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Page 3

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

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

Section A. Public Support							
Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total							
Caien 1	Gifts, grants, contributions, and membership fees	(a) 201 1	(0) 2012	(0) 2013	(u) 2014	(e) 2013	(i) 10tai
•	received (Do not include any "unusual grants.")	400074	400004	404040	22250	47400	477704
2	Gross receipts from admissions, merchandise	109971	100394	121946	98358	47122	477791
~	sold or services performed, or facilities	Ì]		
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to the		į				
	organization_without_charge			ا جيد معدد	· >	± €250 €1	. ,
6	Total. Add lines 1 through 5	109971	100394	121946	98358	47122	477791
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			1			
b	Amounts included on lines 2 and 3						
U	received from other than disqualified			ĺ		1	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					i	
_	·						
8 8	Add lines 7a and 7b						
0	line 6.)			İ			
Casti				1		L	477791
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Tota						/O. T. t. 1	
		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	109971	100394	121946	98358	47122	477791
10a	Gross income from interest, dividends,		1		İ	1	
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>		·
C	Add lines 10a and 10b						
11	Net income from unrelated business					}	
	activities not included in line 10b, whether			İ	l	ţ	
	or not the business is regularly carried on						
12	Other income. Do not include gain or					1	_
-	loss-from-the-sale-of-capital-assets-	***		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	مدتك مسعد	. ~ ~	
46	(Explain in Part VI.)	32197	151450	224821	185668	100794	694930
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	142168	251844	346767	284026	147916	1172721
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			<u> </u>	· · · · ·	<u> </u>	· · > 🗆
Section C. Computation of Public Support Percentage							
15	Public support percentage for 2015 (line to	• • •	•			15	40.7 %
16 Public support percentage from 2014 Schedule A, Part III, line 15							
	ction D. Computation of Investment Income Percentage						
17	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 17 0 %						
18	Investment income percentage from 2014 Schedule A, Part III, line 17						
19a	331/3% support tests—2015. If the organ						
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . • •						
b							
			_	•		• •	
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🔲

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WINTERHAWKS AMATEUR HOCKEY ASSOCIATION PO BOX 3009 PORTLAND OR 97208



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DECLARATION

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of authorized individual Date

Business operations Manager

Title