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)

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income Investment incom	A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20						
Number and street for P O box of mail is not delivered to street address) Room/sulte E Telephone number of moter formular	В	Check if a	pplicable C Name of organization D Er	nployer identification number			
Post part Pos			Might dipose building Association C/O Merrill Hockey	39-1734407			
Post	H		, , , , , , , , , , , , , , , , , , , ,	E Telephone number			
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G Accounting Method:				roup Exemption			
Website:		Application	on pending Merrill, WI 54452 U3 N	lumber ►			
Tax-exempt-status (check only one)				k ▶ ☑ if the organization is no t			
E Form of organization:							
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	_			1 990, 990-EZ, or 990-PF).			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization is any question in this Part I Check if the organization is any question in this Part I Check if the organization is any question in this Part I Check if the organization is any question in this Part I Check if the organization is any question in this Part I Check if the organization is any question in this Part I Check if the organization is any qu							
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17 Total expenses. Add lines 10 through 16		ľ					
40 Evenes or (deficit) for the year (subtract line 47 from line 0)		i		1			
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)	<u></u>			· · · · · · · · · · · · · · · · · · ·			
end-of-year figure reported on prior year's return)	iets						
# 00 Others 1 1 1 1 1 1 1 1 1	Ass						
6 20 Other changes in net assets or fund balances (explain in Schedule 0)	et	20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21 Net assets or fund balances at end of year. Combine lines 18 through 20	z	21					

Form	990-EZ (2019)					Page 2
Pa	rt Iì Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗀
,				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[19,750	22	28,28
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			19,750		28,28
26	Total liabilities (describe in Schedule O)				26	
27 Par	Net assets or fund balances (line 27 of column III Statement of Program Service Accom			19,750	27	28,28
r ar	Check if the organization used Schedule	•		,		Expenses
Wha	t is the organization's primary exempt purpose?	<u> </u>				uired for section
						c)(3) and 501(c)(4) nizations, optional for
as n	cribe the organization's program service accompline the concise of a clear and concise of the co	nanner, describe th	e services provided	d, the number of	othe	
28	Merrill Youth Hockey is an association that provides		of our community a	nlace to play		T
20	organized hockey. Our past, present and future activ					
	organized fun with the game of hockey.	nes are designed to	nep are youth learn	, pidy drid ridve		
		includes foreign gra	ants, check here .	▶ 🗀	28a	59,78
29						
		ıncludes foreign gra	ants, check here .	▶ 🗆	29a	
30						
	(Cronto ¢	includes fersion are			-00	
21		includes foreign gra			30a	
31		includes foreign gra			31a]
32	Total program service expenses (add lines 28a	through 31a)	· · · · · · ·		32	59,789
Par						
	Check if the organization used Schedule					🗀
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employe	(0)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	0	ther compensation
			(if not paid, enter -0-)	deferred compensation	_	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part		
20	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		-
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		ľ	
	change on Schedule O. See instructions	34		✓
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	ļ	✓
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	ļ	
С	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	35C		-
	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		√
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	#53°C7.4£	√
ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
ээ a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		✓
•	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	2.5		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	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	400		
41	List the states with which a copy of this return is filed ► Wisconsin	40e		
		715-470	0-2838	3
	Leaded at A. DO Day 764 Marrill Mill	544	52	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	$\overline{}$	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	er turget !	V COMMENSOR
	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).	2.2		
	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		J
	If "Yes," enter the name of the foreign country ▶			<u> </u>
	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			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	9397653	Yes	No
	completed instead of Form 990-EZ	44a		J
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	- The Addition	√
	Did the organization receive any payments for indoor tanning services during the year?	44c		√
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodule O			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
	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	45b	200 B	

Form **990-EZ** (2019)

46	Did to c	the organization engage, directly or i andidates for public office? If "Yes,"	ndırectly, in political c complete Schedule C	campaign activities on	behalf of c	ır ın opposı	tion 46		
Part	VI	Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.		estions 47–49b and	52, and co	omplete th		for lin	es
		Check if the organization used So	hedule O to respond	l to any question in t	his Part VI				
47	yea	the organization engage in lobbying	tll			during the	tax . 47	Yes	No
48 49a b 50	Did If "Y Con	ne organization a school as described in the organization make any transfers to se," was the related organization a semplete this table for the organization's soloyees) who each received more than	o an exempt non-cha ection 527 organizations five highest compensions.	ritable related organizon? sated employees (oth	zation?	 cers, direct	. 48 49a . 49b ors, truste	es, and	√ √ d key
		a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans,		(e) Estimate	ed amou	unt of
							······································		
f 51	Com	I number of other employees paid ov iplete this table for the organization' 0,000 of compensation from the orga	s five highest compe	ensated independent	contractors	who each	received	more	than
	(a) Name and business address of each independ	lent contractor	(b) Type of servi	ice	(c)	Compensati	on	
								 	
d 52	Dıd	I number of other independent contra the organization complete Schedu pleted Schedule A		· ·	nizations m		a .▶∐ Yes		
Under pe	i enalties	s of perjury, I declare that I have examined this r	eturn, including accompany	ring schedules and statemer	nts, and to the	best of my kn			
Sign Here	leet, al	Signature of officer	once, is based on an info	mator of which preparer in	Date	4/3/3	9 20		
Daid		Type or pnnt name and title Pnnt/Type preparer's name	Preparer's signature	Dat	e	Chask 🗇	_{ef} PTIN		
Paid Prepa	arer	Matt Scheners	Moder	3	10/20	Check L. self-employ	ed PO	290	<u>8335</u>
Use C		Firm's name ► Richard A. Mamer CP				's EIN ▶	39-173		
May th	e IRS	Firm's address ► 1027 1/2 E. Main Street discuss this return with the preparer		nstructions		ne no			<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 2019

Open to Public Inspection

Name of the organization Employer identification number							n number
	Purpose Building Association C/O						34407
Pai				<u>-</u> _			ons
The	organization is not a private found			•	•	,	4.0
1	A church, convention of church						N4
2	A school described in section		· ·				
3	A hospital or a cooperative ho						(iii) Enter the
-	hospital's name, city, and stat		orijanotion with a noo	pital acst	onboa iii i	30011011 170(B)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	or operate	ed by a governmen	tal unit described in
6	☐ A federal, state, or local gover	nment or govern	mental unit described	d in secti	on 170(b))(1)(A)(v).	
7	An organization that normally described in section 170(b)(1			port fron	n a gover	nmental unit or from	n the general public
8	☐ A community trust described	n section 170(b))(1)(A)(vi). (Complete	Part II.)			
9	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:						
10	An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
11	An organization organized and	•	•	•			
12	An organization organized and						
	of one or more publicly support Check the box in lines 12a through	ough 12d that des	scribes the type of su	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.
а	Type I. A supporting organ the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	elect a ma	jority of t		
b	☐ Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ	rated. A support	ting organization opei	rated in c			ally integrated with,
d	Type III non-functionally that is not functionally integrated requirement (see instructional see instr	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е	Check this box if the organ functionally integrated, or	ization received Type III non-func	a written determination	on from ti	ne IRS that	at it is a Type I, Type	e II, Type III
f	Enter the number of supported of						
g	Provide the following information	about the supp	orted organization(s).	·			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
 (D)							
(E)							
				<u> </u>			

	•
	"
Page	

Par							
t.	(Complete only if you checked the						alify under
Soci	Part III. If the organization fails to ion A. Public Support	o quality und	er trie tests lis	sted below, p	lease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2010	(3) 2010	(0) 2011	(4) 2010	(6) 2013	y (i) i Otai
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	COMMITTED CONTROL OF A CONTROL OF	Excel Called Manager 10 and 10 and				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	2					,
6 Sect	Public support. Subtract line 5 from line 4 ion B. Total Support			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(a) 2013	(3) 2010	(6) 2017	(u) 2018	(e) 2019	(i) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentage	е				
14 15 16a	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch 331/3% support test—2019. If the organization qual	nedule A, Part I zation did not ifies as a publi	II, line 14 check the box icly supported	on line 13, ar organization	 nd line 14 is 33 		▶ 🗆
b	331/3% support test 2018. If the organization this box and stop here. The organization						
17a	10%-facts-and circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumstaumstaumstances" tes	inces" test, ch st. The organiz 	eck this box a zation qualifies	nd stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or more and if the organization or more and it the organization or more proported organization.	tion meets the	e "facts-and-c	rcumstances"	test, check t	his box and s	top here.
18	supported organization		•				

Schedu	ile A (Form 990 or 990-EZ) 2019						Page 3
Part							
٤	(Complete only if you checked t						nder Part II.
	If the organization fails to qualify	y under the t	ests listed bel	ow, please co	mplete Part	1.)	
	on A. Public Support		T				
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities	1			i		
	furnished in any activity that is related to the organization's tax-exempt purpose			45045	00044		
3	Gross receipts from activities that are not an			45015	69911	93325	208251
	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			1			
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			45015	69911	93325	208251
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ				
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					CONTROL OF	
	line 6.)		3 7 THE SE				208251
	on B. Total Support			(Annae of the Market of	A T.		
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	<u> </u>		45015	69911	93325	208251
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less		· · · · · · · · · · · · · · · · · · ·		8	7	15
D	section 511 taxes) from businesses	1]			
	acquired after June 30, 1975						
С	Add lines 10a and 10b				8	7	15
11	Net income from unrelated business						
	activities not included in line 10b, whether		,				
	or not the business is regularly carried on	<u> </u>					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)			1140	12361	10026	23527
13	and 12.)		1	4045			
14	First five years. If the Form 990 is for the	L	n's first seconi	46155	or fifth tax ve	103358 ar as a sectio	231793 p. 501(c)(3)
• •	organization, check this box and stop he						
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			13, column (f))		15	89.84 %
16	Public support percentage from 2018 Sch	nedule A, Part	III, line 15 .			16	89.48 %
Section	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2019 (•		17	0.01 %
18	Investment income percentage from 2018					18	0.01 %
19a	331/3% support tests—2019. If the organ			·			•
	17 is not more than 33½%, check this box		_			-	_
b	331/3% support tests—2018. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 331/3%, check this line 18 is not more than 331/3%.						

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

SCHEDÙLE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** Multi-Purpose Building Association C/O Merrill Hockey 391734407 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e

Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g

Special fundraising events **d** \square In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (or retained by) fundraiser listed in (iv) Gross receipts (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity contributions? organization col (i) Yes No 1 2 3 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Wisconsin

Cat No 50083H

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraisingross receipts greater tha	ng event contributions	ion answered "Yes" o and gross income on	n Form 990, Part IV, I Form 990-EZ, lines 1	ine 18, or reported more and 6b. List events with
			(a) Event #1 Fundraiser (event type)	(b) Event #2(event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	21743			21743
<u>«</u>	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes	716			716
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages	77			77
Direc	8	Entertainment				
	9	Other direct expenses .	3276			3276
Pa	10 11 rt III	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-E2	act line 10 from line 3, c e organization answe	olumn (d)		4069 17674 or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
Ses	2	Cash prizes				
-xper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)	.	
	7 8	Direct expense summary. Ad	_			
	8 En a Ist	Net gaming income summary iter the state(s) in which the ordithe organization licensed to co	y. Subtract line 7 from li ganization conducts ga anduct gaming activities	ne 1, column (d) ming activities: s in each of these states	?	

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Multi-Purpose Building Association C/O Merrill Hockey 39-1734407 Part I, Line 8 - Other Income 2103 Misc Refunds 324 470 Lincoln Lager Barleyfest 7129 10026 Total Part I, Line 16 - Other Expenses 5444 Misc 158 Class Coaching 1348 Equipment 322 Fees 712 **Hockey Equipment** 9260 Ice Time 19481 1856 Insurance Memberships 345 Recruitment 312 Referees 4420 Supplies 152 Website 879 Reimbursement 862 Tournament 6363 Total 51914