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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047 2014 Open to Public Inspection

Α	For the 2014 of	alendar year, or tax year beginning $08/01/14$, and ending $07/31/2$	15		 _			
В	Check if applicable	C Name of organization ROCHESTER JUVENILE HOCKEY		D Employer	r identification number			
	Address change	ASSOCIATION						
\neg	Name change	Doing business as			048570			
\dashv	·	Number and street (or P 0 box if mail is not delivered to street address) 1570 FAIRGROUNDS AVE SE	Room/suite	E Telephon	e number 280 - 6345			
\dashv	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code	L	<u> </u>	200 00=0			
	terminated			G Gross see	eipts\$ 5,622,154			
	Amended return	ROCHESTER MN 55904 F Name and address of principal officer		G Gross reco				
$\overline{\Box}$	Application pending		H(a) Is this a gro	up return for si	ubordinates? Yes X No			
	- ppcaton ponding	JASON KANZ 1570 FAIRGROUNDS AVE SE	H(b) Are all subo	ordinates incli	uded? Yes No			
			' '	," attach a list (see instructions)				
			- `		,			
<u> </u>	Tax-exempt status	X 501(c)(3) 501(c) ()	┥					
<u>J</u>		YHA.PUCKSYSTEMS2.COM/	H(c) Group exer		107			
	Form of organization		Year of formation 1	904]	M State of legal domicile MN			
<u> </u>		ımmary						
		escribe the organization's mission or most significant activities	GAMTONIA T					
e		IDE AN OPPORTUNITY FOR THE YOUTH WITHIN THE ORGANI						
nan		CICIPATION AREA TO DEVELOP ATHLETIC, SOCIAL AND SPO	KISMANSHI	- SKIL	по			
Veri		OUGH PARTICIPATION IN THE SPORT OF HOCKEY.	E0/ -£ + · · ·	-4-				
& Governance		is box if the organization discontinued its operations or disposed of more than 2	5% of its net ass	1 1	1 5			
∞ಶ	1	of voting members of the governing body (Part VI, line 1a)		3	15			
ties	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	12			
Activities	5 Total nu	nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	26			
Act		mber of volunteers (estimate if necessary)		6	250			
		related business revenue from Part VIII, column (C), line 12		7a	4,714			
_	b Net unre	lated business taxable income from Form 990-T, line 34	Prior Yea	7b	3,711 Current Year			
	n Cantalau	trans and grants (Plant VIII June 1h)		0,032	75,120			
e	8 Contribu	tions and grants (Part VIII, line 1h)		2,941	333,734			
Revenue	9 Program	service revenue (Part VIII, line 2g)		1,665	2,209			
æ	10 investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		3,825	171,397			
	1	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,463	582,460				
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,403	46,766			
	l .	nd similar amounts paid (Part IX, column (A), lines 1–3)		3,110	40,700			
		paid to or for members (Part IX, column (A), line 4)	3.	2,859	24,000			
es	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5–10)	34	2,039	24,000			
xpenses	16a Professi	onal fundraising fees (Part IX, column (A), line-11e)						
	b Total fur	idraising expenses (Part IX, column (D), line 25)	40	4,811	474,915			
ш		penses (Part IX, column (A), lines 11a–11d, 11f–24ė) (A) (Part IX, column (A), lines 12a–13d, 11f–24ė)		1,811 3,780	545,681			
	18 Total ex	penses Add lines 13–17 (must equal Part IX column (A), line 25)		4,683	36,779			
_	19 Revenue	e less expenses Subtract line 18 from line 12	Beginning of Cur		End of Year			
tso	일 20 Total as	sets (Part X, line 16)		3,626	636,140			
\sse	21 Total lia	pulities (Part X, line 26)		1,564	37,716			
Net Assets or	22 Net see	ets or fund balances Subtract line 21 from line 20		2,062	598,424			
		ignature Block			.= 1			
		perjury, I declare that I have examined this return, including accompanying schedules and staten	nents, and to the be	est of mv kr	nowledge and belief, it is			
t	rue, correct, and	complete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledg	je	<u>.</u>			
		1/1/						
Çi	an P -	Signature of officer		Date	1 - (1)			
Here Signature of officer 6/15/16								
. 15		Type or print name and title		<u> </u>				
_	Print/Ty	pe preparer's name Preparer's signature	Date	Check	if PTIN			
Pa		C ANDERSON Alan anderson	6-14.	16 self-en	nployed P00947443			
_	eparer Firm's n	ATAM G AMDEDGOM GUADTEDED CDA		ırm's EIN	41-1326473			
	se Only	121 14TH STREET NE, SUITE B						
	Firm's a	. DOCHECTED MN EEOOG	F	Phone no	507-288-3947			
M		ss this return with the preparer shown above? (see instructions)			X Yes No			
		fustion Act Notice, see the senarate instructions			Form 990 (2014)			

Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	١.		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
*	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,	-		^
3	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	<u> </u>		-11
•	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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			3.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	7,	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	Schedule D. Parts XI and XII	12a	Y	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120	-1	
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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 other assistance to or			
	for any 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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
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	- V
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
<u>a</u> _	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part 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			
	domestic government on Part IX, column (A), line 12 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	į		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		,,
ь	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?			
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
-	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	i	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ļ	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>	- 1	
	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	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	X	
С	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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		,,	
25-	or IV, and Part V, line 1	34	_X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1256		
36		35b	-	
J J	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Y
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3'	 	<u>X</u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
			990	(2014)
		. 311		_~'¬'

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 28 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1b 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 26 Statements, filed for the calendar year ending with or within the year covered by this return Х If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b X 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 Х account)? 4a If "Yes," enter the name of the foreign country h See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 6a organization solicit any contributions that were not tax deductible as charitable contributions? Χ 6a 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 Χ and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Х 7d If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b h Section 501(c)(7) organizations. Enter 10 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 15 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 12 1b 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 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 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? X Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7a Χ 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8a Each committee with authority to act on behalf of the governing body? X 8b 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 Section 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 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records JASON KANZ 1570 FAIRGROUNDS AVE SE ROCHESTER MN 55904 507-280-6086

- 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) Name and Title	(B) Average hours per week (list any	bo:	x, unle	Pos check ess pe	rson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) TODD HUYBER										
	0.00				i					
PRESIDENT	0.00	X		X				0	0	
(2) JASON KANZ										
	0.00									
TREASURER	0.00	X		Х				ol	0	
(3) KATHY HEIGHTLANI										
	0.00			İ						
SECRETARY	0.00	X		X				_8,488	o	
(4) MARK HICKEY										
	40.00			l						
GAMBLING MANANGER	0.00	X		X]	İ	44,013	ol	C
(5) DOUG ZMOLEK										
	0.00					1				
HOCKEY ADVISORY	0.00	X		ŀ				31,500	0	C
(6) MATT HANZEL		T								
ļ	0.00	1			İ	!		!		
DIRECTOR	0.00	X		<u>l</u>				0	0	C
(7) JAMES MCPEAK	-									
	1.00				1					
DIRECTOR	0.00	X		<u> </u>		J		0	0	C
(8) THOMAS GRAHAM										
	0.00									
DIRECTOR	0.00	X		<u> </u>				. 0	0	C
(9) LORNE HEDIN				1						
	0.00	1		ł						
DIRECTOR	0.00	X						0	0	C
10) CHRIS BRUNHOLZL		1								
	0.00									
DIRECTOR	0.00	X			$oxed{oxed}$		<u> </u>	0	0	C
11)GUY GALLAUGHER				[
	0.00									
DIRECTOR	0.00	X	L				L	0	0	Form 990 (2014

(A) Name and title	(B) Average hours per week (list any	Average Position hours per (do not check more week box, unless person (list any officer and a director			Position do not check more than one ox, unless person is both an fficer and a director/trustee)			(D) Reportable compensation from the	(F) Estimated amount of other compensation from the				
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	Į a	from the organizatio and related organization	b	
(12) SHANNON WEICK											-		
D.T.D.E.GTTO.D.	0.00	1											_
DIRECTOR (13) ROB COTHERN	0.00	X		-			<u> </u>	0	0				0
(15)ROD COINDIAN	0.00												
DIRECTOR	0.00	x	<u></u>					0	0				0
(14)MIKE MALAGANI													
DIRECTOR	0.00	X						0	0.				0
(15) JEFF PHILLIPS	0.00	^	_	_				0	0	<u> </u>			0
(13, 5 = 1 = 1 = 1 = 1	0.00						-						
DIRECTOR	0.00	X	<u> </u>					0	0				0
(16) SCOTT SCHNEIDER	0.00												
PART YEAR DIRECTOR	0.00	X						o	o				0
(17) ROBERT BENNER	0.00												
. ,	0.00												
PART YEAR DIRECTOR	0.00	X					<u> </u>	0	0				0
(18) KRIS DIETZ	0.00					İ							
PART YEAR DIRECTOR	0.00	$ _{\mathbf{x}}$						o	o				0
(19) DAN CHRISTENSON													
	0.00												
PART YEAR DIRECTOR	0.00	X			L	<u></u>	Ļ	84,001	0				0
1b Sub-total c Total from continuation shee	ets to Part VII.	Secti	ion A	a				84,001			 -		
d Total (add lines 1b and 1c)							<u> </u>	84,001					
2 Total number of individuals (in	•			thos	e lıs	ted a	bov	e) who received more than	\$100,000 of				
reportable compensation from	the organization		<u>U</u>	_							Y	es	No
3 Did the organization list any fo	•		•		•	•	•	oyee, or highest compensa	ited	Γ			37
employee on line 1a? If "Yes," 4 For any individual listed on line								n and other compensation	from the	F	3	-	X
organization and related organ													
individual 5 Did any person listed on line 1	a receive or acc	crue (come	oens.	atior	ı fror	n an	v unrelated organization or	· individual	-	4	\dashv	X
for services rendered to the or											5		X
Section B. Independent Contracto													
 Complete this table for your five compensation from the organization. 										ear			
Name and	(A) business address							Descrip	(B) tion of services		Compe	C) ensatio	
		_											
	···						├						
										}			
													
							<u> </u>		·				
							\vdash						
						_							
2 Total number of independent of								se listed above) who					
received more than \$100,000	or compensation	n troi	n the	e org	anız	ation			0		Form S	90	2014)
•												- (.,

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue Total revenue Unrelated exempt function business excluded from tax under sections revenue revenue 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 13,500 1d d Related organizations Contributions, and Other Sim e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 61,620 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 75,120 Service Revenue Busn Code 711300 2a REGISTRATIONS 131,869 131,869 TRAVELING FEES 711300 112,479 112,479 711300 TOURNAMENTS 83,135 83,135 d 711300 6,251 6,251 TRYOUT FEES Program 5 f All other program service revenue g Total. Add lines 2a-2f 333,734 3 Investment income (including dividends, interest, and other similar amounts) 2,209 2,209 Income from investment of tax-exempt bond proceeds ▶ Rovalties (ı) Real (ii) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) \triangleright 8a Gross income from fundraising events Other Revenue 13,500 (not including \$ of contributions reported on line 1c) 207,262 See Part IV, line 18 b Less direct expenses 109,814 c Net income or (loss) from fundraising events 97,448 97,448 9a Gross income from gaming activities 4,949,615 See Part IV, line 19 4,914,526 b Less direct expenses c Net income or (loss) from gaming activities 35,089 4,714 ▶ 30,375 10a Gross sales of inventory, less 37,136 returns and allowances 15,354 b Less cost of goods sold 21,782 c Net income or (loss) from sales of inventory ▶ 21,782 Busn. Code Miscellaneous Revenue 11a CONCESSIONS 452000 14,487 14,487 900099 2,591 b MISCELLANEOUS INCOME 2,591 С d All other revenue 17,078 Total. Add lines 11a-11d 333,₇₃₄ <u>4,7</u>14 Total revenue. See instructions 582,460 168,892

Part IX **Statement of Functional Expenses**

secti	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			iete column (A)	П
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				······
	and domestic governments. See Part IV, line 21	43,266	43,266		
2	· · · · · · · · · · · · · · · · · · ·				
	individuals See Part IV, line 22	3,500	3,500		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	24,000	1,500	22,500	
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) Management	7,500		7,500	
a h	Legal	7,300		7,300	
	, [*] .	5,550		5,550	
	Lobbying	3,330		3,330	
f	Investment management fees				
q	Other (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	8,582	8,582		
13	Office expenses	3,781		3,781	
14	Information technology				
15	Royalties				
16	Occupancy	269,934	269,934		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 026		1 026	
22	Depreciation, depletion, and amortization	1,036 1,910	1 010	1,036	
23	Insurance	1,910	1,910		······································
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	TOURNAMENTS	76,824	76,824		· · · · · · · · · · · · · · · · · · ·
b	COACHES AND REFEREES	55,663	55,663		
c	EQUIPMENT AND UNIFORMS	35,092	35,092		
d	BAD DEBT	4,125		4,125	
e	All other expenses	4,918	1,550	3,368	
25	Total functional expenses. Add lines 1 through 24e	545,681	497,821	47,860	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)				
DAA					Form 990 (2014)

Part X **Balance Sheet**

	Check if Schedule O contains a response or note to an	y mis in this rait A	(A)	l I	(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		484,174	1	513,372
2	Savings and temporary cash investments		83,960		71,054
3		ļ		3	,1,05
4			5,759	4	12,266
5	Loans and other receivables from current and former officers,				
	trustees, key employees, and highest compensated employee	·			
	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 c	· ·			
	sponsoring organizations of section 501(c)(9) voluntary emplo				
2	organizations (see instructions) Complete Part II of Schedule	•	1	6	
7		Γ		7	
ة 8	Inventories for sale or use		19,903	8	31,413
9	Prepaid expenses and deferred charges	T		9	
10	a Land, buildings, and equipment cost or	1			·
	other basis Complete Part VI of Schedule D 10a	14,945			
	Less accumulated depreciation 10t		9,830	10c	8,035
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	<u> </u>		14	
15	Other assets See Part IV, line 11	Γ		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		603,626	16	636,140
17	Accounts payable and accrued expenses		17,966	17	23,277
18	Grants payable			18	
19	Deferred revenue		15,084	19	14,107
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of Sch	edule D		21	
ខ្ល 22	Loans and other payables to current and former officers, direct	ctors,			
[trustees, key employees, highest compensated employees, a	nd			
	disqualified persons Complete Part II of Schedule L			22	
تا 23 ع	Secured mortgages and notes payable to unrelated third parti	es		23	
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to rela	ted third			
	parties, and other liabilities not included on lines 17-24) Com	plete Part X			
	of Schedule D		8,514	25	332
26	Total liabilities. Add lines 17 through 25		41,564	26	37,716
	Organizations that follow SFAS 117 (ASC 958), check here	e ▶ X and			
Net Assets of Fund Balances 25 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		562,062	27	598,424
ក្តី 28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
2	Organizations that do not follow SFAS 117 (ASC 958), che	eck here ▶ and			
5	complete lines 30 through 34.				
រ្គ័ 30	Capital stock or trust principal, or current funds			30	
2 31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>		31	
ថ្ន 32	Retained earnings, endowment, accumulated income, or other	er funds		32	
33	Total net assets or fund balances		562,062	33	598,424
34	Total liabilities and net assets/fund balances		603,626	34	636,140

Form	990 (2014) ROCHESTER JUVENILE HOCKEY 41-6048570			Pa	ge 12
Pa	t 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	58	32,	460
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	<u>15,</u>	<u>681</u>
3	Revenue less expenses Subtract line 2 from line 1	3		36,	<u>779</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56	52,	062
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		-	<u>417</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
*********	33, column (B))	10	5.5	98,	<u>424</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
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 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?		2b	X	<u> </u>
	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				
	X 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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u></u>
			For	m 99 (0 (2014)

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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ROCHESTER JUVENILE HOCKEY ASSOCIATION

41-6048570

Open to Public

Inspection

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) Is the organization (vi) Amount of (i) Name of supported (iii) Type of organization (v) Amount of monetary listed in your governing (described on lines 1-9 support (see other support (see organization above or IRC section document? instructions) instructions) (see instructions)) Yes (A) (B)

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

Schedule A (Form 990 or 990-EZ) 2014

(C)

(D)

(E)

Schedule A (Form 990 or 990-EZ) 2014 ROCHESTER JUVENILE HOCKEY

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2013 (e) 2014 (f) Total (b) 2011 (c) 2012 Calendar year (or fiscal year beginning in) (a) 2010 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2013 (e) 2014 (f) Total (a) 2010 (b) 2011 (c) 2012 Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

instructions

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

(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)

Sec	tion A. Public Support	1					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	88,740	87,243	67,855	90,032	75,120	408,990
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	479,042	415,069	424,701	372,941	333,734	2,025,487
3	Gross receipts from activities that are not an unrelated trade or business under section 513	259,010	262,259	302,178	348,989	370,735	1,543,171
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	826,792	764,571	794,734	811,962	779,589	3,977,648
7a	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 line 13 for the year						
С	Add lines 7a and 7b						. <u>.</u>
8	Public support (Subtract line 7c from line 6)						3,977,648
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	826,792	764,571	794,734	811,962	779,589	3,977,648
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1	3	4	1,665	2,209	3,882
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1	3	4	1,665	2,209	3,882
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			207	19,508	3,711	23,426
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	9,119					9,119
13	Total support. (Add lines 9, 10c, 11, and 12)	835,912	764,574	794,945	833,135	785,509	4,014,075
14	First five years. If the Form 990 is for the organization, check this box and stop her		t, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)	> [
Sec	ction C. Computation of Public Si	upport Percent	tage				
15	Public support percentage for 2014 (line 8	3, column (f) divided	d by line 13, colum	ın (f))		15	99.09%
16	Public support percentage from 2013 Sch					16	96.87%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2014 (, column (f))		17	<u>%</u>
18	Investment income percentage from 2013	Schedule A, Part	III, line 17			<u> 18 </u>	%
19a							⊾ ਢਿ
	17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						► <u>X</u>
b	33 1/3% support tests—2013. If the orga	anization did not ch	eck a box on line	14 or line 19a, and	ine to is more that	organization	▶ □
	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did						
20	Private foundation, it the organization of	IN HOL CHECK & DOX	on mic 14, 13a, 01	130, GIECK LIIS DO	A arra 300 manuch		···· <u>-</u>

20

Part IV Supporting Organizations

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

Sect	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		-	
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	 	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	 -	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	۱		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		ļ
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	40-		1
_	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	406		İ
	determine whether the organization had excess business holdings)	10b		1

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	F	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		~	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			1
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		1
Sect	ion C. Type II Supporting Organizations			l
	, yes a separation of the sepa		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	:	
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1	•	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		·····
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>anizat</u>	ions				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All						
other Type III non-functionally integrated supporting organizations must complete Section	ns A thr	ough E				
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year			
- Adjusted Not modific			(optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7	•				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
Aggregate fair market value of all non-exempt-use assets (see	Τ	······································	Value value			
instructions for short tax year or assets held for part of year)						
a Average monthly value of securities	1a		<u> </u>			
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI)						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1					
see instructions)	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by 035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount	1 0		Current Year			
	,		, . 			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		 			
4 Enter greater of line 2 or line 3	4	······································				
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6		1			
7 Check here if the current year is the organization's first as a non-functionally-integrated	Type III :	supporting organization (see			

Schedule A (Form 990 or 990-EZ) 2014

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		·	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpo	ses						
2	Amounts paid to perform activity that directly furthers exempt purpose	s of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4								
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organiz	ation is responsive						
	(provide details in Part VI) See instructions							
9	Distributable amount for 2014 from Section C, line 6							
10								
		(iii)						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014							
а								
b								
С								
d								
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
i	Carryover from 2009 not applied (see instructions)							
j	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2014 from Section							
	D, line 7							
а	Applied to underdistributions of prior years							
	Applied to 2014 distributable amount							
С	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2014, if							
	any Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions)							
6	Remaining underdistributions for 2014 Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions)							
7	Excess distributions carryover to 2015. Add lines 3j							
•	and 4c							
8	Breakdown of line 7							
a								
<u>u</u> b								
	Excess from 2013							
	Evenes from 2014							

41-6048570

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

PART III, LINE 12 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME

\$

9,119

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 2014

Open to Public Inspection

	OF THE COMMENTAL TRANSPORT OF TRANSPORT	En	ıployer	identificatio	n number	
	OCHESTER JUVENILE HOCKEY SSOCIATION	4	1 6	0405	7.0	
	rt I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to	unds or Other Similar Funds or Acc		04857 ts .	70	
	Complete it the organization answered Tes to	(a) Donor advised funds		h) Funde and	d other accour	nte
4	Total number at end of year	(a) bollor advised larids		J) Fullus allu	1 Other accoun	
1	•					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year	at the assets hold in denot advised				
5	Did the organization inform all donors and donor advisors in writing th					
_	funds are the organization's property, subject to the organization's exc Did the organization inform all grantees, donors, and donor advisors in	-			Yes	s No
6	•	• •				
	only for charitable purposes and not for the benefit of the donor or do	for advisor, or for any other purpose				. 🗆 👊
Da	conferring impermissible private benefit? rt II Conservation Easements.				Yes	No No
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 7				
1	Purpose(s) of conservation easements held by the organization (chec	** ` 				
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa	nt land	d area		
	Protection of natural habitat	Preservation of a certified historic str				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a conservation	tion			
	easement on the last day of the tax year			Held at th	e End of th	e Tax Yea
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic structure in	cluded in (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17	` '				
_	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organization	during	the		
	tax year ▶			,		
4	Number of states where property subject to conservation easement is	located >				
5	Does the organization have a written policy regarding the periodic mo					
	violations, and enforcement of the conservation easements it holds?				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	rcing conservation easements during the year				
	>	g				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year				
	▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation easer	nents in its revenue and expense statement, a	nd			
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that desc	rıbes t	he		
	organization's accounting for conservation easements					
Pa	rt III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to		nilar .	Assets.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),		nce sl	heet		
	works of art, historical treasures, or other similar assets held for public	•				
	public service, provide, in Part XIII, the text of the footnote to its finance					
b	If the organization elected, as permitted under SFAS 116 (ASC 958),		sheet	:		
	works of art, historical treasures, or other similar assets held for public	•				
	public service, provide the following amounts relating to these items					
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X		•	\$		
2	If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain, provide	e the			
-	following amounts required to be reported under SFAS 116 (ASC 958					
а	Revenue included in Form 990, Part VIII, line 1	·	>	\$		
	Assets included in Form 990, Part X			\$		

Schedule D (Form 990) 2014 ROCHESTI	ER JUVENILE	HOCKEY		41-6048570	Page 2
Part III Organizations Maintaini	ng Collections of	f Art, Historical 1	Treasures, c	or Other Similar Asse	
3 Using the organization's acquisition, access collection items (check all that apply)	ssion, and other record	is, check any of the fo	ollowing that ar	e a significant use of its	
a Public exhibition	d 🗌	Loan or exchange pr	ograms		
b Scholarly research	е 🗍	Other			
c Preservation for future generations					
4 Provide a description of the organization's	collections and explai	n how they further the	organization's	exempt purpose in Part	
XIII					
5 During the year, did the organization solici	t or receive donations	of art, historical treasi	ures, or other s	sımılar	
assets to be sold to raise funds rather that	n to be maintained as	part of the organizatio	n's collection?		Yes No
Part IV Escrow and Custodial A					
Complete if the organizati 990, Part X, line 21	on answered "Yes	" to Form 990, Pa	art IV, line 9,	or reported an amoun	t on Form
1a Is the organization an agent, trustee, custo	odian or other intermed	diany for contributions	or other asset	e not	
included on Form 990, Part X?	odian of other intermet	diary for contributions	or other asset	3 1101	☐ Yes ☐ No
b If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table			1c3 1t0
5 ii res, explain the all angement in rate x	in and complete the re	moving table			Amount
c Beginning balance				1c	
d Additions during the year				1d	 _
e Distributions during the year				1e	
f Ending balance				1f	
2a Did the organization include an amount or	Form 990, Part X, line	e 21, for escrow or cu	stodial accoun	\	Yes No
b If "Yes," explain the arrangement in Part X					
Part V Endowment Funds.			•		
Complete if the organizati	on answered "Yes	" to Form 990, Pa	art IV, line 10	0.	
	(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three years back	k (e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and					
losses					
d Grants or scholarships					
e Other expenditures for facilities and					
programs					
f Administrative expenses					
g End of year balance				<u></u>	
2 Provide the estimated percentage of the c	urrent year end baland	ce (line 1g, column (a)) held as		
a Board designated or quasi-endowment ▶	%				
b Permanent endowment ► %					
c Temporarily restricted endowment ▶	%				
The percentages in lines 2a, 2b, and 2c sl	•				
3a Are there endowment funds not in the pos	session of the organiz	ation that are held and	d administered	for the	[]
organization by					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations		0.4.4.4.50			3a(ii)
b If "Yes" to 3a(II), are the related organizati	-				3b
4 Describe in Part XIII the intended uses of Part VI Land, Buildings, and Eq		owment tunds			
Part VI Land, Buildings, and Eq Complete if the organizati	•	" to Form 990 Pa	art IV line 1	1a See Form 990 Par	t X line 10
Description of property	(a) Cost or other		other basis	(c) Accumulated	(d) Book value
Description of property	(investment)	I ' '	ther)	depreciation	(a) Dook value
1a Land	,	. (3.			
b Buildings					
c Leasehold improvements				· · · · · · · · · · · · · · · · · · ·	
d Equipment		-	5,794	1,380	4,414
e Other	-		9,151	5,530	3,621
Total. Add lines 1a through 1e (Column (d) mus	st equal Form 990. Pa	rt X, column (B). line 1		<u> </u>	8,035
Total in the second sec		, 2 \=//0			

Part VII	Investments—Other Securities.	Form 000 Port IV line	11h Soo Form 000 B	ort V. lino 12
	Complete if the organization answered "Yes" to			
	(a) Description of security or category	(b) Book value	(c) Method o Cost or end-of-ye	
T	(including name of security)	<u> </u>	Cost of end-of-ye	ai market value
(1) Financial d		<u> </u>		
	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				-
(F)				
(G)				
(H)				
Total. (Column	ı (b) must equal Form 990, Part X, col_(B) line 12)▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11c See Form 990, P	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method o	f valuation
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		-		
(7)				
		+		
(8)			·	
(9)	ı (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	<u> </u>		
FAILIA	Complete if the organization answered "Yes" to	Form 990 Part IV line	11d See Form 990 P	art Y line 15
		Form 990, Partiv, line	Tra See Form 990, F	(b) Book value
	(a) Description			(b) book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				·
Total. (Column	(b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11e or 11f. See Form	990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
	income taxes			
	ING FUND	332		
(3)				
(4)				
(5)		 		
(6)				
(7)				
(8)		 		
(9)		333		
	n (b) must equal Form 990, Part X, col (B) line 25)	332		ada tha
2 Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	omore to the organization's fi	manciai statements that febo	ກາວ ເກເຕ

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER DIRECT EXPENSES REPORTED IN PART VIII OF FORM 990 \$ 125,168 BOOK / TAX DEPRECIATION DIFFERENCE \$ 415 PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER GAMBLING FUND DEPRECIATION \$ 206 ROUNDING \$ 1

Schedule D (Form 990) 2014

DAA

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2014

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047 **2014**

► Attach to Form 990 or Form 990-EZ.

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

QU 14
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

ROCHESTER JUVENILE HOCKEY

ASSOCIATION

Employer identification number 41-6048570

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part indicate whether the organization raised funds through any of the following activities. Check all that apply 1 Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(vi) Amount paid to (v) Amount paid to raiser have (or retained by) (i) Name and address of individual (IV) Gross receipts (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions' col (ı) Yes No 2 3 R 9 10

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

Total

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

		events with gro	iss receipts greater than \$5,0	000			
			(a) Event #1	(b) Event #2	(c) Other events		
					NONTE	(d) Total events	
			PIZZA FUNDRAISE	(event type)	NONE (total number)	(add col (a) through col (c))	
e			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	216,477			216,477	
		Less Contributions	13,500			13,500	
	3	Gross income (line 1 minus line 2)	202,977			202,977	
	4	Cash prizes	4,025			4,025	
	5	Noncash prizes	528			528	
ses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Direc	8	Entertainment				· · · · · · · · · · · · · · · · · · ·	
	9	Other direct expenses	102,435			102,435	
		•	Add lines 4 through 9 in column (o		.	106,988 95,989	
_	_						
۲	Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported than \$15,000 on Form 990-EZ, line 6a.						
	(d) Tatal and a fact						
ine			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue							
æ	1	Gross revenue	109,259	4,824,456	15,900	4,949,615	
<u>ي</u>		Cash prizes	65,510	3,835,242	•	3,900,752	
ect Expenses		Noncash prizes			10,600	10,600	
rect E		Rent/facility costs		181,030		181,030	
۵		Other direct expenses	13,374	808,770		822,144	
	6	Volunteer labor	Yes %	Yes %	Yes %		
	7	Direct expense summary	Add lines 2 through 5 in column (c		•	4,914,526	
	8	Net gaming income sumi	mary Subtract line 7 from line 1, co	lumn (d)	>	35,089	
	ls i	' '	e organization conducts gaming act o conduct gaming activities in each			X Yes No	
			's gaming licenses revoked, susper	nded or terminated during the tax y	vear?	Yes X No	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

Sche	edule G·(Form 990 or 990-EZ) 2014 ROCHESTER JUVENILE HOCKEY	41-604857	O Pag	ge 3
11	Does the organization conduct gaming activities with nonmembers?		X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes X	No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	13a		%
	An outside facility	13b	100.00	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		100.00	
•	records			
	1000100			
	Name ► MARK HICKEY			
	1570 FAIRGROUNDS AVE SE			
	Address ► ROCHESTER	MN 55904		
15a	Does the organization have a contract with a third party from whom the organization receives gaming			_
	revenue?		Yes X	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
	amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
	7.44.656 P			
16	Gaming manager information			
	Caning manager mornation			
	Name ▶ MARK HICKEY			
	Name P MARK HICKEI			
	AF 207			
	Gaming manager compensation ▶ \$ 45,207			
	Description of services provided ► MANAGES GAMBLING ACTIVITIES			
	X Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		X Yes	No
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			,
	spent in the organization's own exempt activities during the tax year ▶ \$ 142,013			
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b,	columns (iii) and (v)	and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any ac			
	instructions)		(300	
30	H G, PART III, LINE 17B - REQUIRED DISTRIBUTIONS PER S	יים דעמד דעמד		
<u> </u>	STATE DISTRIBUTION AMOUNT	TAID DAW		
MT.				
L*I .L.	NNESOTA \$ 142,013			
	,			

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

▶ Attach to Form 990.

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance HOCKEY ARENA X Yes 41-6048570 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 43,266 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant (c) IRC section if applicable 41-6005859 GOV General Information on Grants and Assistance (p) EIN ROCHESTER JUVENILE HOCKEY the selection criteria used to award the grants or assistance? MN 55904 (a) Name and address of organization ASSOCIATION or government (1) COUNTY OF OLMSTED 151 4TH ST SE Name of the organization ROCHESTER Part II Part

3

3

3

3

9

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

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

6

8

6

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

Schedule I (Form 990) (2014)

41-6048570	, pə.	
Schedule I (Form 990) (2014) ROCHESTER JUVENILE HOCKEY	ther Assistance to D	Dart III can be duplicated if additional space is peeded
Schec	Pag	

Tait III	Dort III can be displacted if additional enace is peeded	nol space is needed		igainzailoi ailoweied	סטווויין וווס טואמווידמוטון מווסאפופט וכט נסו סטון סטט, ו מונוס, וווס בד	
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						
2						
3						
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7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information re	quired in Part I, line	2, Part III, column (b),	and any other additional i	nformation.

SCHÉDULE L

(Form 990 or 990-EZ) Department of the Treasury

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990. OMB No 1545-0047 2014

Open To Public

Internal Revenue Service

Name of the orga	inization	ROCHESTER JUVENILE F	IOCKEY						Empl	oyer ide	ntıficat	ion nu	nber			
		ASSOCIATION								60485	70					
Part I	Exces	s Benefit Transaction te if the organization answere	S (section 501	(c)(3), section	501(d	c)(4)	, and 501(c)(2	9) organiza	itions or	nly)	0h					
	Complet	te ii tile organization answere		nship between disq								(d) Corrected?				
1	(a) Name o	of disqualified person	ed person (c) Description of transaction organization		(c) Description of transaction		• • • • • • • • • • • • • • • • • • • •		(c) Description of tran-		cription of transaction			Yes		No
(1)								· · · · · · · · · · · · · · · · · · ·				-	 	_		
/2\																
(3)																
													<u> </u>			
(5)								. <u>-</u>						\bot		
(6)													<u> </u>			
	ne amount o section 4958	of tax incurred by the organiz 8	ation manager	s or disqualitie	a per	rson	s during the y	ear		▶ \$	5					
		- of tax, if any, on line 2, above	, reimbursed b	y the organiza	tion					▶ \$	=					
			-													
Part II		to and/or From Intere														
		te if the organization answere				line :	38a or Form 9	90, Part IV	, line 26	, or if t	he					
		ation reported an amount on I	orm 990, Pari	X, line 5, 6, or			(1) (0)	1 1001		10.00	d-f- 110	Tar S A		T		
	(a) Name of	i interested person	with organization	loan		m the	(e) Original principal amour		ance due	(g) in	default?		oproved pard or		Vritten ement	
			İ			g ?				1	1		nittee?	 	Т	
		· · · · · · · · · · · · · · · · · · ·	 		10	From				Yes	No	Yes	No	Yes	No	
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(2)																
(3)											ļ	<u> </u>	<u> </u>	<u> </u>	ļ.,	
(4)					-									 	ļ	
(5)													İ	İ		
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_(9)					+	_				-				<u> </u>		
(10)																
Total							> (\$								
Part III		s or Assistance Benefi te if the organization answere				27									-	
		of interested person	(b) Relation	ship between intere	sted		mount of assistance	(d) Type of	assistance	,	(e)	Purpose	e of assi	stance		
			person a	and the organization				ļ								
_(1)																

Complete if the organization answered	TES OIL FORTH 990, Part IV, line	3 21		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				
For Panaguark Reduction Act Notice, see the Instruc	tions for Form 990 or 990 E2	,	Sabadula	1 (Form 900 or 900 EZ) 204

	Complete if the organization answered (a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) S	haring
	(a) Name of interested person	interested person and the organization	transaction	(4) Description of transaction	of reve Yes	org nues?
(1) DOUG	ZMOLEK	BOARD MEMBER	24,000	CONSULTING	1.03	Х
(2)						
(3)						
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(6) (7)						
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(9)						
10)						
(2) (3) (4) (5) (6) (7) (8) (9)	Supplemental Information Provide additional information for resp	onses to questions on Schedule L (s	see instructions)			
	Provide additional information for resp	onses to questions on schedule L (s	see mstructions)	·		
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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.

2014

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.

Open to Public Inspection

Name of the organization

ROCHESTER JUVENILE HOCKEY ASSOCIATION

Employer identification number 41-6048570

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

ALL PARENTS THAT REGISTER THEIR CHILDREN TO PLAY HOCKEY WITH THE

ORGANIZATION ARE CONSIDERED MEMBERS OF RJHA.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

PRIOR TO THE ELECTION OF NEW BOARD MEMBERS, A BALLOT IS PLACED ON THE

ORGANIZATION'S WEBSITE. MEMBERS CAN THEN ATTEND THE ELECTION MEETING

AND VOTE ON THE NEW BOARD MEMBERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF FORM 990 IS REVIEWED BY A COMMITTEE OF BOARD MEMBERS, BUT NOT THE ENTIRE BOARD, SUBSEQUENT TO THE RETURN BEING FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE BY REQUEST.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES -	OTHER	
DIRECT EXPENSES REPORTED IN PART VIII OF FORM 990	\$	125,168
GAMBLING FUND DEPRECIATION	\$	-206
ROUNDING	\$	- 3
DIRECT EXPENSES REPORTED IN PART VIII OF FORM 990	\$	-125,168
GAMBLING FUND DEPRECIATION	\$	206
ROUNDING	\$	1
BOOK / TAX DEPRECIATION DIFFERENCE	\$	-415

Schedule R (Form 990) 2014 Open to Public Inspection (g) Section 512(b)(13) controlled entity? × (f) Direct controlling Employer identification number Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 41-6048570 (f) Direct controlling entity (e) End-of-year assets N/A(e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ~ ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income (d) Exempt Code section 501C3 (c) Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) ₹ (b) Primary activity (b) Primary activity HOCKEY 41-1643789 For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA ROCHESTER JUVENILE HOCKEY (a) Name, address, and EIN (if applicable) of disregarded entity OLMSTED COUNTY HOCKEY ASSOCIATION (a)Name, address, and EIN of related organization 55904 ¥ ASSOCIATION 1570 FAIRGROUNDS AVE SE ROCHESTER Department of the Treasury Internal Revenue Service Name of the organization Part II Part Ξ <u>4</u> 3 <u>4</u> 9 £ 8 ල 3 (2)

2014

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

► Attach to Form 990.

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

OMB No 1545-0047

Page 2 Schedule R (Form 990) 2014 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year rm 990) 2014 ROCHESTER JUVENILE HOCKEY

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h)
Disproportionate
alloc ? Yes (g) Share of end-ofyear assets Share of total Share of total Type of entity (C corp, S corp, ε or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling (d) Direct controlling (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2014 Part IV Part III δ € 3 **ම €** E 2 <u>©</u> ₹

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

41-6048570

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organizations listed ii	n Parts II–IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				1p		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan quarantees to or for related organization(s)				1d	×	
				1e		×
					-	[
f Dividends from related organization(s)				16		×
d Sale of assets to related organization(s)				1g		×
				ŧ		×
			-	Ę		×
			-	15	-	×
				+		×
l Performance of services or membership or fundraising solicitations for related organization(s)				=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)				Ę	×	
				1 1	×	
				9	×	
					-	
p Reimbursement paid to related organization(s) for expenses				- 6		×
q Reimbursement paid by related organization(s) for expenses				5		×
r Other transfer of cash or property to related organization(s)				11	×	
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	plete this line, including covered re	elationships and transact	ion thresholds			
(a)	(q)	(၁)	(p)			!
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	int involved	_	
(1)						
(7)						1
(3)						
(4)						
(5)						
(9)						
			Schedule R (Form 990) 2014	R (Form	(066	2014

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

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

County) sections 512-514	(e) Are all partners section 501(c)(3) organizations?	(f) (g) Share of Share of total income end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
(1) (2) (3) (4) (6) (6) (8)	_		Yes No		Yes No	
(5) (5) (6) (8)		· · · · · · · · · · · · · · · · · · ·				
(5) (6) (7)						
4) 5) 6) 8)						
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(10)					· · · · · · · · · · · · · · · · · · ·	
(11)						

Supplemental Information

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