ	A med	ical researc	h organization opera	ted ın conjun	ction with	a hospital de	scribed in <b>s</b>	ection 170(b	)(1)(A)(iii).	Enter the
_	_			ty, and state							<del></del>
5	ı	_	-	erated for the benefi	=	e or univers	sity owned or	operated by	y a governme	ntal unit des	scribed in
	_			<b>A)(iv).</b> (Complete P	•						
6	<u> </u>			local government o							
7	Г			at normally receives			s support fro	n a governn	nental unit or	from the ge	neral public
8	_			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i	` '	,	mplete Part	TT \			
9	<u> </u>		-				-	-	abutions mo	mborchin for	s and gross
9	1*			at normally receives							
				ities related to its e							
				oss investment inco						1 (ax)    O    L	,ualliesses
10	_			ganization after June							
10	_	_		ganized and operated							
11	ı			ganized and operated ly supported organiz							
			•	bes the type of supp				•		See <b>section</b>	309(a)(3). Check
				<b>b</b>						Non-function	nally integrated
е	$\vdash$	By che	cking this b	ox, I certify that the	organization	ıs not con	trolled direct	ly or indired	tly by one or	more disqu	alıfıed persons
				on managers and ot	her than one	or more pu	ıblıcly suppo	rted organız	ations descr	bed ın sectı	on 509(a)(1) or
_			n 509(a)(2)		- k k	C	DC +b - + · + · - ·	. T	<b></b>		
f			organization this box	received a written d	etermination	from the I	KS that it is a	a iype i, iy	pe II, or I yp	e III suppor	ting organization,
g				2006, has the organ	ızatıon acceı	oted any di	ft or contribu	tion from an	ıv of the		,
_			ng persons?	, 3	'	, 3			,		
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	ner alone or	together wit	h persons d	escribed in (	u)	Yes No
		and (111	) below, the	governing body of th	ie supported	organizatio	on?			11	.g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	) above?			119	g(iii)
h		Provid	e the followi	ng information about	the support	ed organıza	ition(s)				_
_	i) Nan		(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	ou notify	(vi) I:		(vii) A mount of
	suppoi			organization	organizat		the organ		organiza		monetary
OI	ganiz	ation		(described on	col (i) lis		ın col (i)		col (i) or		support
		lines 1 - 9 above   your governing   support?   in the U.S.?   or IRC section   document?								03,	
				(see	docume						
				instructions))	Yes	No	Yes	No	Yes	No	$\dashv$
					1 63	140	1 63	140	1 63	140	+
			-					+			+
	<u> </u>							1			+
Total			I	I	I	1	1	1	I	1	I

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	Support Schedule for (Complete only if you c Part III. If the organiza	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation fail	ed to q	
<u>-</u>	ection A. Public Support	don lans to qu	ality under the	tests listed bei	ow, please con	ipiete re	11 ( 111.)	
	endar year (or fiscal year beginning	(-) 2008	(h) 2000	(-) 2010	(4) 2011	(-) 2	012	(6) Tabal
	in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	012	(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 The value of services or facilities				+			
3	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	<b>Public support.</b> Subtract line 5 from line 4							0
	ection B. Total Support	ı	I		1	I		
	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2	01.2	(f) Total
	in) 🟲	(a) 2008	( <b>b)</b> 2009	(6) 2010	(d) 2011	(e) 2	012	(I) I otal
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							0
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or not the business is regularly carried							
	on							
10	Other income Do not include gain							
	or loss from the sale of capital							
11	assets (Explain in Part IV ) <b>Total support</b> (Add lines 7 through							
	10)							
12	Gross receipts from related activities	es, etc (see inst	ructions)			12		
13	First five years. If the Form 990 is f	_	•		•			ızatıon, check
	this box and stop here					<u></u>	<u> </u>	
14	ection C. Computation of Pub Public support percentage for 2012			11 column (f))		14		0.0/
15	Public support percentage for 2011			11, 001411111 (1))		14		0 %
	<b>33</b> 1/3% support test—2012. If the c	•	,		1.4 2.2	15	-11	h b
10a	and <b>stop here.</b> The organization qua				IIIE 14 IS 33 1/3%	or more,	CHECK LI	⊪F
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or	more, ch	
	box and <b>stop here.</b> The organization							<b>►</b> □
17a	10%-facts-and-circumstances test-							
	is 10% or more, and if the organization mee							
	organization	is the lacts and	a circumstances	test The organi	zacion quannes a	з а равно	ту зарро	►
b	10%-facts-and-circumstances test-							•
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat	ion meets the "f	acts-and-circum	stances" test Th	e organization qu	alifies as	a public	ly ▶□
18	supported organization <b>Private foundation.</b> If the organization	on did not check	a box on line 13	. 16a. 16b. 17a	or 17b, check thi	s box and	lsee	-1
	instructions	a.a moc emeer		, , , , u ,	, oneck cm			<b>▶</b> □

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,028	24,475	28,773	23,232	64,548	151,056
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	83,179	189,880	132,072	123,575	75,398	604,104
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	93,207	214,355	160,845	146,807	139,946	755,160
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						
с 8	Add lines 7a and 7b <b>Public support</b> (Subtract line 7c from line 6)						755,160
Se	ction B. Total Support	•		•	•	•	
	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	<b>in) ▶</b> A mounts from line 6	93,207	214,355	160,845	146,807	139,946	755,160
L0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			162	51	59	272
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			162	51	59	272
11	Net income from unrelated business activities not included in line 10b, whether or not the						
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
13	IV ) <b>Total support.</b> (Add lines 9, 10c,						755,432
14	11, and 12)  First five years. If the Form 990 is check this box and stop here	for the organizatio	n's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(3) organ	<u> </u>
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2012			13, column (f))		15	99 960 %
16	Public support percentage from 20	11 Schedule A, Pa	rt III, line 15			16	100 000 %
Se	ction D. Computation of Inv	estment Incor	ne Percentag	e			
17	Investment income percentage for	<b>2012</b> (line 10c, co	lumn (f) dıvıded b	y line 13, column	n (f))	17	0 040 %
			` '	,	` ' '		
18	Investment income percentage from	n <b>2011</b> Schedule A				18	

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990 OMB No 1545-0047

2012

DLN: 93493196004184

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

					Employer identificati	on number
Y ASSOCIATION					02-0324979	
EW HAMPSHIRE AMATEUR HOCKEY ASSOCIATION						
ard the grants or as: ition's procedures fo	r monitoring the use o	f grant funds in the Unite	ed States			
						es to
<b>(b)</b> EIN	section		cash	valuation (book, FMV , appraisal,		
)1(c)(3) and governr	nent organizations list	ed in the line 1 table .			<u> </u>	
			Cat No. 50055P			le I (Form 990) 2012
	n on Grants and records to substantiard the grants or assistance to Gove 21, for any recipion (b) EIN	records to substantiate the amount of the ard the grants or assistance?	non Grants and Assistance records to substantiate the amount of the grants or assistance, the rard the grants or assistance?	records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?  sition's procedures for monitoring the use of grant funds in the United States sessistance to Governments and Organizations in the United States. Come 2.1, for any recipient that received more than \$5,000. Part II can be duplicated (b) EIN (c) IRC Code section grant grant cash assistance (e) Amount of non-cash if applicable assistance (e) Amount of non-cash a	non Grants and Assistance records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance or assistance?  The construction of the grants or assistance, the grantees' eligibility for the grants or assistance or assistance?  The construction of the use of grant funds in the United States  Sistance to Governments and Organizations in the United States. Complete if the organ of the construction of the properties of the organ of the construction of the properties of the construction of the properties of the organ of the construction of the properties of the properties of the construction of the properties of the properties of the construction of the properties of the prop	non Grants and Assistance records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ard the grants or assistance?  The grants or assistance is monotomic the use of grant funds in the United States. Complete if the organization answered "Ye 21, for any recipient that received more than \$5,000. Part III can be duplicated if additional space is needed.  (b) EIN (c) IRC Code section grant funds in the United States. Complete if the organization answered "Ye 21, for any recipient that received more than \$5,000. Part III can be duplicated if additional space is needed.  (b) EIN (c) IRC Code section grant assistance assistance (e) Amount of non-cash assistance (book, FMV).  (g) IRC Code section grant assistance assistance (h) Amount of non-cash assistan

<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
I	I	1		 
				recipients cash grant non-cash assistance (book,

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier Return Reference Explanation

Schedule I (Form 990) 2012

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As Filed Data -

DLN: 93493196004184

OMB No 1545-0047

2012

Open to Public Inspection

### 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.

Name of the organization
NEW HAMPSHIRE AMATEUR HOCKEY ASSOCIATION

02-0324979

ldentifier	Return Reference	Explanation
Pt VI, Line 6		Members
Pt VI, Line 7a		Directors elected by membership
Pt VI, Line 7b		Membership ratifies directors actions
Pt VI, Line 11b		Review ed by board before signature and filing
Pt VI, Line 12c		Disclosure questionaire at annual meeting
Form 990, Part IX, Line 24f		PRINTING AND POSTAGE 1713 1713 0 0 TROPHIES, AWARDS 22324 22324 0 0 REGISTRATION F EES 366 366 0 0 BACKGROUND CHECKS 3695 3695 0 0

### Form 990

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

	nal Revenue		•	The organiza	ation may have to	use a copy of	this return to satis	sfy state repo	orting requ	irements				
Α	For the 2	012 calend	dar year, or ta	x year be	ginning Sep	o 1	, 2012	, and end	ing A	ug 31	,	2013		
В	Check if app	licable	C Name of organ	nization N	H AMATEU	R HOCKE	Y			D Employ	er Identıfı	cation Number		
	Addres	s change	Doing Busines							02-0	3249	79		
	Name	change	Number and s	treet (or P O	box if mail is not d	lelivered to stree	t addr)	Roo	m/suite	<b>E</b> Telepho				
	Initial re	eturn	PO BOX 14	446						(603	3) 22	4-8787		
	Termin		City, town or o				State	ZIP code +	- 4	,,,,,,	,			
	$\vdash$	ed return	CONCORD				NH	03302		<b>G</b> Gross re	ceints \$	140,005.		
	H	ition pending	F Name and add	dress of princ	ıpal officer		1411	00002		this a group return		<del></del>		
			WES RILE	7 13 E	· ETERSON C	ידף כטאכנ	א מפר	н 03302	H(b) A	re all affiliates includ 'No,' attach a list (s	ded?			
$\overline{}$	Tay-eyer	npt status	X 501(c)(3)	501(c)		(insert no )	4947(a)(1) c		- If	'No,' attach a list (s	ee instruc	etions)		
<u>'</u>	Websit	<del>'</del>		1501(0)	, ,	(Insert no )	[ ] <del>  1047 (a)(1) c</del>	1	-  <sub>                                    </sub>	roup exemption nur	►	2724		
		,		Π	11	I I ou ▶	1.	V				3724		
K		rganization	X Corporation	Trust	Association	Other •		Year of Form	nation <u>1</u>	990 <b>M</b> s	tate of leg	al domicile NH		
		Summar	<b>y</b> e the organiza	tion's miss	non or most si	anificant act	mutico D	DOMORIT	011 05	1 110017037	n C1	anone.		
	I DIR	eny describ	ie tile organiza	11011 5 111158	sion or most si	giiiicani aci	ivities <u>P</u>	KOMO.L.T	<u>ON _OF</u>	HOCKEY 7	45 A_	SPORT		
Activities & Governance														
nar														
Ver	2 Ch	eck this bo	v ▶ □ uf the				tions or dispos		than 25					
ဗ္			ing members o						than 20	.	3	12		
∞ಶ			lependent votir	_	. , ,	,	,	)			4	0		
ties			of individuals e								5	0		
ţi			of volunteers (			,	•				6	15		
Ac			d business rev							-	7a	0.		
	<b>b</b> Net	t unrelated	business taxab	ole income	from Form 99	90-T, line 34				-	7b			
										Prior Year		Current Year		
a)	<b>8</b> Co	ntributions	and grants (Pa	rt VIII, line	e 1h)					23,2	32.	64,548.		
Ĕ	<b>9</b> Pro	gram servi	ce revenue (Pa	art VIII, lin	e 2g)					123,5	75.	75 <b>,</b> 398.		
Revenue			come (Part VIII								51.	59.		
Œ			e (Part VIII, colu				•							
			<ul><li>add lines 8</li></ul>				lumn (A), line 1	2)		146,8	58.	140,005.		
	<b>13</b> Gra	Grants and similar amounts paid (Part IX, column (A), lines 1-3)									92.	1,465.		
	<b>14</b> Bei	nefits paid t	to or for memb	ers (Part I										
s	<b>15</b> Sal	laries, othe	ner compensation, employee benefits (Part IX, column (A), lines 5-10)											
Expenses	<b>16 a</b> Pro	fessional f	undraising fees	(Part IX,	column (A), lır	ne 11e)								
bei	<b>b</b> Tot	al fundrais	ing expenses (	Part IX. co	olumn (D), line	25) ►		0	. 🗆					
ŭ			es (Part IX, col			-			· -	133,0	68	124,660.		
			s Add lines 13				line 25)			150,8		126,125.		
		•	expenses Sub		-		, iiiic 20)	•		-4,0		13,880.		
<del>- 6 8</del>		veriae iess	expenses our	otraot iiric	10 110111 11110 12				Pos	inning of Curren		End of Year		
Net Assets or Fund Balances	<b>20</b> Tot	al assets (I	Part X, line 16)						Deg	135,5		149,389.		
A B	<b>21</b> Tot	•	(Part X, line 2	6)						133,3	0.	0.		
ĒΕ	<b>22</b> Net		fund balances	,	lina 21 fram lir	20.20				125 5				
				Subilaci	illie ZT IIOIII III	le 20		• •		135,5	09.	149,389.		
		Signatur												
Unde	r penalties o lete Declara	f perjury, I dec ation of prepare	lare that I have exar er (other than officer	mined this ret ) is based on	urn, including acco all information of v	ompanying scheo which preparer h	dules and statemen as any knowledge	ts, and to the	best of my	knowledge and beli	ef, it is tru	e, correct, and		
		l.												
0:-		Signatur	re of officer							Date				
Sig He	jn ro								D	1				
пе	le		nas Roger print name and title						Pr	esıdent				
		ļ	reparer's name		Preparer's s	ignature		Date			- -	TIN		
			•		l Tepaters's	-griature			. /	Check 🛚	IJ"			
Pai		PATRIC						07/11	L/14	self-employe	a E	01306087		
	eparer	Firm's name			KELLY CPA	1				<u> </u>	_			
US	e Only	Fırm's addre		HESTNU	JT ST					Firm's EIN		0346299		
			MANCH	ESTER			NH 031	04-300	2	Phone no	(603	) 669-6088		

No

Yes

120,177.

4 e Total program service expenses

# Form 990 (2012) NH AMATEUR HOCKEY 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	Х	
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	2		Χ
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
ć	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ı	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(	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	11 c		Х
(	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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e		X
1	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	11 f		Х
12 á	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	o 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	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?.	14a		X
ı	o 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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

# Form 990 (2012) NH AMATEUR HOCKEY Checklist of Required Schedules (continued)

			163	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
		125		- 11
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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		Х
_				
k	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L. Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L. Part III	27		Х
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, or key employee? If 'Yes,' complete Schedule L. Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
c	: An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L. Part IV .	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II.	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections			
33	301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R. Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf '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		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' <i>complete Schedule R</i> , <i>Part V</i> , <i>line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R. Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (2	2012)

14 b

-011	1990 (2012) NH AMATEUR HOCKEY	02-032	49/9	,		age
	Statements Regarding Other IRS Filings and Tax Compliance					_
	Check if Schedule O contains a response to any question in this Part V	•	• •	1	Vaa l	N -
4	a Enter the number reported in Pay 3 of Form 1006. Enter, 0, if not applicable	اما	^		Yes	No
	· · · · · · · · · · · · · · · · · · ·	la Ib	0			
			U			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	portable gaming		1 c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-					
		2 a	0			
	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax retur		- [	2 b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	.	3 a		Χ
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i> .	•	٠	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a	authority over, a		4 a		Х
	b If 'Yes,' enter the name of the foreign country	iccount), .	•	4 a		21
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts				
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5 a		Χ
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?	. 1	5 b		Χ
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		.	5 c		
			ŀ			
ь	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did th solicit any contributions that were not tax deductible as charitable contributions?	ne organization .	_	6 a		Χ
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contribution	ns or aifts were	ŀ			
	not tax deductible?		- [	6 b		
7	Organizations that may receive deductible contributions under section 170(c).					
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods and				
	services provided to the payor?	•	٠	7 a		Χ
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		•	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?	as required to file	.	7 c		Χ
	1	7 d				
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract? .		7 e		Χ
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	.	7 f		Χ
	g If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899	ľ			
	as required?		·	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Form 1098-C?	ition file a		7 h		
_				,		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed the supporting organization or a donor advised fund maintained by a sponsoring organization, have exceed the supporting organization or a donor advised fund maintained by a sponsoring organization.		е			
	holdings at any time during the year?	•	- [	8		Χ
9	Sponsoring organizations maintaining donor advised funds.					
	a Did the organization make any taxable distributions under section 4966?	•	-	9 a		Х
	<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	•	-	9 b		Χ
	Section 501(c)(7) organizations. Enter	1				
	· · · · · · · · · · · · · · · · · · ·	) a				
		) b				
11	Section 501(c)(12) organizations. Enter					
		1 a				
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	1 b				
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Fori	m 1041? .		12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12	2 b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	a is the organization licensed to issue qualified health plans in more than one state?		. [	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O					
	b Enter the amount of reserves the organization is required to maintain by the states in	, n				
	' '	3 b  3 c				
	a Did the organization receive any payments for indoor tanning services during the tax year?	, c		14 a		Х
	a big in a argumentaria reacive univ puvincinta lai induali tannina 30171003 dullilu tilo tax 70d1 ( +			1 T G		

**b** If 'Yes,' has it filed a Form 720 to report these payments? *If 'No.' provide an explanation in Schedule O* 

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

Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management					
					Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year		12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
ŀ	Enter the number of voting members included in line 1a, above, who are independent 1b		0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	other				
	officer, director, trustee or key employee?	·	٠	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors or trustees, or key employees to a management company or other person?	ervision -	. [	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	•	·  -	5		X
6	Did the organization have members or stockholders?		:	6	Х	11
7 á	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of	r more	Ť			
	members of the governing body?	•	·  -	7 a	Х	
ŀ	o Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		. [	7 b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y the following	ear by				
á	The governing body?		. [	8 a	Χ	
ŀ	Each committee with authority to act on behalf of the governing body?		.	8 b	Χ	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	he		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the In		<i>i</i> eni.	e C	ode l	)
	Men 211 energe (Time edecien Brequeete innormation about penerge net required by the in	10,,,,,,,,,,			Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?		. Г	10 a		Х
ŀ	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to en	sure their				
44.	operations are consistent with the organization's exempt purposes?.  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	•	-	10 b 11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•	•	Ha	Λ	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12 a	Х	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give ris	e	·  -	12 4	21	
•	to conflicts?		. L	12 b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe Schedule O how this is done	∍ in •	.	12 c	Х	
13	Did the organization have a written whistleblower policy?		.	13		Х
14	Did the organization have a written document retention and destruction policy?		.	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by indeperpersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ndent				
	The organization's CEO, Executive Director, or top management official			15 a		Х
	Other officers of key employees of the organization	_	-	15 b		Х
•	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			10.0		11
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			16 2		Х
ı	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	•	•	16 a		Λ
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	-		16 b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed •					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) inspection. Indicate how you make these available. Check all that apply	s only) availa	able f	or pu	blic	
	Own website	Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financia the public during the tax year	ıl statements av	allable	to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of	•				0000
	JOHN MUMFORD 32 MOHAWK LN BRENTWOOD NH 03833	3	<u>(60:</u>	<u>3) 5</u>	80 <u>-</u> 2	<u> 2320</u>

Form <b>990</b> (2012)	NH	AMATEUR	HOCKEY	

02-0324979

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee													
				(C	;)								
<b>(A)</b> Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from the organization	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other compensation			
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations			
_(1) PER_ATTACHED_LISTING VARIOUS	_4.00	Х						0.	0.	0.			
(2)													
_(4)													
<u>(5)</u>													
<u>(6)</u>													
_(7)													
<u>(9)</u>													
(10)													
(11)													
(12)													
(13)													
(14)													

Section A. Officers, Directors, Trus		Key	Em			es,	and	d Highest Con	pensated Emp	loyees (cont)
<b>(A)</b> Name and title	Average hours per week (list any hours for related	box offi	unle cerai	Pos heck ss pe	rson i	than o s both or/trust employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F)  Estimated amount of other compensation from the organization and related
	organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee		bloyee	Highest compensated employee				organizations
<u>(15)</u>										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							, V	0.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	0.	0.	0.
2 Total number of individuals (including but not limited t from the organization ►	o those	Isted	abo	ove)	who	rece	ived	d more than \$100,0	000 of reportable co	npensation
2 Did blooms and an inches for many officer discorder	. tataa	برميا					h a a i		mlarra a	Yes No
3 Did the organization list any former officer, director of on line 1a? If Yes, complete Schedule J for such indi	vidual		•	·	·	J			pioyee 	. <b>3</b> X
For any individual listed on line 1a, is the sum of repo the organization and related organizations greater that such individual	rtable co in \$150,0 	000?	nsat <i>If</i> 'Y	ion 'es'	and com	other plete	cor Sch	npensation from nedule J for 		. 4 X
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If 'Yes,' con	npensatı <i>nplete</i> S	on fr ched	om a	any <i>J for</i>	unre suc	lated h per	org son	anızatıon or ındıvıd	lual · .	. <b>5</b> X
1 Complete this table for your five highest compensation from the organization Report compens	d indeper	nden	t cor	ntrac	ctors	that	rece	eived more than \$1	00,000 of	ar
(A) Name and business addres			0010	iida	, , , ,		41119	(B) Description o		(C) Compensation
2 Total number of independent contractors (including bit \$100,000 in compensation from the organization	ut not lim	nted	to th	iose	liste	ed ab	ove)	) who received mo	re than	

		Statement of Rev	enue/						
		Check if Schedule O c	ontains a	respor	nse to any question i	ın thıs Part VIII			
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
NTS NTS	1a F	Federated campaigns		1 a					
GRA TOUI	b Membership dues 1b			47,455.					
TS, RAN	c F	Fundraising events		1 c					
, E	d F	Related organizations		1 d					
ONS SIN	e G	Government grants (contribution	ons)	1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f A	All other contributions, gifts, gr similar amounts not included a	ants, and	1f	17 <b>,</b> 093.				
NO ON		Noncash contributions include			11,000.				
	h 1	Total. Add lines 1a-1f				64,548.			
ENU					Business Code				
₹.	2 a ]	FEES & TOURNAME	ENTS_	[	711210	75 <b>,</b> 398.	75 <b>,</b> 398.	0.	0.
CE I	b								
ERV	C								
MS	d _								
PROGRAM SERVICE REVENUE	e								
PRO		All other program service <b>Total.</b> Add lines 2a-2f	revenue	L		75 200			
			المرازيات مسالم			75 <b>,</b> 398.			
	3 I	Investment income (inclu other similar amounts)	aing aivia	enas, i	interest and	59.	59.	0.	0.
	<b>4</b> I	ncome from investment	of tax-exe	mpt bo	ond proceeds 🕒			-	
	5 F	Royalties			▶				
			(ı) Re	eal	(II) Personal				
		Gross rents							
		Less rental expenses							
		Rental income or (loss)			1				
	d N	Net rental income or (los: ا	<u> </u>						
		Gross amount from sales of assets other than inventory	(ı) Secu	rities	(II) Other				
		ess cost or other basis							
		and sales expenses							
		Gain or (loss)							
		Net gain or (loss)			,				
OTHER REVENUE	(	Gross income from fundr (not including.\$	_						
ŒVE	c	of contributions reported	on line 1c	)					
ERF		See Part IV, line 18			a				
ОТН		Less direct expenses			b				
		Net income or (loss) from		_	ents ►				
		Gross income from gamii See Part IV, line 19 Less direct expenses	ng don ma		a b				
		Less allect expenses Net income or (loss) from	a amina a		~				
		, ,							
	iua d	Gross sales of inventory, and allowances	iess retur		a				
	b L	Less cost of goods sold			b				
	c N	Net income or (loss) from		invento	ory ►				
		Miscellaneous Revenu	e		Business Code				
	11a								
	b _								
	ч <u>/</u>	All other revenue							
		Total. Add lines 11a-11d		Ĺ					
		Total revenue. See instr				140 005	75 457	0	0

# Form 990 (2012) NH AMATEUR HOCKEY Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)	1
---	---

	Check if Schedule O contains a re	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>			
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraısıng expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,465.	1 <b>,</b> 465.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,567.	0.	1 <b>,</b> 567.	0.
	: Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) Advertising and promotion				
13	Office expenses	1,391.	0.	1,391.	0.
14	Information technology	4,500.	4,500.	0.	0.
15	Royalties	,	,		
16	Occupancy				
17	Travel	8,549.	7,312.	1,237.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,257.	0.	1,257.	0.
20	Interest	130.	0.	130.	0.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization	0.	0.	0.	0.
23 24	Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES	16,760.	16,625.	135.	0.
	BANK_CHARGES	231.	0.	231.	0.
	DEVELOPMENT CAMPS	49,287.	49,287.	0.	0.
	RINK_RENTAL	12,890.	12,890.	0.	0.
	All other expenses .	28,098.	28 <b>,</b> 098.	0.	0.
25	Total functional expenses Add lines 1 through 24e	126,125.	120 <b>,</b> 177.	5 <b>,</b> 948.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

0 (2012) NH AMATEUR HOCKEY	02-0	324	979 <b>Page 1</b>
Balance Sheet			
Check if Schedule O contains a response to any question in this Part X			
	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Cash – non-interest-bearing	135,509.	1	149,389.

			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	135,509.	1	149,389.
	2	Savings and temporary cash investments		2	,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employe beneficiary organizations (see instructions). Complete Part II of Schedule L.		2	
Α	7	Notes and loans receivable, net	·	7	
S S E T	7 8	Inventories for sale or use	·	8	
E	9	Prepaid expenses and deferred charges	·	9	
S	-	Land, buildings, and equipment cost or other basis		3	
	IVa	Complete Part VI of Schedule D 10 a			
	b	Less accumulated depreciation 10 b		10 c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11	•	12	
	13	Investments – program-related See Part IV, line 11	•	13	
	14	Intangible assets	•	14	
	15	Other assets See Part IV, line 11	•	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	135,509.	16	149,389.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable Deferred revenue		18 19	
	19	Tax-exempt bond liabilities	·	20	
Ļ	20 21	Escrow or custodial account liability Complete Part IV of Schedule D	·	21	
A B I L I F	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	. 0.	26	0.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► □ and completines 27 through 29, and lines 33 and 34.	ete		
	27	Unrestricted net assets	135,509.	27	140 200
S	28	Temporarily restricted net assets	133,309.	28	149,389.
ASSETS	29	Permanently restricted net assets		29	
O R	23	Organizations that do not follow SFAS 117 (ASC 958), check here ►		23	
K FUZD		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	·	30	
B A	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
A N	32	Retained earnings, endowment, accumulated income, or other funds	,	32	
BALAZCEO	33	Total net assets or fund balances	135,509.	33	149,389.
<u>s</u>	34	Total liabilities and net assets/fund balances	135,509.	34	149,389.

Form **990** (2012) BAA

Forn	1 990 (2012) NH AMATEUR HOCKEY		02-03	24979	Page <b>1</b>	1
	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in	this Part XI			Γ	
1	Total revenue (must equal Part VIII, column (A), line 12)		-	1	140,005	
2	Total expenses (must equal Part IX, column (A), line 25)			2	126,125	
3	Revenue less expenses Subtract line 2 from line 1			3	13,880	
4	Net assets or fund balances at beginning of year (must equal Part 2	X, line 33, column (A))		4	135,509	
5	Net unrealized gains (losses) on investments			5		
6	Donated services and use of facilities			6		
7	Investment expenses			7		
8	Prior period adjustments			8		
9	Other changes in net assets or fund balances (explain in Schedule	O)		9		
10	Net assets or fund balances at end of year Combine lines 3 throug column (B))	h 9 (must equal Part X, line 33,	. 1	0	149,389	
	Financial Statements and Reporting		•	•		
	Check if Schedule O contains a response to any question in	this Part XII				_
1	Accounting method used to prepare the Form 990 💢 Cash	Accrual Other			Yes No	,
		1 1 1100 1 1				

1	Accounting method used to prepare the Form 990 X Cash		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a	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 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	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis		
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a	Х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b	

BAA Form 990 (2012)

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

(ii)

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number NH AMATEUR HOCKEY 02-0324979 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 supporting organization and complete lines 11e through 11h Type III — Functionally integrated Type III — Non-functionally integrated Type I С d By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11g (i) below, the governing body of the supported organization?

	• •	•	scribed in (i) or (ii) abov					•		11g (III)
<u>h</u>	(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 column (I) listed in column (I) of your		(vi) le organize colum organize	ation in nn (i)	(VII) Amount of monetary support		
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

11g (ii)

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

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

Sec	tion A. Public Support								
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Tota	al
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
<u>Sec</u>	tion B. Total Support				<b>-</b>				
	ndar year (or fiscal year nning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	(e) 201	2	(f) Tota	al
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	<b>Total support.</b> Add lines 7 through 10								
12	Gross receipts from related activities	es, etc (see ınstrud	ctions)				12		
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, t	hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3 ·			▶
Sec	tion C. Computation of Pul	blic Support F	ercentage						
14	Public support percentage for 2012	2 (line 6, column (f	) divided by line 11	, column (f))			14		%
15	Public support percentage from 20	111 Schedule A, Pa	art II, line 14				15		%
16 a	33-1/3% support test $-$ 2012. If the and stop here. The organization of	the organization di jualifies as a public	d not check the bo cly supported orga	x on line 13, and th	ne line 14 is 33-1/3 · ·	% or more,	check t	this box	<b>▶</b> □
b	33-1/3% support test — 2011. If the and stop here. The organization of				nd line 15 is 33-1/3	3% or more, •	check	this box	• [
17 a	10%-facts-and-circumstances te or more, and if the organization method the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	ind stop here. Exp	laın ın Part I	V how		<b>-</b>
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	circumstances' tes t The organization	st, check this box a i qualifies as a pub	ind <b>stop here.</b> Exp licly supported org	lain in Part I anization	IV how ·	the -	<b>►</b> □
18	Private foundation. If the organize	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see ins	structio	ns	▶ □

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Calend	ar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include any 'unusual grants ')	10,028.	24,475.	28 <b>,</b> 773.	23,232.	64,548.	151,056.
	Gross receipts from admis-	10,020.	24,473.	20,773.	23,232.	04,540.	131,030.
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's	00 450	100 000	100 000	100 505	F	604 404
	tax-exempt purpose Gross receipts from activities	83 <b>,</b> 179.	189,880.	132,072.	123,575.	75 <b>,</b> 398.	604,104.
	that are not an unrelated trade or business under section 513						
	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf						
	The value of services or facilities furnished by a						
	governmental unit to the						
	organization without charge  Total. Add lines 1 through 5	02 207	014 255	1.60.045	146 007	120 046	755 160
	Amounts included on lines 1,	93 <b>,</b> 207.	214,355.	160,845.	146,807.	139,946.	755,160.
	2, and 3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support (Subtract line						
	7c from line 6)						755 <b>,</b> 160.
Sect	ion B. Total Support				_		
	ar year (or fiscal yr beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	93,207.	214,355.	160,845.	146,807.	139,946.	755 <b>,</b> 160.
	Gross income from interest, dividends, payments received						
	on securities loans, rents.						
	royalties and income from similar sources			162.	51.	59.	272.
b	Unrelated business taxable			102.	01.	03.	
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			162.	51.	59.	272.
	Net income from unrelated business activities not included in line 10b,						
1	whether or not the business is						
	regularly carried on						
	Other income Do not include gain or loss from the sale of						
	čapital assets (Explain in Part IV )						
13	Total support. (Add Ins 9, 10c, 11, and 12)	,	214,355.	161,007.	146,858.	140,005.	755,432.
	First five years. If the Form 990 is organization, check this box and st		n's first, second, th		tax year as a sect	on 501(c)(3)	. ▶□
	ion C. Computation of Pul		ercentage				
	Public support percentage for 2012			, column (f))		. 15	99.96 -
16	Public support percentage from 20	11 Schedule A, Pa	rt III, line 15			. 16	100.00 -
Sect	ion D. Computation of Inv	estment Incon	ne Percentage	;			
	Investment income percentage for				) -	. 17	0.04
18	Investment income percentage from	m <b>2011</b> Schedule A	A, Part III, line 17			. 18	
19 a	33-1/3% support tests — 2012. lf	the organization di	d not check the bo	x on line 14, and li	ne 15 is more thar	n 33-1/3%, and line	
	ıs not more than 33-1/3%, check th <b>33-1/3% support tests – 2011.</b> If	-	-			-	. ► 🗓
	line 18 is not more than 33-1/3%, c	check this box and	<b>stop here.</b> The org	ganızatıon qualıfie:	s as a publicly sup	ported organization	<b>▶</b> □
20 ΒΔΔ	Private foundation. If the organiza	ation did not check	a box on line 14, 1				. ►

#### SCHEDULE I (Form 990)

### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization Employer identification number 02-0324979 NH AMATEUR HOCKEY General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 (a) Name and address of organization (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, other) (h) Purpose of grant (g) Description of 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table .

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

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#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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.

Department of the Treasury Internal Revenue Service Employer identification number 02-0324979 NH AMATEUR HOCKEY Pt\_VI, Line 6 \_ \_ Members Pt VI, Line 7a Directors elected by membership Pt VI, Line 7b Membership ratifies directors actions Pt VI, Line 11b Reviewed by board before signature and filing Pt VI, Line 12c \_ Disclosure questionaire at annual meeting

NH AMATEUR HOCKEY 02-0324979 1

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
PRINTING AND POSTAGE	1,713.	1,713.	0.	0.
TROPHIES, AWARDS	22,324.	22,324.	0.	0.
REGISTRATION FEES	366.	366.	0.	0.
BACKGROUND CHECKS	3,695.	3,695.	0.	0.