

**990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**

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

2017

Open to Public  
Inspection

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

<b>A For the 2017 calendar year, or tax year beginning <u>JANUARY 1</u>, 2017, and ending <u>DECEMBER</u>, 2017</b>		
<b>B</b> Check if applicable.	<b>C</b> Name of organization <span style="border: 1px solid black; padding: 2px;">21</span>	<b>D</b> Employer identification number <span style="border: 1px solid black; padding: 2px;">21</span>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>GALLATIN HOCKEY OFFICIALS ASSN (GHOA)</b> Number and street (or P.O. box, if mail is not delivered to street address) <span style="border: 1px solid black; padding: 2px;">21</span> <b>4106 EQUESTRIAN LANE</b> City or town, state or province, country, and ZIP or foreign postal code <span style="border: 1px solid black; padding: 2px;">21</span> <b>BOZEMAN, MT 59718-8824</b>	<b>E</b> Room/suite <span style="border: 1px solid black; padding: 2px;">21</span> <b>00</b> <b>F</b> Telephone number <span style="border: 1px solid black; padding: 2px;">21</span> <b>406 / 624 -0155</b> <b>G</b> Group Exemption Number ► <span style="border: 1px solid black; padding: 2px;">21</span>
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► <span style="border: 1px solid black; padding: 2px;">21</span>	<b>H</b> Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B <span style="border: 1px solid black; padding: 2px;">21</span> (Form 990, 990-EZ, or 990-PF).	
<b>I</b> Website: ►		
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► <span style="border: 1px solid black; padding: 2px;">21</span> \$		
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I) <span style="border: 1px solid black; padding: 2px;">21</span>		
Check if the organization used Schedule O to respond to any question in this Part I <span style="border: 1px solid black; padding: 2px;">21</span> <input type="checkbox"/>		
<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>116,785</b>
<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<b>360</b>
<b>4</b> Investment income . . . . .	<b>4</b>	
<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
<b>6</b> Gaming and fundraising events . . . . .		
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► <span style="border: 1px solid black; padding: 2px;">21</span>	<b>9</b>	<b>117,145</b>
<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>4,100</b>
<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	<b>2,125</b>
<b>12</b> Salaries, other compensation, and employee benefits <span style="border: 1px solid black; padding: 2px;">21</span>	<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors <span style="border: 1px solid black; padding: 2px;">21</span>	<b>13</b>	<b>111,893</b>
<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>925</b>
<b>16</b> Other expenses (describe in Schedule O) <span style="border: 1px solid black; padding: 2px;">21</span> . . . . .	<b>16</b>	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 ► <span style="border: 1px solid black; padding: 2px;">21</span>	<b>17</b>	<b>119,043</b>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>(1898)</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>5383</b>
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 ► <span style="border: 1px solid black; padding: 2px;">21</span>	<b>21</b>	<b>3485</b>

Part II Balance Sheets (see the instructions for Part II)		Check if the organization used Schedule O to respond to any question in this Part II <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	5383	22 3485
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	5383	25 3485
26	Total liabilities (describe in Schedule O)		26
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	5383	27 3485

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>	
What is the organization's primary exempt purpose?			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	

28	PROVIDE OFFICIALS FOR 1039 ICE HOCKEY GAMES (YOUTH & ADULTS)		
28	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	
29	TRAINED 38 OFFICIALS THROUGH OUR LOCAL SEMINAR		
29	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30			
30	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
31	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	<b>Total program service expenses (add lines 28a through 31a)</b>	► 32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)		Check if the organization used Schedule O to respond to any question in this Part IV <input type="checkbox"/>	

21	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
• SAM SAUNDERS - PRESIDENT 15 FALCONERS WAY BOZEMAN, MT 59718	2	0	0	0	
• MARK LACHAPELLE - VICE PRES 770 DAMARELL ROAD BOZEMAN, MT 59718	3	0	0	0	
• JOSH STRISSEL - SECRETARY 3273 S. 26TH AVE BOZEMAN, MT 59718	1	0	0	0	
• DENNIS BEEHLER - TREASURER A106 EQUESTRIAN LANE BOZEMAN, MT 59718	2	0	0	0	
• ROB TALLON - MEMBER AT LARGE 3910 BAXTER LANE UNIT 15 BOZEMAN, MT 59718	1	0	0	0	
• KYLER HARRIS - MEMBER AT LARGE 664 N. RIVER ROCK DR BELGRADE, MT 59714	1	0	0	0	

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

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40b	X
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ►		
42a The organization's books are in care of ► DENNIS BEEHLER	Telephone no. ► 406/624-0155	
Located at ► 4106 EQUESTRIAN LANE BOZEMAN, MT	ZIP + 4 ► 59718-8824	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	42b	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	□
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
c Did the organization receive any payments for indoor tanning services during the year?	44b	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c	X
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	X
	45b	X

