# EXTENDED TO APRIL 15, 2020

Form **990** 

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

Department of the Treasury
Internal Revenue Service

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

		of the Treasury anue Service	· ·		v/Form990 for ins			t information	1<0	Open to Public Inspection
			lar year, or tax year begin		JUN 1, 20			AY 31, 20		
В	Check if	C Name of	f organization		<u> </u>			D Employer ide		n number
[	Addre	es I T.T. T. T	LETON HOCKEY	AGGO	מיד ביד מיד רא					
_	Name	3/11	usiness as	ADDO	LINITON			84	-6045	5840
F	Initial	·	r and street (or P.O. box if m	all is not d	elivered to street add	lress)	Room/suite			70 10
	Final	ם סם ו	BOX 2864	a., 13 110t 5		11030)	Troomsound	· ·		9-8677
	return termu ated		own, state or province, co	untry, and	ZIP or foreign po	stal code		G Gross receipts \$		1715203.
	Amen	ded TTmm		161				H(a) Is this a grou	p return	
	Apple		and address of principal off		RIN SCHAM	BERGER		for subordin		Yes X No
	pend			LETO		161		H(b) Are all subordina		
<u> </u>	Tax-ex	empt status			) ◀ (insert no.)	4947(a)(1)	) or 527	m / '		see instructions)
			LITTLETONHOCK	EY.O				H(c) Group exem		
<u>K </u>	orm o		X Corporation Trus	st 🔲 A	ssociation (	Other 🕨	L Year	of formation: 196	5 M Stat	te of legal domicile; CO
P	art I	Summary						<del></del>		
ø	1		oe the organization's missi						<u>RTUNI</u>	TY FOR
2021 Activities & Governance		YOUTH H	OCKEY PLAYERS	TO I	DEVELOP A	S YOUNG	3 ATHLE	ETES		
eru	2		x 🕨 📖 if the organiza		•	tions or dispo	osed of more	e than 25% of its ne	t assets	_
Š	3	Number of vot	ting members of the gover	ning bod	y (Part VI, line 1a)				3	7
ب مع	4	Number of ind	dependent voting members	s of the g	overning body (Pa	rt VI, line 1b)			4	7
e.	5	Total number	of individuals employed in	calendar	year 2018 (Part V	, line 2a)			5	2
<u>š</u>	6		of volunteers (estimate if n	-					6	500
<b>V</b>	7 a		d business revenue from F					l	7a	0.
2	b Net unrelated business taxable income from Form 990-T, line 38									0.
7										Current Year
MAR 12 Revenue	8	9 Program service revenue (Part VIII, line 2g) 1538								54281.
<b>H</b> ue										1627163.
AR Re	10		come (Part VIII, column (A)		*		<u> </u>	264		9647.
$\mathbf{\Sigma}$	11		(Part VIII, column (A), line				<u> </u>	1734		24112.
9-		12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)  1614(								<u>1715203.</u>
7	13		milar amounts paid (Part IX					1150		12760.
SCANNED Penses	14	=	to or for members (Part IX,		•				0.	164396
SCA Expenses	15		r compensation, employee			4), lines 5-10)	) <u> </u>	10915		164386.
တွင်္ခ	16a		undraising fees (Part IX, co		•		<u>,</u> –		0.	0.
EX			ing expenses (Part IX, colu				<u> </u>	144165		1476654.
	17		es (Part IX, column (A), line			- 05)		156230		1653800.
	10	Pougaug loss	es Add lines 13-17 (must e expenses. Subtract line 18	from In		e 25)		5169		61403.
es	19	nevenue less	expenses. Subtract line 10	1101111111	12		- Po	ginning of Current Ye		End of Year
ets i	20	Total assets (F	Part Y line 16)	127	MAR 0 9 2020	S-O-S	100	109752		1285966.
Ass	21	· · · · · · · · · · · · · · · · · · ·	(Part X, line 26)	B62	IMIC O O COLO	RS		23182		358872.
Net Assets or Fund Balances	22		fund balances Subtract lii	ne 21 from	ndine 20° K L = 117			86569		927094.
Pa	art II	Signature		1	CEN, U					
Und	er pena	alties of perjury.	I declare that I have examined	this return	, including accompa	nving schedul	les and statem	ents, and to the best of	of my knov	wledge and belief, it is
			. Declaration of preparer (othe		•				·	
			un i Schambon		Treasure			2/28	2021	7
Sig	n	Signature	e of officer (	5		· · · · · · · · · · · · · · · · · · ·		Date	<del></del>	
Her	e	KARI	N SCHAMBERGER	, TRI	EASURER					
		Type or p	orint name and title .							
		Print/Type prep	parer's name		Preparer's signaty	m 7/1/2	/	Date/ Check		PTIN
Paid	j	MICHAEL	A. ONOFREY		MICHAEL	-1 Club	geg-	1/15/2020 II self-ei	mployed P	01233166
Prej	eparer Firm's name ONOFREY & HIRSCHFELD, P.C.							Firm's EIN		1-1436060
Use	Only		4810 WEST 8			JITE 10	00			
			WESTMINSTER					Phone no.	<u> 303-4</u>	126-4033
May	the II	RS discuss this	s return with the preparer :	shown ab	ove? (see instruct	ions)				X Yes No

	1 990 (2018) LITTLETON HOCKEY ASSOCIATION	<u>84-6045</u>	<u> 840                                    </u>	Page 2
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission			
	TO PROVIDE THE OPPORTUNITY FOR YOUTH HOCKEY PLAYERS, AGES	3 4-18,	TO	
	PARTICIPATE TO THE BEST OF THEIR ABILITIES AND TO DEVELO			
	YOUNG ATHLETES.	<u>,, , , , , , , , , , , , , , , , , , ,</u>		
	TOONG ATRIBUTED:			
2	Did the organization undertake any significant program services during the year which were not listed on the	(	<b>-</b>	T.
	prior Form 990 or 990-EZ?	· ·	Yes	X No
	If "Yes," describe these new services on Schedule O	,		<del></del>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	l	Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by 6	expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total ex	penses, a	nd
	revenue, if any, for each program service reported.			
4a	(Code) (Expenses \$ 1537897. including grants of \$ 12760. ) (Revenue	ie \$	16462	254.)
	LITTLETON HOCKEY ASSOCIATION IS A YOUTH HOCKEY PROGRAM			<del></del> /
	SERVING OVER 700 BOYS AND GIRLS AGE 4 TO 18 YEARS.	,		
	THE PROGRAM HAS OVER 30 TEAMS OF VARIOUS AGE GROUPS.			
	THE FROGRAM HAS OVER 30 TEAMS OF VARIOUS AGE GROUPS.	<del></del>		
		· -		
4b	(Code) (Expenses \$			<u> </u>
	(Code / (Expenses a / (Nevent			′
		<del></del>		
		<del></del>		
4-		<del></del>		
4c	(Code) (Expenses \$) (Revenue	e \$		<del>'</del> )
	· · · · · · · · · · · · · · · · · · ·			
				<del> </del>
		<del></del>		
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$ ) (Revenue \$			
<u>4e</u>	Total program service expenses ► 1537897.			
			Form 99	0 (2018)

Form 990 (2018) LITTLETON HOCKEY ASSOCIATION
Part IV Checklist of Required Schedules

		,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		٠,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			· •
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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,	44.	х	1
	Part VI	11a	Α_	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b></b>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_	<b></b>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
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	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del> </del>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X

1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	

b	Enter the number of	of Forms \	W-2G included in line	1a	Enter -0- if not applicable	)

С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming
	(gambling) winnings to prize winners?

Yes

46 0

1b

No

84-6045840 LITTLETON HOCKEY ASSOCIATION Page 5 Form 990 (2018) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 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. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b 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 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? 15

Form 990 (2018)

16

X

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			1
	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 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1
	of officers, directors, or trustees, or key employees to a management company or other person?	_3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		- 1	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	_
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	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?	<u>11a</u>	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. 1		
	The organization's CEO, Executive Director, or top management official	15a	X	——
Þ	Other officers or key employees of the organization	15b	Х	
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	. [	ĺ	<b>3</b> 2
	taxable entity during the year?	16a		<u> </u>
p	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			
500	exempt status with respect to such arrangements? tion C. Disclosure	16b	1	
17 1Ω	List the states with which a copy of this Form 990 is required to be filled NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (Section 501(c)/3)	001.4	avada	bla.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3):	only)	avalla	IDIG
	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)			
10		finar	val	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	unano	iai	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records   KARTN SCHAMBERGER - 303-819-0254			
	KARIN SCHAMBERGER - 303-819-0254 PO BOX 2864, LITTLETON, CO 80161			
	LO DOV 500#, DITITUDION, CO ONIOI			

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

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

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

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

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

	hours per week				rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GEORGE STIEDUHAR	1.00					-				
PRESIDENT		Х		X				2200.	0.	0
(2) BRIAN SMITH	1.00								1	
/ICE PRESIDENT		X		X				2160.	0.	0
3) KARIN SCHAMBERGER	1.00									
TREASURER		X		X				2450.	_ 0.	0
(4) DEDE COX	1.00									
SECRETARY -		X		X				1350.	0.	0
(5) BRETT CLARK	1.00	}								
/P COACHING/PLAYER DEVELOPMENT		X		X			<u> </u>	2100.	0.	0
(6) DAVE GWINN	1.00									
P HOCKEY OPERATIONS		X		X				1900.	0.	0
(7) PHIL HEINRICH	1.00									
/P MEMBERSHIP		X		X				2100.	0.	0
(8) BRIAN TENEYCK	40.00									
OCKEY DIRECTOR						<u> </u>		105051.	0.	0
`										
<del></del>										
<del></del>										
									ī	

	T VII   Section A. Officers, Directors, Tru  (A)	(B)	נטוק	ces		<u>u m</u> C)	Aile	<u> </u>	(D)	(E)	_	Ι –	(F)	
	Name and title	Average			Pos	ition			Reportable	(E) Reportable	)	Fs	timate	ed
	rearro and title	hours per	box	not c	ss pe	rson	ıs bot	h an	compensation	compensation				of
,		week		cer ar	nd a d	recto	or/trus	itee)	from	from related		other		
		(list any hours for	lrecto				<u> </u>		the	organization		1 '	pensa	
		related	e or d	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om th anızat	
		organizations	ndividual trustee or director	institutiona! trustee	1	) se	Highest compensated employee	1	(** =: *********************************	ll.			d relat	
		below	ıvıdua	ttetto	Officer	Key employee	hesto	Former				orga	ınızatı	ons
		line)	르	≌	1€	<u>ş</u>	울등	Ğ				ļ		
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		.L	<u> </u>				<u> </u>	<u></u>	110011					
	Sub-total								119311.		0.	ļ		<u>0</u> .
	Total from continuation sheets to Part V	II, Section A							119311.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th	1056	liste	ed at		a) wh	10 re		000 of reportab		L		<u> </u>
-	compensation from the organization	not mintod to t	1000		, u u.		٠, ٠٠٠			,ooo or reportab				1
											_		Yes	No
3	Did the organization list any former officer	r, director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for	such individual										3		<u>X</u>
4	For any individual listed on line 1a, is the s	•							*	the organization				
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or							elat	ed organization or indivi	dual for services		_	}	v
Sec	rendered to the organization? If "Yes," cortion B. Independent Contractors	пріете Ѕспеаці	e J ī	or st	ucn j	pers	ion			<del> </del>		5		X
1	Complete this table for your five highest or	ompensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	npens	ation fi	rom	
	the organization Report compensation for													
	(A)							T	(B)			(C		
	Name and busines	s address	N	INC	<u> </u>			_	Description of s	ervices		omper	rsatio	n
	-	···						-+						
		<u>-</u>						_{					_	
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	<del></del>													
	<u></u>													
2	Total number of independent contractors	-	ot lu	mite	d to	_	_	sted	above) who received m	ore than				
	\$100,000 of compensation from the organ	ization >				(	<u> </u>							
												Form (	יי חמנ	2040

LITTLETON HOCKEY ASSOCIATION 84-6045840 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1b **b** Membership dues 54281 Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 54281 h Total. Add lines 1a-1f Business Code 1406516 711210 1406516. 2 a REGISTRATION FEES Program Service Revenue 220647 711210 220647 TOURNAMENT INCOME f All other program service revenue 1627163. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9647. 9647. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (i) Real 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ **54281.** of contributions reported on line 1c) See 5021 Part IV, line 18 **b** Less direct expenses 5021. 5021 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11500. 11500 11 a ADVERTISING 541800 6745 900099 6745. **b** COMMISSIONS 900099 846 846 MISCELLANEOUS All other revenue 19091. Total. Add lines 11a-11d 

Total revenue See instructions

1715203.

1646254

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 12760 12760. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 119311. 119311. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 30550. 30550 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 14525. 14525 10 Payroll taxes 11 Fees for services (non-employees) Management 3259. 3259 **b** Legal 8397. 8397. Accounting С Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 37740 column (A) amount, list line 11g expenses on Sch O.) 37740 4405 4405. Advertising and promotion 12 901 901. 13 Office expenses 1155 1155. 14 Information technology Royalties 15 14400 14400. 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1611 1611. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 25478 25478. Depreciation, depletion, and amortization 22 2783. 2783 23 Other expenses Itemize expenses not covered 24 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.) 824718. 824718. ICE COSTS ь UNIFORMS/JERSEYS 200453. 200453. c COACHING STIPENDS 157222. 157222. 58323. 58323. d REFEREES 127370. 135809. 8439 SEE SCH O e All other expenses 1653800. 1537897. 115903. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2018)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	te to any line in this Part X		,	
				(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash - non-interest-bearing		420826.	1	527404.
	2	Savings and temporary cash investments		600497.	2	699202
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10892.	4	19533.
	5	Loans and other receivables from current and f	ormer officers, directors,			
		trustees, key employees, and highest compens				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqual	ified persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of sec	tion 501(c)(9) voluntary		] [	
ţ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ř	8	Inventories for sale or use		•	8	
	9	Prepaid expenses and deferred charges		689.	9	689.
	10a	Land, buildings, and equipment, cost or other		•		, , ,
		basis Complete Part VI of Schedule D	10a 177540.		_	• •
	b	Less. accumulated depreciation	10ы 138402.	64616.	10c	39138.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1097520.	16	1285966.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		231829.	19	358872.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete			21	<del></del> -
es	22	Loans and other payables to current and forme				
## ##		key employees, highest compensated employe	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrel		<u> </u>	23	
	24	Unsecured notes and loans payable to unrelate	•		24	<u> </u>
	25	Other liabilities (including federal income tax, pa				
	}	parties, and other liabilities not included on lines	s 17-24) Complete Part X of		05	
		Schedule D		231829.	25	358872.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	N shook hard N and	231029.	26	336672.
<b>(</b> 0		complete lines 27 through 29, and lines 33 ar				
ĕ	07	Unrestricted net assets	10 34.	865691.	27	927094.
¥an	27 28	Temporarily restricted net assets		003031.	28	
ž B	29	Permanently restricted net assets			29	
Š	23	Organizations that do not follow SFAS 117 (A	SC 958) check here		-3	
u.		and complete lines 30 through 34.	iso 936), check here P			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30		
sse	31	Paid-in or capital surplus, or land, building, or ed			31	
ţ	32	Retained earnings, endowment, accumulated in			32	
Ş	33	Total net assets or fund balances	outine, or other failed	865691.	33	927094.
	34	Total liabilities and net assets/fund balances		1097520.	34	1285966.
		. S.L Somiles and her according to the balances				Form <b>990</b> (2018)

<u>-o</u> rm	1990 (2018) LITTLETON HOCKEY ASSOCIATION	04-004	: <u>504</u> (	Ра	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17	152	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	538	00.
3	Revenue less expenses Subtract line 2 from line 1	3		614	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	656	91.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9	270	94.
<u>Pa</u>	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			1	
	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 reviewe	d 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
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			
	consolidated basis, or both			,	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and QMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

Form **990** (2018)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		L.T.T.T.	TELON HOCK	EY ASSOCIATI	ON	_	8	<u>4-0045840</u>
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete th	ıs part ) S	ee instructions	
The	organ	zation is not a private found	ation because it is (	For lines 1 through 12, o	heck only	one box)		•
1		A church, convention of ch						A C
2	$\overline{\Box}$	A school described in secti					<i>" " 1</i>	′′)′
3	$\overline{\Box}$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	三	, , ,	,				•	the hospital's name
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
_	رسا	city, and state	ar the benefit of a se	llaga ar convarante access	l or opera	tod by a a	averamental unit describ	
5		An organization operated for		nege or university owner	o opera	led by a g	overnmental unit descri	Jed III
_		section 170(b)(1)(A)(iv). (C						
6	님	A federal, state, or local gov	_				• •	
7	Ш	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II )					
8	$\sqsubseteq$	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	: II )			
9	Щ	An agricultural research org	janization described	in section 170(b)(1)(A)(	x) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of the colleg	je or
	_	university						
10	$\mathbf{x}$	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross invèstment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the organization	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III )					
11		An organization organized a	•	vely to test for public sa	fety See :	section 50	09(a)(4).	
12		An organization organized a	•	•	•			e purposes of one or
		more publicly supported or						
		lines 12a through 12d that	_					
а		Type I. A supporting orga				-	•	, aivina
ŭ	_	the supported organization	•		-			
		organization You must o			· · · · · · · · · · · · · · · · · · ·	J. 1110 0110		opporting
		Type II. A supporting orga	•		tion with it	e cupport	ed organization(s), by ba	www.
b			· ·				*	<del>-</del>
		control or management o			anie persc	ms mai ci	ontrol of manage the sup	pported
_		organization(s) You mus	· · · · · · · · · · · · · · · · · · ·					al-
Ç		Type III functionally inte	-				· -	ea with,
		its supported organization						
d		Type III non-functionally	•	·			· · · —	
		that is not functionally int	-	• •	-			iveness
		requirement (see instructi						
е		Check this box if the orga	inization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated supporti	ng organiz	zation		
f	Ente	r the number of supported o	organizations					
g		ide the following information			fiv) to the oros	nization lieted		
	(1	) Name of supported	(II) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi		(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
							<u></u>	
	_							
			-					
_ :-			<del></del>			<del></del>	<del></del>	

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

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

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					•	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to			ł			
	or expended on its behalf	<del></del>					
3	The value of services or facilities			1		` /	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					/	
5	The portion of total contributions				/		
	by each person (other than a						
	governmental unit or publicly			i			
	supported organization) included		}	1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				/		
	Public support. Subtract line 5 from line 4		L	L	/		L
	ction B. Total Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on				1	1	
	securities loans, rents, royalties,						
	and income from similar sources			/			
9	Net income from unrelated business						
	activities, whether or not the		/				
	business is regularly carried on						
10	Other income Do not include gain				_		
	or loss from the sale of capital						
	assets (Explain in Part VI)		<del></del>		<del></del>		
	Total support. Add lines 7 through 10		l	<u></u>	J		
	Gross receipts from related activities,		7			12	
13	First five years. If the Form 990 is for		stirst, second, thir	a, fourth, or fiπth to	ax year as a section	n 501(C)(3)	. □
Sec	organization, check this box and stop ction C. Computation of Public	nere c Support Pe	rcentage	<del>,</del>	-		<u> </u>
	Public support percentage for 2018 (Iii	<del></del>	<u>_</u>	column (ft)		14	0
	Public support percentage for 2018 (III	,		Joidinin (i))		15	<u> </u>
	33 1/3% support test - 2018. If the or			n line 13, and line	1/ ie 33 1/20/ 0- ~		
ıoa	stop here. The organization qualifies a	• /			17 18 33 1/370 UF II	IOIS, CHOCK HIS DC	∧ allu ▶□
h	33 1/3% support test - 2017. If the or	7	-		l line 15 is 33 1/3%	or more check th	nis hox
U	and stop here. The organization qualif	/			/ m (C 13 13 33 1/370	or more, check th	II3 DUX ►
17:	10% -facts-and-circumstances test	,			e 13 16a or 16b is	and line 14 is 1004	or more
ı ı d	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					. vi now the bigal	Zation
h	10% -facts-and-circumstances test					7a and line 15 in	10% or
U	more, and if the organization, meets the	_					
	• /				•		, 
10	Organization meets the "facts-and-circle Private foundation. If the organization		-				. [
10	Private foundation. If the organization	i did flot check a	DOX OF IMP 13, 10	a, 100, 17a, 01 171			
	/				эспе	dule A (Form 990	OI 330-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2018 LITTLETON HOCKEY ASSOCIATION [Part III] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

50	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II)	<del></del>		<del></del>	<del></del>
					1 1 2 2 4 7	( ) 0040	10 T 1
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	25004	22000	50020	F = 724	F 4 2 0 1	221645
	include any "unusual grants ")	36804.	23988.	50838.	55734.	54281.	221645.
	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	1398583.	1342414.	1333810.	1538277.	1627163.	7240247.
3	Gross receipts from activities that			11			
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		ı				
6	Total, Add lines 1 through 5	1435387.	1366402.	1384648.	1594011.	1681444.	7461892.
	Amounts included on lines 1, 2, and	2133337	<u> </u>		20320221		7 1 0 1 0 3 1 0
	3 received from disqualified persons			<del>_</del>			0.
r	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						0.
c	: Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)						7461892.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1435387.	1366402.	1384648.	1594011.	1681444.	7461892.
10a	Gross income from interest,		·	<del></del>	_		
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	995.	891.	541.	2647.	9647.	14721.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b	995.	891.	541.	2647.	9647.	14721.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)	7062.	15635.	14515.	19271.	24112.	80595.
13	Total support. (Add lines 9, 10c, 11, and 12)	1443444.	<u> 1382928.</u>	1399704.	1615929.	1715203.	7557208.
14	First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
Sec	ction C. Computation of Publ	ic Support Per	centage		· · · · ·		
	15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))  15 98.74 %						
	Public support percentage from 2017		•	· · · · · · · · · · · · · · · · · · ·		16	98.87 %
	ction D. Computation of Inves						
	17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))  17 .19 %						
	8 Investment income percentage from 2017 Schedule A, Part III, line 17						
	33 1/3% support tests - 2018. If the			on line 14, and line	ı 15 ıs more than 3 د	<del></del>	
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The o	organization qualif	ies as a publicly s	upported organiza	tion	ightharpoons
b	33 1/3% support tests - 2017. If the	_					and _ r
	line 18 is not more than 33 1/3%, che		-	•		_	▶⊢
20	10 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
-			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	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		٠,	
	organization was described in section 509(a)(1) or (2)	2		
· 3а	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 12a or 12b 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,"			ŀ
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			l
	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		<u></u>
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	İ		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		:	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		~	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	<u> </u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79		Ì	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	ļ <u>.</u>	<u> </u>
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			1
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	ļ <u>.</u>	-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c_	ļ	ļ
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			~
	supporting organizations)? If "Yes," answer 10b below	10a	<u> </u>	<u> </u>
h	Did the organization have any excess husiness holdings in the tax year? (Use Schedule C. Form 4720, to		1	1

determine whether the organization had excess business holdings )

_8_	Minimum Asset Amount (add line / to line 6)		
Sec	tion C - Distributable Amount		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	
7	Check here if the current year is the organization's first as a non-function	nally integrated Type III su	upporting organization (see
	instructions)		

2

3

4

<u>5</u>

7

factors (explain in detail in Part VI)

Recoveries of prior-year distributions

3 Subtract line 2 from line 1d

Multiply line 5 by 035

Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,

2

7

Schedule A (Form 990 or 990-EZ) 2018

and 4b from line 1 For result greater than zero, explain in

7 Excess distributions carryover to 2019. Add lines 3j

Part VI See instructions

Breakdown of line 7.

a Excess from 2014

b Excess from 2015

c Excess from 2016

d Excess from 2017

e Excess from 2018

and 4c

Schedule A	(Form 990 or 990-EZ) 2018 LITTLETON HOCKEY ASSOCIATION	84-6045840 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addit (See instructions)	or 17b; Part III, line 12, s 1 and 2; Part IV, Section C, t V, Section B, line 1e, Part V,
,		
		· · · · · · · · · · · · · · · · · · ·
	1	
<del></del>		
	<u></u>	······································
	· · · · · · · · · · · · · · · · · · ·	

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

LITTLETON HOCKEY ASSOCIATION

Employer identification number 84-6045840

Pai		ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
3	are the organization's property, subject to the organization's		Yes D No
6	Did the organization inform all grantees, donors, and donor a		
O	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or defined advisor, or for any extrem purpose	Yes No
Pai		panization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organization		
1	Preservation of land for public use (e.g., recreation or e		torically important land area
		, ———	tified historic structure
	Protection of natural habitat	Fleservation of a cer	tilled Historic Structure
_	Preservation of open space	final annual state and white ten in the form	of a concentation agreement on the last
2	Complete lines 2a through 2d if the organization held a qualit	ned conservation contribution in the form	Held at the End of the Tax Year
	day of the tax year		
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	1 1
	listed in the National Register'		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e-		
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
~	the following amounts required to be reported under SFAS 1		<b>3</b>
а	Revenue included on Form 990, Part VIII, line 1	the first stay is the same in	<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>S S</b>
<u>.,</u>	7 100010 molecular in Form 000; Fait 7		<del></del>

		ON HOCKEY							<u>45840</u>	
Par										
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	are a sigi	nıfıcant ı	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	d	· 🛄	Loan or exc	hange progran	ns				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further tl	he organizatioi	n's exem	pt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or other	r sımılar a	issets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the	organizatio	n answered "Y	es" on F	orm 990	), Part IV,	line 9, or	
12	is the organization an agent, trustee, custod		tiary for	contribution	s or other ass	ets not in	ncluded			
ıa	on Form 990, Part X?	an or other micernet	J.u., 10.						Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table						
U	in res, explain the arrangement in rate xiii	and complete the re							Amount	
_	Beginning balance						1c			
c	Additions during the year						1d	-		
	Distributions during the year						1e			
e •	Ending balance						1f			
) 29	Did the organization include an amount on F	orm 990. Part X. line	21 for (	escrow or ci	ustodial accou	nt liability			Yes	No
	If "Yes," explain the arrangement in Part XIII						,			一 一
Par							)			
<u> </u>		(a) Current year	1	rior year	(c) Two years			ears back	(e) Four y	ears back
1a	Beginning of year balance	(4) 0001	(-)	,, <u>o, you.</u>	10)		·			
ь	Contributions	·								
•	Net investment earnings, gains, and losses									
٦	Grants or scholarships						•			
d	Other expenditures for facilities									
c	and programs									
	Administrative expenses			-						
'	End of year balance									
9 2	Provide the estimated percentage of the cur	rent vear end haland	e (line 1	a column (a	a)) held as				l	
a	Board designated or quasi-endowment	rent year one balanc	%	9, 00.0 (2	2,,					
	Permanent endowment	%								
	Temporarily restricted endowment	%								
·	The percentages on lines 2a, 2b, and 2c sho	<del></del>								
32	Are there endowment funds not in the posses	•	ation tha	at are held a	nd administer	ed for the	organiz	zation		
Ja	by	Joordan or and organiz					- J		Y	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							L 1	
	t VI Land, Buildings, and Equipn						<del></del>			
	Complete if the organization answere		0. Part I\	V. line 11a S	See Form 990.	Part X. li	ne 10			
	Description of property	(a) Cost or o		T	or other		cumulate	ed	(d) Book	value
	beautiful of property	basis (investi			(other)		eciation		(-,	
10	Land						<u> </u>			
ıa b	Buildings		_	· · · · · · · · · · · · · · · · · · ·						
0	Leasehold improvements				4466.		17	86.		2680.
d	Equipment			1	02707.		713			$\frac{23331}{1327}$ .
e	Other				70367.		652			5131.
	Add lines 1a through 1e (Column (d) must e	aual Form 000 Part	Y colur	nn (R) line 1						9138.

Schedule D (Form 990) 2018

	HOCKEY ASSOCIAT	CION	84-6045840 Page
Part VII Investments - Other Securities.			······································
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation. Cos	t or end-of-year market value
(1) Financial derivatives		<u> </u>	
(2) Closely-held equity interests			·····
(3) Other			
(A)			
(B)			·
(c)			
_(D)	_		
(E)			
(F)			<del></del>
(G)	<del> </del>		· · · · · · · · · · · · · · · · · · ·
(H)	<del></del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.	# 5 000 D / B/ b / d	4 0 . 5 . 000 5	_
Complete if the organization answered "Yes (a) Description of investment	s" on Form 990, Part IV, line 1 (b) Book value	(c) Method of valuation Cos	
<u>_```</u>	(b) Book value	(e) Method of Valuation Cos	t or end-or-year market value
(1)			
(2)			
(3)	<del>  </del>		
	<del></del>	······································	······································
	<del></del>		
(7)			<del></del>
(8)	<del> </del>		
(9)	<del> </del>		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes		1d See Form 990, Part X, line 1	5
(a	a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	<del></del>		
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I Part X Other Liabilities.	line 15)	· · · · · · · · · · · · · · · · · · ·	
— <u>———</u>	-" F 000 Port IV line 1	10 or 11f Son Form 000 Dort V	line OF
Complete if the organization answered "Yes  (a) Description of liability		) Book value	line 25
<u> </u>	- (6	) Book value	
(1) Federal income taxes		·····	
(2)			
(3)			•
(5)			
(6)		· ·	
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2018 LITTLETON HOCKEY ASSOCIAT		84-6045840	Page 4
Pai			enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ia	1	
1	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12.		<del></del>	
2	Net unrealized gains (losses) on investments	2a		
a	Donated services and use of facilities	2b	<u></u>	
b	Recoveries of prior year grants	2c	····	
c d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			•
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
ь	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses per Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a	· · · · · · · · · · · · · · · · · · ·	
1	Total expenses and losses per audited financial statements		1	·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
þ	Prior year adjustments	2b	<del></del>	
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c 5	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  TX XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any and		, Part V, line 4, Part X, line 2, Part XI	
				,
•				

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

OMB No 1545-0047	2018
	201

Open to Public

Inspection

**2 Employer identification number** 84-6045840 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٠, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LITTLETON HOCKEY ASSOCIATION (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part II

Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance 84-6045840 (e) Method of valuation (book, FMV, appraisal, other) SCHOLARSHIP PARTICIPANTS REVEIVE A ONE-TIME RELIEF FOR A PARTIAL AMOUNT OR Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed FOR FULL REGISTRATION FEES. SCHOLARSHIP FUNDS CAN ONLY BE USED FOR THAT (d) Amount of non-cash assistance ö 12760 (c) Amount of cash grant LITTLETON HOCKEY ASSOCIATION (b) Number of recipients (a) Type of grant or assistance 7 Schedule I (Form 990) (2018) PART I, LINE SCHOLARSHIPS PURPOSE Part IV Part III

Schedule I (Form 990) (2018)

26

832102 11-02-18

#### **SCHEDULE O**

Internal Revenue Service

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

### 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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public

Open to Public Inspection

Name of the organization

LITTLETON HOCKEY ASSOCIATION

Employer identification number 84-6045840

FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD TREASURER REVIEWS THE TAX RETURN AND PROVIDES THE RETURN TO THE BOARD OF DIRECTORS PRIOR TO FILING. FORM 990, PART VI, SECTION A, LINE 1 THE BOARD OF DIRECTORS MAY CREATE ONE OR MORE COMMITTEES AND APPOINT ONE OR MORE DIRECTORS TO SERVE ON THEM. EACH COMMITTEE SHALL EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 6 THE DIFFERENT CLASSES OF MEMBERS IN THE ORGANIZATION ARE: -PARTICIPANT MEMBERS. -COACH MEMBERS -OTHER MEMBERS FORM 990, PART VI, SECTION A, LINE 7A MEMBERS IN GOOD STANDING WITH THE ORGANIZATION SHALL BE ENTITLED TO A VOTE. FORM 990, PART VI, SECTION A, LINE 7B EACH MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER VOTED ON AT A MEETING OF THE MEMBERS. FORM 990, PART VI, SECTION B, LINE 12C THE BOARD REVIEWS THE BOARD'S ANNUAL DISCLOSURE OF CONFLICTS OF INTEREST.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization  LITTLETON HOCKEY ASSOCIATION	Employer identification number $84-6045840$
FORM 990, PART VI, SECTION B, LINE 15	
COMPENSATION OF HOCKEY DIRECTOR	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE HIRING AND	COMPENSATION
SETTING PROCESS OF THE HOCKEY DIRECTOR. DOCUMENTATION AND	DELIBERATION
OF THESE PROCEDURES ARE MAINTAINED IN THE ORGANIZATION'S	BOOKS AND
RECORDS.	
FORM 990, PART VI, SECTION C, LINE 19	
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY A	ARE POSTED ON
THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE MADE	E AVAILABLE TO
THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	ES:
TEAM EXPENSES:	
PROGRAM SERVICE EXPENSES	46434.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46434.
TOURNAMENT EXPENSES:	
PROGRAM SERVICE EXPENSES	34376.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34376.
OTHER PROGRAM COSTS:	······································
	dule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990 EZ) (2018)  Name of the organization  LITTLETON HOCKEY ASSOCIATION	Employer identification number $84-6045840$
PROGRAM SERVICE EXPENSES	18707.
MANAGEMENT AND GENERAL EXPENSES	Q.
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1000
LEAGUE FEES:	
PROGRAM SERVICE EXPENSES	16650.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	. 0.
TOTAL EXPENSES	16650.
REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	5045.
MANAGEMENT AND GENERAL EXPENSES	1518.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6563.
TRAINING & CERTIFICATIONS:	
PROGRAM SERVICE EXPENSES	6158.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6158.
BOARD EXPENSES:	
PROGRAM SERVICE EXPENSES	0,
MANAGEMENT AND GENERAL EXPENSES	2883.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 832212 10-10-18	2883. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization	Page 2 Employer identification number
LITTLETON HOCKEY ASSOCIATION	84-6045840
THE LEGONATIVE CAMPONE.	
TELECOMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2570.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2570.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1024.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1024.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	444.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	444.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 135809.
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