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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public inspection

-	For	the 2013 calendar year, or tax year beginning	and ending		
E	Chec applic	C Name of organization NEW ENGLAND YANKEE HOCKEY CONFERENCE	E INC	D Employer identificat	tion number
1	X				
	cn	Doing Business As		02-049	95890
1	!re'	Number and street (or P 0, box if mail is not delivered to street address) 155 S. MAIN	Room/suite	E Telephone number 401-45	57-6710
[IAD	rended City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	465600.
ĺ	110		····	H(a) Is this a group retui	
	pe	F Name and address of principal officer:DAVID FONTAINE		for subordinates?	Yes X No
		155 S. MAIN, PROVIDENCE, RI 02903		H(b) Are all subordinates Inclui	
<u> </u>		exempt status: X 501(c)(3))(1) or 527		= =
		site: ► N/A		H(c) Group exemption n	
$\sim \Gamma$		of organization X Corporation Trust Association Other	1 L Year	of formation, 1998 M S	tate of legal domicile. IN FI
_ <u>_</u>	Part		MOTITOM	עם שאב בפטפת	OF ICE
<u>د.</u> ال	8 1	Briefly describe the organization's mission or most significant activities PROCKEY INCLUDING PLAYER AND COACH DEVEL	LODMENT	RECARDIFES (
7	Activities & Governance 2 3 4 5 6 7				
\supset	2		sposed of more	than 25% of its net asse	is 5
뗈 ($\frac{5}{5}$		(6)	3	5
⋛'	න් 4	Number of independent voting members of the governing body (Part VI, line 1	, .	5	<u>ŏ</u>
द्ध :	9 9	Total number of individuals employed in calendar year 2013 (Part V, line 2a) Total number of volunteers (estimate if necessary)		6	ŏ
	Ž 7	a Total unrelated business revenue from Part VIII, column (C), line 12	•	7a	0.
	₹ '	b Net unrelated business taxable income from Form 990 T, line 34	•	7 <u>a</u> 7b	<u>0.</u>
-		b Net diresaled publicess taxable income from 1 diff 950 1, line 34	· · · · · · · · · · · · · · · · · · ·	Prior Year	Current Year
	8 8	Contributions and grants (Part VIII, line 1h)		91832.	99307.
	9	Program service revenue (Part VIII, line 2g)	 	357737.	366177.
	Hevenue		,	507.	116.
(2 11		/	0.	0.
	12	Total revenue add lines 8 through 11 (must equal Autr VIII), column (A), line		450076.	465600.
	13		ੀ ੋ	0.	0.
	14		%/ · ⊢	0.	0.
		1971 - 190	101	0.1	0.
		is Professional fundraising fees (Part IX column) (4) line 1-or		0.	0.
	bel	b Total fundraising expenses (Part IX, column (A), line 119	0.		
Ĺ	۱۶ کا			436742.	471350.
	18		. }	436742.	471350.
	19		 	13334.	-5750.
10		nevenue less expenses, subtract line to normine 12	Rai	ginning of Current Year	End of Year
ets (alauces 20	Total assets (Part X, line 16)	, Be	316999.	311249.
Ass	E 21		· · · ·	0.	0.
Set	를 22			316999.	311249.
П	Part				
		inalties of perjury, I declare that I have examined this return, including accompanying sched	dules and statem	ents, and to the best of my kn	lowledge and belief, it is
		rect, and complete Declaration of preparer (other than officer) is based on all information of			
		1 Chine		11-14	-14
S	ign	Signature of officer		Date	
	ere	DAVID FONTAINE, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check X	PTIN
Pa	aid	RICHARD B. STEELE, C.P.ARICHARD B. STE	CELE, 1		P00157880
Pı	epare			Firm's EIN ▶ 0	6-1567031
U	se Only				
		MYSTIC, CT 06355		Phone no (860	
M	ay the	IRS discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No
		29-13 LHA For Paperwork Reduction Act Notice, see the separate instru	ctions.		Form 990 (2013)

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

434110.

Form 990 (2013)

4e Total program service expenses ▶

NEW ENGLAND YANKEE HOCKEY CONFERENCE INC USA HOCKEY NEW ENGLAND DISTRICT 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)?			Í
	If 'Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors	2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			i
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		ı	
	provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	1	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
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		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	(3)	1	
	as applicable	`	1	, `
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		. 1	w
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		į	U
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			v
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	i	<u>^</u>
f		444		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
	Schedule D, Parts XI and XII	12a		
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		X
40		13		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\dot{x}}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	.70		
.,	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ĺ	
	A MARINE A STATE OF THE PROPERTY AND THE	14b	- 1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
,,	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If 'Yes," complete Schedule F, Parts III and IV	16	1	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 11e7 /f "Yes," complete Schedule G, Part I	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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	j	X
20a	Did the organization operate one or more hospital facilities? If 'Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 c	2013)

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		495890	<u> P</u>	age •
Pa	rt.IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		X
22	Did the organization report more than \$5,000 of grants or 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	1	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			j
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond Issue with an outstanding principal amount of more than \$100,000 as of the	a)
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		Í
	Schedule K. If "No", go to line 25a	24a	(X
b	The state of the s	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		
rl	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			j
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
Ü	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	Schedule L, Part I	25b	ļ	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
2.0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1		
	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			
~1	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	, ,	100	1 75
20	instructions for applicable filing thresholds, conditions, and exceptions).	7		
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	288	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer			_==
C	director, trustee, or direct or indirect owner? If 'Yes," complete Schedule L, Part IV	28c		Х
00		29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
24	contributions? If "Yes, 'complete Schedule M	, 30		-11
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
20	If "Yes," complete Schedule N, Part 1	· 31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32	}	Х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
	sections 301 7701-2 and 301.7701-37 If "Yes," complete Scnedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l acr		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	1 1		v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ν
	and that is treated as a partnership for federal income tax numbers? If "Yes " complete Schedule R. Part VI	1 37	ſ	Λ.

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

USA HOCKEY NEW ENGLAND DISTRICT

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b Enter c Did the (gamt) 2a Enter filed f b If at le Note. 3a Did th b If "Ye 4a At any finance b If "Ye 5a Was t b Did an c If "Ye were 7 Organ a Did the b If "Ye c Did th to file d If "Ye e Did th f Did th g If the h If the	the number reported in Box 3 of Form 1096. Enter ·0· if not applicable the number of Forms W-2G included in line 1a. Enter ·0· if not applicable he organization comply with backup withholding rules for reportable payments to vendors and repoling) winnings to prize winners? The number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, for the calendar year ending with or within the year covered by this return If the sum of lines 1a and 2a is greater than 250, you may be required federal employment tax return. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ne organization have unrelated business gross income of \$1,000 or more during the year? es,* has it filed a Form 990·T for this year? If "No," to line 3b, provide an explanation in Schedule Co y time during the calendar year, did the organization have an interest in, or a signature or other at call account in a foreign country (such as a bank account, securities account, or other financial access,* enter the name of the foreign country. Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? my taxable party notify the organization file Form 8886·T? The organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? Est,* did the organization include with every solicitation an express statement that such contribution to tax deductible?	2a 0 s? Uthority over, a ccount)? ccounts	1c	Yes	X
b Enter c Did th (gamt 2a Enter filed f b If at le Note. 3a Did th b If "Ye 4a At any finance b If "Ye 5ee If 5a Was t b Did ar c If "Ye were 7 Organ a Did the b If "Ye c Did th to file d If "Ye e Did th f Did th g If the h If the	the number of Forms W-2G included in line 1a. Enter -0 if not applicable ne organization comply with backup withholding rules for reportable payments to vendors and repoling) winnings to prize winners? The number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, for the calendar year ending with or within the year covered by this return east one is reported on line 2a, did the organization file all required federal employment tax return. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ne organization have unrelated business gross income of \$1,000 or more during the year? is, has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C by time during the calendar year, did the organization have an interest in, or a signature or other activities account in a foreign country (such as a bank account, securities account, or other financial activities, enter the name of the foreign country. The restructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial activities are party to a prohibited tax shelter transaction at any time during the tax year? In taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. The prohibited tax shelter transaction at any time during the tax year? In the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions?	2a 0 s? uthority over, a ecount)?	1c 2b 3a 3b 4a 5a	, , , , , , , , , , , , , , , , , , ,	X
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2a Enter filed f b If at le Note. 3a Did th b If 'Ye 4a At any finance b If 'Ye 5ee If 'Ye 6a Does any co b If 'Ye were f 7 Organ a Did the to file d If 'Ye e Did th f Did th g If the h If the	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, for the calendar year ending with or within the year covered by this return least one is reported on line 2a, did the organization file all required federal employment tax return. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ne organization have unrelated business gross income of \$1,000 or more during the year? is, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule Coy time during the calendar year, did the organization have an interest in, or a signature or other at coal account in a foreign country (such as a bank account, securities account, or other financial access," enter the name of the foreign country. Instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? In the organization that it was or is a party to a prohibited tax shelter transaction, the party is notify the organization file Form 8886-T? If the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? If the organization include with every solicitation an express statement that such contributions.	of thority over, a count;	2b 3a 3b 4a 5a 5b	, , , , , , , , , , , , , , , , , , ,	X
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b If at le Note. 3a Did th b If "Ye 4a At any finance b If "Ye 5ee If "Ye 6a Does any co b If "Ye were! 7 Organ a Did the b If "Ye c Did th to file d If "Ye e Did th f Did th f Did th h If the h If the	east one is reported on line 2a, did the organization file all required federal employment tax return. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ne organization have unrelated business gross income of \$1,000 or more during the year? is, has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C by time during the calendar year, did the organization have an interest in, or a signature or other activated account in a foreign country (such as a bank account, securities account, or other financial actives," enter the name of the foreign country. The instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? In the organization that it was or is a party to a prohibited tax shelter transaction, as party to a prohibited tax shelter transaction, the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions?	of thority over, a count;	3a 3b 4a 5a 5b		X
Note. 3a Did the bif "Ye 4a At any finance bif "Ye 5ee in 5a Was the Did are cit "Ye 6a Does any cit bif "Ye were it 7 Organ a Did the bif "Ye cit Did the to fille dif "Ye e Did the fill the hif the	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ne organization have unrelated business gross income of \$1,000 or more during the year? is, "has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C by time during the calendar year, did the organization have an interest in, or a signature or other at cial account in a foreign country (such as a bank account, securities account, or other financial access," enter the name of the foreign country. Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? In the organization that it was or is a party to a prohibited tax shelter transaction. It is a party to a prohibited tax shelter transaction. It is a party to a prohibited tax shelter transaction. In the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions?	uthority over, a ccount)?	3a 3b 4a 5a 5b	\$ 7 	X
Ja Did the bif "Ye and the bif "Ye were or Did the bif "Ye bid the bif	ne organization have unrelated business gross income of \$1,000 or more during the year? is," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C by time during the calendar year, did the organization have an interest in, or a signature or other activated account in a foreign country (such as a bank account, securities account, or other financial access," enter the name of the foreign country. Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? In the organization that it was or is a party to a prohibited tax shelter transaction. It is a party to a prohibited tax shelter transaction. It is a party to a prohibited tax shelter transaction. In the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions?	outhority over, a count)?	3a 3b 4a 5a 5b		X
b If 'Ye 4a At any finance b If 'Ye See If 5a Was t b Did an c If "Ye 6a Does any co b If "Ye were 7 Organ a Did the b If 'Ye c Did th to file d If 'Ye e Did th f Did th g If the h If the	es,* has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C by time during the calendar year, did the organization have an interest in, or a signature or other activation as a count in a foreign country (such as a bank account, securities account, or other financial activations for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? In the organization that it was or is a party to a prohibited tax shelter transaction, the party notify the organization file Form 8886-T? If the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions?	uthority over, a ccount)? , ccounts	3b 4a 5a 5b		X
4a At any finance by If 'Ye See Ir 'Ye Go Does any co by If 'Ye were or 'Ye Co Did the by If 'Ye Co Did the to file do If 'Ye Co Did the by If the conditions are the conditions and the conditions are the condit	y time during the calendar year, did the organization have an interest in, or a signature or other at call account in a foreign country (such as a bank account, securities account, or other financial acces," enter the name of the foreign country. Instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? In the organization that it was or is a party to a prohibited tax shelter transaction, to line 5a or 5b, did the organization file Form 8886-T? If the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? If the organization include with every solicitation an express statement that such contributions.	uthority over, a ccount)? , ccounts	4a 5a 5b		X
finance b if 'Ye See in 5a Was t b Did an c if "Ye 6a Does any c b if "Ye were 7 Organ a Did the b if 'Ye c Did th to file d if 'Ye e Did th f Did th g if the h if the	cial account in a foreign country (such as a bank account, securities account, or other financial access," enter the name of the foreign country. Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? In taxable party notify the organization that it was or is a party to a prohibited tax shelter transactes," to line 5a or 5b, did the organization file Form 8886-T? If the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? If the organization include with every solicitation an express statement that such contributions.	ccount)?	5a 5b		X
b If 'Ye See If 'Ye Bo Does any co b If 'Ye were If 'Ye C Did the to file d If 'Ye E Did the f Did the f Did the h If the	es," enter the name of the foreign country. Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? In taxable party notify the organization that it was or is a party to a prohibited tax shelter transactes, to line 5a or 5b, did the organization file Form 8886-T? If the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? Est, did the organization include with every solicitation an express statement that such contributions.	ccounts	5a 5b		X
b If 'Ye See If 'Ye Bo Does any co b If 'Ye were If 'Ye C Did the to file d If 'Ye E Did the f Did the f Did the h If the	es," enter the name of the foreign country. Instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Active organization a party to a prohibited tax shelter transaction at any time during the tax year? In taxable party notify the organization that it was or is a party to a prohibited tax shelter transactes, to line 5a or 5b, did the organization file Form 8886-T? If the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? Est, did the organization include with every solicitation an express statement that such contributions.	ccounts	5a 5b		χ̈́
5a Was to Did at a color of "Ye 6a Does any color of "Ye were of the color of the c	the organization a party to a prohibited tax shelter transaction at any time during the tax year? ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transactes,* to line 5a or 5b, did the organization file Form 8886-T? The organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? Est,* did the organization include with every solicitation an express statement that such contributions.	tion?	5b	. 1	χ̈́
b Did ar c if "Ye 6e Does any co b if "Ye were 7 Organ a Did the b if "Ye c Did th to file d if "Ye e Did th f Did th g if the h if the	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transactes,* to line 5a or 5b, did the organization file Form 8886-T? The organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? Es,* did the organization include with every solicitation an express statement that such contribution		5b		
b Did ar c if "Ye 6e Does any co b if "Ye were 7 Organ a Did the b if "Ye c Did th to file d if "Ye e Did th f Did th g if the h if the	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transactes,* to line 5a or 5b, did the organization file Form 8886-T? The organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? Es,* did the organization include with every solicitation an express statement that such contribution				
6a Does any or b if "Yes were if 7 Organ a Did the b if "Yes c Did the to file d if "Yes e Did th f Did th g if the h if the	the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not tax deductible as charitable contributions? s.* did the organization include with every solicitation an express statement that such contribution.	organization solicit	5c	i	Х
any co b if "Yes were if 7 Organ a Did the b if "Yes c Did the to file d if "Yes e Did th f Did th g if the h if the	contributions that were not tax deductible as charitable contributions? s.,* did the organization include with every solicitation an express statement that such contributions.	organization solicit			
any co b if "Yes were if 7 Organ a Did the b if "Yes c Did the to file d if "Yes e Did th f Did th g if the h if the	contributions that were not tax deductible as charitable contributions? s.,* did the organization include with every solicitation an express statement that such contributions.	•			
were r 7 Organ a Did the b if "Ye" c Did th to file d if "Ye" e Did th f Did th g if the h if the	·		6a		Х
a Did the b If 'Ye' c Did the to file d If 'Ye' e Did th f Did th g If the h If the	not tax deductible?	ns or gifts			
a Did the b if 'Ye c Did th to file d if 'Ye e Did th f Did th g if the h if the			6Ь		·
b If 'Ye' c Did th to file d If 'Ye' e Did th f Did th g If the h If the	nizations that may receive deductible contributions under section 170(c).				· .
c Did th to file d if 'Ye e Did th f Did th g if the h if the	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ices provided to the payor?	7a		<u> X</u>
to file d If 'Ye e Did th f Did th g If the h If the	s, did the organization notify the donor of the value of the goods or services provided?		7b		
d If *Yes e Did th f Did th g If the h If the	ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required		ļ	
e Didth f Didth g If the h If the	Form 8282?		7c		X
f Did the g If the h If the	s,* Indicate the number of Forms 8282 filed during the year	7d	/	37	
g If the	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		
h II the	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct? ,	71		
	organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	79		
	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
	soring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Old		14.5	• •	
organi	ization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at ai	ny time during the year?	8	-,	-
9 Spon	soring organizations maintaining donor advised funds.				
	ne organization make any taxable distributions under section 4966?		9a		
b Did th	ne organization make a distribution to a donor, donor advisor, or related person?	, ,	96		
	on 501(c)(7) organizations. Enter:			-	1
		10a		. 4	4
	too spiral motors and the property of the prop	106	1, 5,	_ (1	8
	on 501(c)(12) organizations. Enter	•	12.1		132
	• • • • • • • • • • • • • • • • • • • •	11a		ì	\mathcal{M}
	ncome from other sources (Do not net amounts due or paid to other sources against				3. 13.14
	, , , , , , , , , , , , , , , , , , , ,	116	~	`	
	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
	· · · · · · · · · · · · · · · · · · ·	126	03	-	,`
	on 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>		<u> </u>
	organization licensed to issue qualified health plans in more than one state?		13a	-, 	
			S 37]	, ′
	See the instructions for additional information the organization must report on Schedule O.	26	: 1		**
	the amount of reserves the organization is required to maintain by the states in which the	36	· ''.	′ }	
	the amount of reserves the organization is required to maintain by the states in which the ization is licensed to issue qualified health plans	3c	14-		2.
14a Did th	the amount of reserves the organization is required to maintain by the states in which the ization is licensed to issue qualified health plans	i	14a	,	X

NEW ENGLAND YANKEE HOCKEY CONFERENCE INC

USA HOCKEY NEW ENGLAND DISTRICT

02-0495890

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

	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		X
Sec	tion 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 1a		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	ý
	If there are material differences in voting rights among members of the governing body, or if the governing	1 88	1/4/15	344
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 1 1:	1	13
b	Enter the number of voting members included in line 1a, above, who are independent		20	. 3,
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	[]	X
_	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
3		2		Х
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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		
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7 <u>8</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings neld or written actions undertaken during the year by the following	'	` {	
a	The governing body?	8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	_X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
ь	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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	In Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		$\frac{1}{X}$
		7 7	2	(2)
15	Did the process for determining compensation of the following persons include a review and approval by independent	(1)		har
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?) :	´ 、、` ´ ´	X
a	The organization's CEO, Executive Director, or top management official ,	15a		X
Đ	Other officers or key employees of the organization	156		[[] .
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		· "]	- 3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	-3	.,
	taxable entity during the year?	16a		<u>X</u> _
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion. 🟲		
	DAVID FONTAINE - (401) 457-6710			
	155 S. MAIN, PROVIDENCE, RI 02903			
			200	

USA HOCKEY NEW ENGLAND DISTRICT

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

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated	
	hours per	illa	, unio cerar	ss pe	irecto	is bot or/trus	n ar itee)	compensation from	compensation from related	amount of other	
	week (list any	-						the	organizations	compensation	
	hours for	chector	•		1	 		organization	(W·2/1099-MISC)	from the	
	related	55	25/25			ig.	i !	(W-2/1099-MISC)		organization	
	organizations	Tag.	15		8	duo 1	i l			and related	
	below	Individual Trustee or	institutional trustee	900	ice, employee	Highest compensated employee	Former			organizations	
(1) KEITH BARRETT	line) 5.00	발	<u>=</u>	.	5	天戸	T.				
DIRECTOR	3.00	X	i				1	0.	0.	0.	
(2) RICHARD OLIVER	5.00	<u> </u>	1	-		-	-				
DIRECTOR	3.00	x				ļ		0.	0.	0.	
(3) CHERI BONAWITZ	5.00	122	-		-						
DIRECTOR	1	X	ĺ		l			0.	0.	0.	
(4) BOB CRAWFORD	5.00		 	<u> </u>	i	 	-				
DIRECTOR		X						0.	0.	0.	
(5) BOB LARENCE	5.00		1			1					
STATE PRESIDENT		ĺ		Х			ĺ	0.	0.	0.	
(6) CHRIS WASHBURN	5.00		1		-						
STATE PRESIDENT			:	X	}			0.	0.	0.	
(7) TOM REGAN	5.00]	i		1						
STATE PRESIDENT		} !	!	X				0,	0.	0.	
(8) TOM ROGERS	5.00	<u> </u>									
STATE PRESIDENT	l			X				0.	0.	0.	
(9) DAVID PONTAINE	2.00									_	
TREASURER				X				0.	0.	0.	
(10) MAURICIO ROSALES	5.00							_		_	
STATE PRESIDENT				Х		-		0.	0.	0.	
											
	\										
							- i				
<u> </u>										······································	
										·	
		!			1						

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both a					מרס	(D) Reportable	(E) Reportable	(F) ible Estimate			
	week (list any hours for related	office States			recto	or/trus	tec)	compensation from the organization (W-2/1099-MISC)	compensati from relate organization (W-2/1099-Mi	ed other compensation AISC) from the organization			
	organizations below line)	Individual mestee	institutional fro	Officer	Key emplayee	Highest comper employee	Former		17.07		and re organiz		
						 						 	
											· · · · · · · · · · · · · · · · · · ·		
											<u> </u>	·	
1b Sub-total c Total from continuation sheets to Part VI	I, Section A	· .		il			>	0.		0.		0.	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	ose	liste	ed at	>o∨€	e) wh	no re	<u> </u>	,000 of reportab			0	
 Did the organization list any former officer, line 1a? If 'Yes," complete Schedule J for s For any individual listed on line 1a, is the su 	uch individual				•	-			, ,		3 Ye	s No	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	0,000? If "Yes," sccrue compen	" co/	mple on f	ete S rom	sche any	unr	J f	or such individual 🦲 🎾	- •	-	5	X	
Section B. Independent Contractors													
Complete this table for your five highest continuous the organization. Report compensation for the organization for the organization. And the organization is a second or the organization for the organization.										npens	ation from (C)	·	
(A) Name and business	address	NC	NE]			1	Description of s	ervices	С	ompensa	tion	
	······································						-				<u></u>	·	
				~~				THE STATE OF THE S					
Total number of independent contractors (in		ot lin	nited	of to	thos	se lis	ted	above) who received m	ore than		(i) (i)		
\$100,000 of compensation from the organiz	tation >				0)				`	Form 99 ((2013)	

*		,	Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
100				1a			. 11		34 34
ant			Federated campaigns	116					, , , , , , , , , , , , , , , , , , , ,
5 5			Membership dues					, , ,	
F.F			Fundraising events	, 1c					, , , , ,
5.5			Related organizations	1d		,		20 5 5 5 7	3.3
Sir		-	Government grants (contribut	·		1	10 10 1		11
육등	1		All other contributions, gifts, grant	, ,	99307.	, `	\$ 1		3
- 투등			similar amounts not included above		993076	, "	, , ,		
Contributions, Gifts, Grants and Other Similar Amounts	9	_	Noncash continuations included in lines	1a-1† \$		99307.		* ` '	,
<u>0 8 </u>		h	Total. Add lines 1a-1f			33307.			\ <u>\</u>
					Business Code 711210	313348.	313348.	· ·	
Ce	2	_	TRAINING CAMPS		711210	38933.	38933.		
E CZ	f		DISTRICT FESTIV	AL	711210	9055.	9055.		
Sing	,	C	APPAREL SALES		711210	3033.			
Program Service Revenue		d							
ē.		e			711210	4841.	4841.		
<u>- </u>	•	f	All other program service reve	enue ,,,	1	366177.			825
		9_	Total. Add lines 2a-2f		<u></u>	3001//.		<u> </u>	<u> </u>
	3		Investment income (including	dividends, inter	est, and	116	116.		
			other similar amounts).		>	116.	110.		
	4		Income from investment of ta	x-exempt bond	proceeds 🕨				
	5		Royalties	,	<u> </u>		.,		
				(ı) Real	(ii) Personal	,	, ,	,	
	6	a	Gross rents		<u> </u>		`	,	
		b	Less: rental expenses					•	
-		C	Rental income or (loss)			`			
		d	Net rental income or (loss)						1
	7	а	Gross amount from sales of	(i) Securities	(ii) Other		3	,	
1			assets other than inventory					1 ()	,
		ь	Less, cost or other basis						
			and sales expenses			, `			
		c	Gain or (loss)			· · · · · ·	, ' ·		
			Net gain or (loss)					<u> </u>	ļ
	8	a	Gross income from fundraisin	ig events (not	ì		, ,		3.
Other Revenue			including \$	of					
Š			contributions reported on line	a 1c) See			k : '		
Œ			Part IV, line 18	·	a i		37	1 3	1,17,3
ě		h	Less direct expenses	t)	,		\$ · · · ·	` ,
δ			Net income or (loss) from fun-	draising events	>				
	۵		Gross income from garning a			,	3		
	, ,	a	Part IV, line 19		<u>.</u>				6
		h	Less direct expenses	· · ·		,	,	11,	,
	í		Net income or (loss) from gan	*	>	1			
	40		Gross sales of inventory, less			, , , , , , , , , , , , , , , , , , ,		\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7
	10	a	and allowances	. 2					, , ,
					,	1 , ,	,	``	
			Less cost of goods sold	, ,-	'\	`			
	<u> </u>	c	Net income or (loss) from sale		Business Code			2	
			Miscellaneous Revenu	76	Dusiness Code	i		. "	•
	11				 	 		-	<u></u> -
		b	***************************************					 	
		C			j		 	<u> </u>	
		d	All other revenue			1	 	2.37	17.72
	İ	e	Total. Add lines 11a-11d		P	465600.	366293	0.	
	12		Total revenue. See instructions			400000	300233		Form 990 (2013)

Form 990 (2013) Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor			omplete column (A).	
	Check if Schedule O contains a response	onse or note to any line in	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				10.38
	organizations in the United States See Part IV, line 21			1 1 1 1 1 1 1 1	111 11 11 11 11 11 11 11 11 11 11 11 11
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,	1			0.36, 3
	organizations, and individuals outside the		İ	1 2 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	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		<u> </u>		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	}	<u> </u>		<u> </u>
7	Other salaries and wages			<u> </u>	
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes			l	
11	Fees for services (non-employees)				
a	• • • • • • • • • • • • • • • • • • • •			<u> </u>	
b	Legal	3015.	<u> </u>	3015.	
C	· · · · · · · · · · · · · · · · · · ·	3015.		3015.	
d	,				
е	Professional fundraising services. See Part IV, line 17		<u> </u>	<u> </u>	
f	Investment management fees		ļ		<u> </u>
9				}	
	column (A) amount, list line 11g expenses on Sch O)	545.	 	545.	
12	Advertising and promotion ,	595.		595.	
13 14	Office expenses Information technology	<u> </u>			
15	Royalties				
16	Occupancy				
17	Travel	4000.		4000.	
18	Payments of travel or entertainment expenses	4000			
10	for any federal, state, or local public officials	!			
19	Conferences, conventions, and meetings	17572.	<u> </u>	17572.	
20	Interest				
21	Payments to affiliates	89238.	89238.		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not covered	5			
	above, (List miscellaneous expenses in line 24e. If line		347		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEN'S CAMP EXPENSES	204924.	204924.		
b	WOMEN'S CAMP EXPENSES	116465.	116465.		
c	FESTIVAL EXPENSES	18025.	18025.		
d	CREDIT CARD FEES	10954.		10954.	
e	All other expenses	6017.	5458.	559.	
25	Total functional expenses Add lines 1 through 24e	471350.	434110.	37240.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (8) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check nere following SOP 98-2 (ASC 956 720)				

USA HOCKEY NEW ENGLAND DISTRICT

Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
	Ones, in occinedate of contains a response of note to any line in this Part A	(A)	Ť	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	85760.	1	79894
2	Savings and temporary cash investments	231239.	2	231355
3	Pledges and grants receivable, net	1	3	
. 4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,		T	
	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	· · · · · · · · · · · · · · · · · · ·	18 "	W. S. J. W.
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		15	
	employers and sponsoring organizations of section 501(c)(9) voluntary		1	(人) (人) (かり)
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	, , , , , , , , , , , , , , , , , , , ,
7	Notes and loans receivable, net		7	
: 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	<u> </u>
,	Land, buildings, and equipment cost or other			175 C 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	basis. Complete Part VI of Schedule D 10a		· ·	
h	Less, accumulated depreciation 10b		10c	,
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 17		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	<u> </u>
16	Total assets. Add lines 1 through 15 (must equal line 34)	316999.	16	311249
17	Accounts payable and accrued expenses	310333.	17	311233
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	Loans and other payables to current and former officers, directors, trustees,		= 1	
22	key employees, highest compensated employees, and disqualified persons.		ί΄,	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
22		, , ,	00	* ***
23	Complete Part II of Schedule L	<u></u>	22	ļ
1	Secured mortgages and notes payable to unrelated third parties			
24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
23	parties, and other liabilities not included on lines 17:24). Complete Part X of	1		
1	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	n .
	Organizations that follow SFAS 117 (ASC 958), check here			
1	complete lines 27 through 29, and lines 33 and 34.	(水) (水) (1)	3	
27	Unrestricted net assets	,	27	, , , , , , , , , , , , , , , , , , , ,
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
-3	Organizations that do not follow SFAS 117 (ASC 958), check here		77,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1			, E (The state of the s
00	and complete lines 30 through 34.	316999.	20	316999.
30	Capital stock or trust principal, or current funds	310999.	30	
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0. _5750.
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	316999.	32	
1 33	Total net assets or fund balances	316999.	33	311249.
. 34	Total liabilities and net assets/fund balances	310223.	34	311249.

NEW ENGLAND YANKEE HOCKEY CONFERENCE INC

	1990 (2013) USA HOCKEY NEW ENGLAND DISTRICT	02-04	<u>95890</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	, ,		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5600.
2	Total expenses (must equal Part IX, column (A), line 25)	2		71350.
3	Revenue less expenses. Subtract line 2 from line 1	3		-5750.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31	6999.
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	 	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (8))	10	31	1249.
Pa	rt:XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>, L</u>
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1 1 30
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 . }	34 80
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a		
	separate basis, consolidated basis, or both.		1	1
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1	4 *
	consolidated basis, or both:			-4 .
	Separate basis Consolidated basis Both consolidated and separate basis		13.	
¢	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audīt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	if the organization changed either its oversight process or selection process during the tax year, explain in Schi	edule O.	1.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit	13.4	
	Act and OMB Circular A-133?	.,	3a	X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		35	
			Form S	990 (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

jnspection 🎆

Department of the Treasury Internal Revenue Service Name of the organization

NEW ENGLAND YANKEE HOCKEY CONFERENCE INC HISA HOCKEY NEW ENGLAND DISTRICT

Employer identification number 02-0495890

		JOH HOC	VEI MEM PINGI	THIAD D	TOTIT	. <u>C. T</u>			V	2-0433030
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions.		
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one t	ox)			
1			s, or association of chur	=).		
2			70(b)(1)(A)(ii). (Attach So					."		
3			ital service organization			170(6)(1)	(A)(iii).			
4			operated in conjunction					(Б)(1)(А)(іі	ii). Enter	the hospital's name.
ليحسا ٣	city, and stat		oporation in conjunction	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,-,,-,,,-,,,-,	.,	(i) i i o o pii a o i i a i o i
5			benefit of a college or u	awarety o	wned or or	perated by	, a govern	mental uni	t describ	ed to
9	-	(b)(1)(A)(iv). (Comple	=	inversity of	W 1100 01 01	ourated by	a govern	mornial din	(0000110	
			•	ie alemanilma.	d in contin	- 470/hU	CI/AI/AI			
6			ent or governmental uni							
7			eives a substantial part	of its supp	on from a	governme	entai unit c	or Irom the	general	public described in
لسممسا		b)(1)(A)(vi). (Comple	·							
8			section 170(b)(1)(A)(vi).							
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross receipts from
	activities rela	ited to its exempt ful	nctions - subject to certa	aln excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gross investment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 30, 1975
	See section	509(a)(2). (Complete	e Part III.)							
10	An organizati	on organized and of	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).		
11 X	An organizati	on organized and or	perated exclusively for the	he benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one or
			ations described in secti							
			organization and compl							
	a Type I	· · · · · · · · · · · · · · · · · · ·		ype III · Fu	-			Typ	e III - Nor	n-functionally integrated
e 🗀			it the organization is not		-					• •
			han one or more publicl							
f		-	iten determination from						1-71-7	
•	_	rganization, check th			,					
~		=	organization accepted ar	ny aift or ci	ontribution	from anv	of the foli	owing pers	sons?	- · · · · · —
g			irectly controls, either a							Yes No
			upported organization?		Ottos with	P0100110 L		(1) S. 10 (,,,, 50,011	11g(i) X
	-	- ·				• • •		1 -1 -	*** * *	·
	-		n described in (i) above?		,			•• ••		
			person described in (i)					* 141	• • •	11g(iii) X
h	Provide the fo	ollowing information	about the supported or	ganization	(S).					
	······································	,	T			r 		T		
(I) Name	of supported	(II) EIN	(III) Type of organization	(iv) is the o	-		-	organizatio	ine on in col	(vii) Amount of monetary
orga	nization	}	(described on lines 1-9	in col. (i) lis	document?	, ,	lan in col.	(i) organiz	ed in the	support
			above or IRC section (see instructions))	F	·		r	US		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No	
	CTICUT								1	
HOCKE	Y CONFE	06-1049488	12	1	X		X		X	28499.
	ISLAND							[1 1	
HOCKE'	Y CONF	22-2544880	12		X		X		X	13798.
NEW										
	HIRE HO	02-0324979	12	}	Х		Х	}	x	17093.
MAINE				1						
	UR HOCK	01-0491286	12	;	X		Х		x	16489.
VERMOI				 					 	
	- 7	03-0349734	12		Х		Х		X	13360.
TITE TO	01/ 110CV	/ / / / / / / / / / / / / / / / / / / /	<u> </u>	 				77.	× 1	20000
	5			, `		, / s	, <i>"</i>	` (, · · ·	89239.

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

Schedule A (Form 990 or 990-EZ) 2013

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NEW ENGLAND YANKEE HOCKEY CONFERENCE INC

Schedule A (Form 990 or 990-EZ) 2013 USA HOCKEY NEW ENGLAND DISTRICT 02-0495890 Page 2

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

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

Se	ction A. Public Support				,		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				-	1 T	
	membership fees received (Do not						
	include any "unusual grants ")					<u> </u>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to]	
	the organization without charge						
4	Total. Add lines 1 through 3				·····		
5	The portion of total contributions		4		3 × × ×	1 30	
	by each person (other than a		, . ` ;			1 3 7 7 7 7	
	governmental unit or publicly	111		·		11 11 11	
	supported organization) included			1111	•		
	on line 1 that exceeds 2% of the	, ,					
	amount shown on line 11,		` `		• • •		
	column (f)	ļ	-	,	······································	<u> </u>	
	Public support. Suptract line 5 from tine 4		,, ,				
	ction B. Total Support	T					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	,					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					i	
	or loss from the sale of capital		1		1		
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	`		<u> </u>		<u> </u>	
12	Gross receipts from related activities,	•	•	•	i	12	
13	First five years. If the Form 990 is for		first, second, third	i, fourth, or fifth ta	x year as a section	501(c)(3)	,
Sei	organization, check this box and stop tion C. Computation of Publ		rentare	· <u>·</u>		·	<u> </u>
	Public support percentage for 2013 (I		·	oluma (fi)		14	
			•	(i))	ł	15	96
	Public support percentage from 2012				1 to 29 1 /20/		%
198	33 1/3% support test - 2013. If the c stop here. The organization qualifies						F [
	ave acre. The catemization organies	as a puorciy suppo	organization				hav
h		reading anitaring or	chack a boy on le	12 12 Ar 18A AAA			(=) X
b	33 1/3% support test - 2012. If the c						>
	33 1/3% support test - 2012. If the cand stop here. The organization quali	ifies as a publicly s	upported organiza	tion	• -		. ▶□
	33 1/3% support test - 2012. If the cand stop here. The organization quali 10% -facts-and-circumstances test	ifies as a publicly sit - 2013. If the orga	upported organiza anization did not ci	tion neck a box on line	13, 16a, or 16b, a	 nd line 14 is 10% or	more,
	33 1/3% support test - 2012. If the cand stop here. The organization qualities 10% -facts-and-circumstances test and if the organization meets the "fac	ifies as a publicly s i - 2013. If the orga ts-and-circumstand	upported organiza inization did not cl ees* test, check th	tion neck a box on line is box and stop he	13, 16a, or 16b, a ere. Explain in Par	 nd line 14 is 10% or	more,
17a	33 1/3% support test - 2012. If the cand stop here. The organization qualities 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances"	ifies as a publicly s t - 2013. If the orge ts-and-circumstand test. The organizat	upported organiza anization did not cl es" test, check th ion qualifies as a p	tion . neck a box on line is box and stop he oublicly supported	13, 16a, or 16b, a ere. Explain in Pari organization	nd line 14 is 10% or	more,
17a	33 1/3% support test - 2012. If the cand stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test	ifies as a publicly s i - 2013. If the orga ts-and-circumstanc test. The organizat i - 2012. If the orga	upported organiza anization did not cl ess test, check the ion qualifies as a p anization did not cl	tion	13, 16a, or 16b, a ere. Explain in Pan organization 13, 16a, 16b, or 1	nd line 14 is 10% or to the total to the total to the total to the total to the total to the total to the total to the total to the total total total to the total	more,
17a	33 1/3% support test - 2012. If the cand stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the	ifies as a publicly sit - 2013. If the organisms the constance of the cons	upported organiza anization did not cl ses" test, check th ion qualifies as a p anization did not ch instances" test, ch	tion neck a box on line is box and stop he inblicly supported neck a box on line eck this box and s	13, 16a, or 16b, a ere. Explain in Pari organization 13, 16a, 16b, or 1 top here. Explain	nd line 14 is 10% or t IV how the organization 7a, and line 15 is 10 in Part IV how the	more,
17a b	33 1/3% support test - 2012. If the cand stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test	ifies as a publicly sit - 2013. If the organistrand-circumstand test. The organization - 2012, if the organization if acts and circumstances test. I	upported organiza anization did not cl ses" test, check th ion qualifies as a p anization did not cl instances" test, ch The organization qu	tion neck a box on line is box and stop he publicly supported neck a box on line eck this box and s publicles as a public	13, 16a, or 16b, a ere. Explain in Part organization 13, 16a, 16b, or 1 top here. Explain ly supported orga	nd line 14 is 10% or It IV how the organization and line 15 is 10 in Part IV how the	more,

332022 09 25-13

(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						
	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")				İ		
2	Gross receipts from admissions,						
	merchandise sold or services per-	1					
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					ł	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	j	1]	
	iness under section 513						
4	Tax revenues levied for the organ-						1
	ization's benefit and either paid to		ļ				1
	or expended on its behalf	1	1			<u> </u>	
5	The value of services or facilities	1				i	
	furnished by a governmental unit to					1	
	the organization without charge		:				
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		}				
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on the 13 for the year	i				İ	
c	Add lines 7a and 7b						
8	Public support (Subgratifine 7c from the 6)	,		``			
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
10a	Gross income from interest,	1					
	dividends, payments received on securities loans, rents, royalties	1				!	
	and income from similar sources	1					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	Ì	1				
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is	4				1	
	regularly carried on			i			
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support, (Add times 9 10c, 11 and 12)		1				
	First five years. If the Form 990 is for	the organization'	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here			<u> </u>			▶□
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	ine 8, column (f) d	livided by line 13, c	olumn (f;)		15	%
16	Public support percentage from 2012	Schedule A, Part	: III, line 15		., .	16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	r13 (line 10c, colur	mn (f) divided by fin	e 13, column (f))	j	17	
	Investment income percentage from				. ,	18	%
19a	33 1/3% support tests - 2013. If the	organization did r	not check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qualif	lies as a publicly s	upported organiza	nonte	, ▶□
b	33 1/3% support tests - 2012. If the	organization did r	not check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ick this box and s	top here. The orga	nization qualifies a	s a publicly suppo	orted organization	▶ 🔲
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	, or 19b, check thi	s box and see ins	tructions	<u> </u>
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T GILLY									17b, and Part III, line 12
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SCHEDULE O (Form 990 or 990-EZ)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection NEW ENGLAND YANKEE HOCKEY CONFERENCE INC Employer identification number

Opén to Public

Name of the organization NEW ENGLAND YANKEE HOCKEY CONFERENCE INC Employer identification number USA HOCKEY NEW ENGLAND DISTRICT 02-0495890
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: RECONCILIATION TO ACCOUNTING RECORDS BEFORE SIGNATURE.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: QUESTIONAIRES AT ANNUAL MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.