

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)

OMB No. 1545-0047

2020

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/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **SEP 1, 2020** and ending **AUG 31, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization USA HOCKEY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1775 BOB JOHNSON DRIVE City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80906 F Name and address of principal officer: MIKE TRIMBOLI SAME AS C ABOVE	D Employer identification number 51-0204742 E Telephone number 7195768724 G Gross receipts \$ 42,713,940. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ 3724
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 1936 M State of legal domicile: DC
J Website: ▶ WWW.USAHOCKEY.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: USA HOCKEY, INC. PROVIDES THE FOUNDATION FOR THE SPORT OF ICE HOCKEY IN AMERICA; HELPS YOUNG			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	89	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	89	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	124	
	6 Total number of volunteers (estimate if necessary)	6	119	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,529,336.	Current Year 12,033,203.
9 Program service revenue (Part VIII, line 2g)		34,624,080.	30,208,046.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,003,347.	1,604.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		338,951.	454,507.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		46,495,714.	42,697,360.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,009,274.	3,906,841.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,352,163.	13,332,863.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		16b Total fundraising expenses (Part IX, column (D), line 25)	2,113,019.	
		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,517,050.	23,098,801.
		18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,878,487.	40,338,505.
19 Revenue less expenses. Subtract line 18 from line 12	7,617,227.	2,358,855.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 29,360,894.	End of Year 34,187,999.	
	21 Total liabilities (Part X, line 26)	19,003,990.	21,472,240.	
	22 Net assets or fund balances. Subtract line 21 from line 20	10,356,904.	12,715,759.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer PATRICK KELLEHER, EXECUTIVE DIRECTOR	Date 7-5-22
Paid Preparer Use Only	Print/Type preparer's name RITA F. CHRISTENSEN	Preparer's signature RITA F. CHRISTENSEN
	Firm's name ▶ WAUGH & GOODWIN, LLP	Firm's EIN ▶ 20-1766527
	Firm's address ▶ 1365 GARDEN OF THE GODS, STE 150 COLORADO SPRINGS, CO 80907	Phone no. (719) 590-9777

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: USA HOCKEY, INC. PROVIDES THE FOUNDATION FOR THE SPORT OF ICE HOCKEY IN AMERICA; HELPS YOUNG PEOPLE BECOME LEADERS, EVEN OLYMPIC HEROES; AND CONNECTS THE GAME AT EVERY LEVEL WHILE PROMOTING A LIFELONG LOVE OF THE SPORT. USA HOCKEY'S PRIMARY EMPHASIS IS ON GRASSROOTS HOCKEY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 9,439,166. including grants of \$ 125,000.) (Revenue \$ 28,999,234.) MEMBERSHIP SERVICES PROVIDED ITS MAGAZINE AND INSURANCE COVERAGE WHILE PARTICIPATING IN ANY SANCTIONED EVENTS TO OVER 520,000 MEMBERS. PUBLISHED VARIOUS EDUCATIONAL MATERIALS. PROCESSED ANNUAL REGISTRATION FOR ALL MEMBERS AND MAINTAINS A HISTORICAL AND CURRENT MEMBER DATABASE.

4b (Code:) (Expenses \$ 8,161,313. including grants of \$ 1,943,266.) (Revenue \$ 1,261,833.) INTERNATIONAL PROGRAMS - TEAMS PARTICIPATE IN INTERNATIONAL COMPETITIONS AT VARIOUS AGE GROUPS.

4c (Code:) (Expenses \$ 4,050,406. including grants of \$) (Revenue \$ 85,802.) NATIONAL TEAM DEVELOPMENT - CONDUCTED DEVELOPMENT PROGRAMS THAT PROVIDED ON-ICE AND GAME SITUATION TRAINING AND EDUCATION FOR 15 - 18 YEAR OLD PLAYERS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,420,633. including grants of \$ 1,838,575.) (Revenue \$ 315,684.)

4e Total program service expenses 31,071,518.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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, filed for the calendar year ending with or within the year covered by this return		
	2a		124
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
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 to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
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	
11	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 amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	1a 89		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 89		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 **THE ORGANIZATION - (719) 576-8724**
1775 BOB JOHNSON DRIVE, COLORADO SPRINGS, CO 80906

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK KELLEHER EXECUTIVE DIRECTOR	30.00 10.00			X			359,634.	0.	55,752.	
(2) CASEY JORGENSEN GENERAL COUNSEL	40.00				X		216,478.	0.	46,555.	
(3) ANTHONY DRISCOLL AST. EXEC DIRECTOR OF MARK	40.00				X		203,379.	0.	43,015.	
(4) JOHN VANBIESBROUCK AST. EXEC DIRECTOR OF HOCK	40.00			X			198,868.	0.	32,281.	
(5) KELLY MAHNCKE AST. ED FINANCE	30.00 10.00			X			200,818.	0.	27,198.	
(6) KEVIN MCLAUGHLIN AST. ED OF HOCKEY DEVELOPM	40.00				X		165,546.	0.	39,535.	
(7) DAVID FISCHER SENIOR DIRECTOR, COMMUNICA	40.00				X		159,665.	0.	40,481.	
(8) KENNETH MONAGHAN SR DIRECTOR NTDP & ARENA	40.00				X		160,329.	0.	39,071.	
(9) WAYNE SAWCHUK DIRECTOR PACIFIC DISTRICT	1.00	X					0.	0.	0.	
(10) MICHAEL BLABAC ATHLETE DIRECTOR	5.00	X					0.	0.	0.	
(11) CHRIS BUTLER ATHLETE DIRECTOR	5.00	X					0.	0.	0.	
(12) CRAIG BRADY ATHLETE DIRECTOR	5.00	X					0.	0.	0.	
(13) CAITLIN CAHOW ATHLETE DIRECTOR	5.00	X					0.	0.	0.	
(14) BRIANNA DECKER ATHLETE DIRECTOR	5.00	X					0.	0.	0.	
(15) KENDALL COYNE SCHOFIELD ATHLETE DIRECTOR	5.00	X					0.	0.	0.	
(16) TAYLOR LIPSETT EXEC COMM ATHLETE DIRECTOR	5.00	X					0.	0.	0.	
(17) ROBERT ESCHE ATHLETE DIRECTOR	5.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LYNDSEY FRY ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(19) JOHN-MICHAEL LILES ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(20) JONATHON BLUM ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(21) ERIC NYSTROM ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(22) JENNIFER POTTER ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(23) JAMES SLATER ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(24) ALEX LYON ATHLETE DIRECTOR	5.00	X						0.	0.	0.
(25) CHRIS VAN TIMMEREN COLLEGE CLUB SECTION DIREC	1.00	X						0.	0.	0.
(26) GEORGE ATKINSON EXEC COMM DIRECTOR AT LARG	1.00	X						0.	0.	0.
1b Subtotal								1,664,717.	0.	323,888.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,664,717.	0.	323,888.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INTEGRASS, 956 INTERNATIONAL PARKWAY STE. 1590, LAKE MARY, FL 32746	REGISTRATION SYSTEMS	505,875.
TOUCHPOINT MEDIA, INC., 505 HIGHWAY 169 NORTH, SUITE 465, MINNEAPOLIS, MN 55441	PRINTING & PUBLISHING COST FOR	441,398.
FAEGRE BAKER DANIELS LLP, 2200 WELLS FARGO CENTER 90 S. 7TH STREET, MINNEAPOLIS, MN	LEGAL SERVICES	206,590.
SPORT NGIN, INC, 1400 VAN BUREN ST, NE STE. 200, MINNEAPOLIS, MN 55413	USAH WEBSITE HOSTING, MAINTENANCE	122,550.
KIRTON MCCONKIE PO BOX 45120, SALT LAKE CITY, UT 84145	INTERNAL INVESTIGATION AND LE	111,245.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SHAWNA DAVIDSON DIRECTOR AT LARGE	1.00	X						0.	0.	0.
(28) SARAH FRASER DIRECTOR AT LARGE	1.00	X						0.	0.	0.
(29) SHELLEY LOONEY DIRECTOR AT LARGE	1.00	X						0.	0.	0.
(30) CHRIS CLARK DIRECTOR AT LARGE	1.00	X						0.	0.	0.
(31) JAY FINNIGAN DIRECTOR ATLANTIC DISTRICT	1.00	X						0.	0.	0.
(32) GLENN HEFFERAN DIRECTOR ATLANTIC DISTRICT	1.00	X						0.	0.	0.
(33) FRANK MCGADY DIRECTOR ATLANTIC DISTRICT	1.00	X						0.	0.	0.
(34) GENE PALECCO DIRECTOR ATLANTIC DISTRICT	1.00	X						0.	0.	0.
(35) ALAN DEMING DIRECTOR CENTRAL DISTRICT	1.00	X						0.	0.	0.
(36) LARRY HELLWIG DIRECTOR CENTRAL DISTRICT	1.00	X						0.	0.	0.
(37) MICHAEL MULLALLY DIRECTOR CENTRAL DISTRICT	1.00	X						0.	0.	0.
(38) LES TEPLICKY DIRECTOR CENTRAL DISTRICT	1.00	X						0.	0.	0.
(39) MICHAEL MACMILLAN DIRECTOR COACHES SECTION	1.00	X						0.	0.	0.
(40) ERIC BALLARD DIRECTOR COLLEGE CLUB SECT	1.00	X						0.	0.	0.
(41) JJ O'CONNOR DIRECTOR DISABLED HOCKEY S	1.00	X						0.	0.	0.
(42) CHRISTINE MAYER DIRECTOR MASSACHUSETTS DIS	1.00	X						0.	0.	0.
(43) THOMAS MCGRATH DIRECTOR MASSACHUSETTS DIS	1.00	X						0.	0.	0.
(44) STEVE RIZZO DIRECTOR MASSACHUSETTS DIS	1.00	X						0.	0.	0.
(45) GORDON BOWMAN DIRECTOR MICHIGAN DISTRICT	1.00	X						0.	0.	0.
(46) DAN JAROSHEWICH DIRECTOR MICHIGAN DISTRICT	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROGER MAURITHO DIRECTOR MICHIGAN DISTRICT	1.00	X						0.	0.	0.
(48) KEVIN WOOD DIRECTOR MICHIGAN DISTRICT	1.00	X						0.	0.	0.
(49) KAYE PINKOWSKI DIRECTOR MID AM DISTRICT	1.00	X						0.	0.	0.
(50) THOMAS CLINE DIRECTOR MID AMERICAN DIST	1.00	X						0.	0.	0.
(51) JOHN KAROLCIK DIRECTOR MID AMERICAN DIST	1.00	X						0.	0.	0.
(52) SCOTT GRAY DIRECTOR MINNESOTA DISTRICT	1.00	X						0.	0.	0.
(53) DOUGLAS KEPHART DIRECTOR MINNESOTA DISTRICT	1.00	X						0.	0.	0.
(54) DAVID MARGENAU DIRECTOR MINNESOTA DISTRICT	1.00	X						0.	0.	0.
(55) STEVEN OLEHEISER DIRECTOR MINNESOTA DISTRICT	1.00	X						0.	0.	0.
(56) BOB DEGREGORIO JR DIRECTOR NCAA	1.00	X						0.	0.	0.
(57) MICHAEL SNEE DIRECTOR NCAA	1.00	X						0.	0.	0.
(58) CHERYL BONAWITZ DIRECTOR NEW ENGLAND DISTRICT	1.00	X						0.	0.	0.
(59) RICHARD OLIVER DIRECTOR NEW ENGLAND DISTRICT	1.00	X						0.	0.	0.
(60) THOMAS REGAN DIRECTOR NEW ENGLAND DISTRICT	1.00	X						0.	0.	0.
(61) JOE BAUDO DIRECTOR NEW YORK DISTRICT	1.00	X						0.	0.	0.
(62) JOSEPH EPPOLITO DIRECTOR NEW YORK DISTRICT	1.00	X						0.	0.	0.
(63) MARK LAMARR DIRECTOR NEW YORK DISTRICT	1.00	X						0.	0.	0.
(64) GARY LEBRUN DIRECTOR NEW YORK DISTRICT	1.00	X						0.	0.	0.
(65) DWAYNE DILLINGER EXEC COMM DIRECTOR NORTHERN PLAINS	1.00	X						0.	0.	0.
(66) GREGORY EVENSON DIRECTOR NORTHERN PLAINS D	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) KENNETH REINHARD DIRECTOR OFFICIALS SECTION	1.00	X						0.	0.	0.
(68) STEVE LAING DIRECTOR PACIFIC DISTRICT	1.00	X						0.	0.	0.
(69) KRISTOPHER KNAUSS DIRECTOR PACIFIC DISTRICT	1.00	X						0.	0.	0.
(70) JON GUSTAFSON DIRECTOR PACIFIC DISTRICT	1.00	X						0.	0.	0.
(71) BILL DALY DIRECTOR PROFESSIONAL SPOR	1.00	X						0.	0.	0.
(72) DON FEHR DIRECTOR PROFESSIONAL SPOR	1.00	X						0.	0.	0.
(73) THOMAS BRANDEN DIRECTOR REGISTRARS SECTIO	1.00	X						0.	0.	0.
(74) TC LEWIS DIRECTOR ROCKY MOUNTAIN DI	1.00	X						0.	0.	0.
(75) GEOFFREY PASHKOWSKI DIRECTOR ROCKY MOUNTAIN DI	1.00	X						0.	0.	0.
(76) MARK SERVAES DIRECTOR ROCKY MOUNTAIN DI	1.00	X						0.	0.	0.
(77) KATHLEEN SMITH DIRECTOR ROCKY MOUNTAIN DI	1.00	X						0.	0.	0.
(78) MARC FRIEDMAN DIRECTOR SOUTHEASTERN DISTRIC	1.00	X						0.	0.	0.
(79) JOHN COLEMAN DIRECTOR SOUTHEASTERN DIST	1.00	X						0.	0.	0.
(80) CHRISTOPHER POWERS DIRECTOR SOUTHEASTERN DIST	1.00	X						0.	0.	0.
(81) JAMES MAIMONE DISTRICT DIRECTOR MASSACHU	1.00	X						0.	0.	0.
(82) MICHAEL MULHALL DIRECTOR SOUTHEASTERN DISTRICT	1.00	X						0.	0.	0.
(83) JULIE CHU EXEC COMMITTEE ATHLETE REP	1.00	X						0.	0.	0.
(84) MOLLY ENGSTROM EXEC COMMITTEE ATHLETE REP	1.00	X						0.	0.	0.
(85) MEGHAN DUGGAN ATHLETE DIRECTOR	1.00	X						0.	0.	0.
(86) CHRIS WASHBURN DIRECTOR NEW ENGLAND DISTRICT	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	8,359,221.				
	e Government grants (contributions)	1e	2,185,939.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,488,043.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 267,503.				
	h Total. Add lines 1a-1f			12,033,203.			
Program Service Revenue	2 a MEMBERSHIP FEES	Business Code	900099	25,536,262.	25,536,262.		
	b CORPORATE SPONSORSHIPS		900099	2,713,830.	2,713,830.		
	c TOURNAMENTS & EXHIBITIONS		711300	1,951,280.	1,951,280.		
	d RELATED PARTY RENTAL INCOME		900099	5,184.	5,184.		
	e MARKETING INCOME		900099	1,490.	1,490.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			30,208,046.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,604.		1,604.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			447,414.	447,414.		
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		23,673.				
			16,580.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			7,093.	7,093.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			42,697,360.	30,662,553.	0.	1,604.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,906,841.	3,906,841.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	919,372.	440,258.	333,905.	145,209.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,747,275.	5,952,467.	2,359,629.	435,179.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	504,048.	344,957.	134,165.	24,926.
9 Other employee benefits	2,475,873.	1,203,335.	1,166,977.	105,561.
10 Payroll taxes	686,295.	474,876.	173,536.	37,883.
11 Fees for services (nonemployees):				
a Management				
b Legal	489,800.		470,441.	19,359.
c Accounting	71,105.		71,105.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,606,236.	3,764,876.	623,948.	217,412.
12 Advertising and promotion	224,924.	106,071.		118,853.
13 Office expenses	1,771,191.	1,641,865.	99,293.	30,033.
14 Information technology	243,399.	44,680.	198,284.	435.
15 Royalties				
16 Occupancy	886,627.	350,000.	536,627.	
17 Travel	5,426,481.	4,459,384.	51,435.	915,662.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	602,723.	458,555.	144,168.	
23 Insurance	5,730,397.	5,372,303.	358,094.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER	1,120,367.	916,714.	169,337.	34,316.
b EQUIPMENT	485,410.	406,288.	38,331.	40,791.
c ICE RENTAL	407,919.	429,419.		-21,500.
d CORPORATE SPONSOR - VIK	267,503.	246,845.	20,658.	
e All other expenses	764,719.	551,784.	204,035.	8,900.
25 Total functional expenses. Add lines 1 through 24e	40,338,505.	31,071,518.	7,153,968.	2,113,019.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,643,147.	1	2,129,204.	
	2 Savings and temporary cash investments	15,776,042.	2	19,777,646.	
	3 Pledges and grants receivable, net	1,244,000.	3	1,267,000.	
	4 Accounts receivable, net	1,979,512.	4	1,804,311.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	1,958,817.	9	1,889,086.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,046,964.			
	b Less: accumulated depreciation	10b 7,374,403.	1,866,365.	10c	1,672,561.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	750,000.	13	750,000.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	4,143,011.	15	4,898,191.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,360,894.	16	34,187,999.		
Liabilities	17 Accounts payable and accrued expenses	2,727,170.	17	4,151,981.	
	18 Grants payable		18		
	19 Deferred revenue	13,957,131.	19	17,320,259.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	2,185,939.	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	133,750.	25	0.	
	26 Total liabilities. Add lines 17 through 25	19,003,990.	26	21,472,240.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	9,287,101.	27	12,303,939.	
	28 Net assets with donor restrictions	1,069,803.	28	411,820.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	10,356,904.	32	12,715,759.	
33 Total liabilities and net assets/fund balances	29,360,894.	33	34,187,999.		

Part 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	42,697,360.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,338,505.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,358,855.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,356,904.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,715,759.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10508906.	11061644.	10614577.	10529336.	12033203.	54747666.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	34021353.	41038500.	32589493.	34903281.	30679133.	173231760
3 Gross receipts from activities that are not an unrelated trade or business under section 513	171,175.	184,200.	229,950.	275,275.		860,600.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	44701434.	52284344.	43434020.	45707892.	42712336.	228840026
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	3,800.	3,800.	3,800.	3,800.	3,800.	19,000.
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						0.
c Add lines 7a and 7b	3,800.	3,800.	3,800.	3,800.	3,800.	19,000.
8 Public support. (Subtract line 7c from line 6.)						228821026

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	44701434.	52284344.	43434020.	45707892.	42712336.	228840026
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,304.	1004294.	12,712.	1003347.	1,604.	2025261.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,304.	1004294.	12,712.	1003347.	1,604.	2025261.
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	44704738.	53288638.	43446732.	46711239.	42713940.	230865287

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.11 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.11 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.88 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.88 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c 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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization USA HOCKEY, INC.	Employer identification number 51-0204742
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>94,744.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,374,593.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>8,359,222.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>18,585.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>2,185,939.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USA HOCKEY, INC.	Employer identification number 51-0204742
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	HOCKEY EQUIPMENT AND APPAREL _____ _____ _____	\$ <u>94,744.</u>	<u>08/31/21</u>
<u>2</u>	UNITED AIRLINES TICKETS _____ _____ _____	\$ <u>154,174.</u>	<u>08/31/21</u>
<u>4</u>	CLOTH ADHESIVE TAPE, GRIP TAPE _____ _____ _____	\$ <u>18,585.</u>	<u>08/31/21</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization USA HOCKEY, INC.	Employer identification number 51-0204742
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2020

Open to Public Inspection

Name of the organization USA HOCKEY, INC. Employer identification number 51-0204742

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for 2a-2d, and Yes/No options for monitoring and requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a, 1b, and 2 regarding art and historical treasures, including checkboxes and dollar amount fields for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		911,096.	420,073.	491,023.
c Leasehold improvements				
d Equipment		8,135,868.	6,954,330.	1,181,538.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,672,561.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) GRANTS RECEIVABLE FROM USA HOCKEY FOUNDATION	3,652,866.
(2) DUE FROM USA HOCKEY FOUNDATION	1,245,325.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,898,191.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	42,713,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	16,580.
e	Add lines 2a through 2d	2e	16,580.
3	Subtract line 2e from line 1	3	42,697,360.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	42,697,360.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	40,355,085.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	16,580.
e	Add lines 2a through 2d	2e	16,580.
3	Subtract line 2e from line 1	3	40,338,505.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	40,338,505.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

INCOME TAXES

THE CORPORATION AND THE FOUNDATION QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, ARE NOT SUBJECT TO FEDERAL INCOME TAX. NEITHER ENTITY IS A PRIVATE FOUNDATION. HARP QUALIFIES UNDER THE PROVISIONS OF SECTION 501 OF THE INTERNAL REVENUE CODE TO BE EXEMPT FROM FEDERAL INCOME TAXES. ACCORDINGLY, NO TAX PROVISION HAS BEEN RECORDED.

THE CORPORATION'S, FOUNDATION'S, AND HARP'S FORMS 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ARE SUBJECT TO EXAMINATION BY VARIOUS

Part XIII Supplemental Information (continued)

TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THE DATE THEY WERE FILED. MANAGEMENT OF THE CORPORATION BELIEVES THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PLYMOUTH AC AND BECK ROAD, AS SINGLE-MEMBER LLCs, ARE CONSIDERED DISREGARDED ENTITIES FOR INCOME TAX REPORTING PURPOSES. ACCORDINGLY, THEIR ACTIVITY IS REPORTED ON THE FOUNDATION'S TAX RETURN.

PROFITS THAT ARE GENERATED FROM ACTIVITIES UNRELATED TO THE EXEMPT PURPOSES COULD BE SUBJECT TO INCOME TAX.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES CHARGED TO EXPENSE IN AUDITED STATEMENTS	
MERCHANDISING COST CHARGED TO EXPENSE IN AUDITED STATEMENTS	16,580.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES CHARGED TO EXPENSE IN AUDITED STATEMENTS	
MERCHANDISING COST CHARGED TO EXPENSE IN AUDITED STATEMENTS	16,580.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **USA HOCKEY, INC.** Employer identification number **51-0204742**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ATLANTIC AMATEUR HOCKEY ASSOCIATION - 251 E. GLEN AVE - RIDGEWOOD, NJ 07450	23-7375622	501(C)(3)	89,858.	0.			BLOCK GRANT
ALASKA STATE HOCKEY ASSOCIATION 1321 HILLCREST DRIVE ANCHORAGE, AK 99503	92-0129499	501(C)(3)	19,950.	0.			BLOCK GRANT
AMATEUR HOCKEY ASSOCIATION ILLINOIS - 1843 ADMIRAL COURT - GLENVIEW, IL 60026	36-2883831	501(C)(3)	71,360.	0.			BLOCK GRANT
ARIZONA AMATEUR HOCKEY ASSOCIATION P.O. BOX 17714 FOUNTAIN HILLS, AZ 85269	86-0954646	501(C)(3)	20,615.	0.			BLOCK GRANT
CALIFORNIA AMATEUR HOCKEY ASSOCIATION - 2720 LINCOLN AVE. - CLOVIS, CA 93611	33-0254897	501(C)(3)	76,535.	0.			BLOCK GRANT
CAROLINA AMATEUR HOCKEY ASSOCIATION - 6514 DORNOCH DR - GREENSBORO, NC 27410	31-1709238	501(C)(3)	21,248.	0.			BLOCK GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **32.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **2.**

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE HOCKEY INC 591 NORTH AVE, #2 WAKEFIELD, MA 01880	27-1436145	501(C)(3)	600,000.	0.			PROMOTE COLLEGE HOCKEY
COLORADO AMATEUR HOCKEY ASSOCIATION - 3860 BALSAM STREET - WHEATRIDGE, CO 80033	84-1303384	501(C)(3)	36,110.	0.			BLOCK GRANT
IDAHO AMATEUR HOCKEY ASSOCIATION P.O. BOX 1238 KETCHUM, ID 83340	82-0515812	501(C)(3)	9,028.	0.			BLOCK GRANT
MASSACHUSETTS HOCKEY 72 FAIRWAY DRIVE NEWTON, MA 02465	04-3130566	501(C)(3)	104,558.	0.			BLOCK GRANT
MICHIGAN AMATEUR HOCKEY ASSOCIATION - 20044 NORTH SHORE DRIVE - SPRING LAKE, MI 49456	38-2556088	501(C)(3)	110,355.	0.			BLOCK GRANT
MID WEST AMATEUR HOCKEY ASSOCIATION - 16565 S. 96TH STREET - PAPPILLION, NE 68046	42-1457750	501(C)(3)	16,125.	0.			BLOCK GRANT
MID-AMERICAN HOCKEY ASSOCIATION 1127 COUNTRY CLUB ROAD MONONGAHELA, PA 15063	35-1964943	501(C)(3)	93,135.	0.			BLOCK GRANT
MINNESOTA HOCKEY 317 WASHINGTON STREET ST PAUL, MN 55102	41-1458420	501(C)(3)	15,000.	0.			BOYS & GIRLS CAMP GRANT
MISSOURI HOCKEY, INC. 2409 LIBERTY DRIVE MARYVILLE, IL 62062	43-1602178	501(C)(3)	17,023.	0.			BLOCK GRANT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTANA AMATEUR HOCKEY ASSOCIATION 2600 QUEEN STREET MISSOULA, MT 59801	82-0580433	501(C)(3)	11,890.	0.			BLOCK GRANT
NEW ENGLAND DISTRICT HOCKEY 47 BURNHAM LANE COLCHESTER, VT 05446	02-0495890	501(C)(3)	70,850.	0.			BLOCK GRANT
NEW YORK STATE AMATEUR HOCKEY ASSOCIATION - 57 COUNTRYGATE LANE - TONWANDA, NY 14150	16-1184849	501(C)(3)	109,075.	0.			BLOCK GRANT
NORTH DAKOTA AMATEUR HOCKEY ASSOCIATION - 609 5TH ST SE - JAMESTOWN, ND 58401	45-0411123	501(C)(3)	13,422.	0.			BLOCK GRANT
OREGON STATE HOCKEY ASSOCIATION 1460 SE 58TH AVE PORTLAND, OR 97215	93-0791934	501(C)(3)	6,648.	0.			BLOCK GRANT
PACIFIC NORTHWEST AMATEUR HOCKEY ASSOCIATION - 111 W REGINA AVE - SPOKANE, WA 99218	91-1088618	501(C)(3)	22,930.	0.			BLOCK GRANT
POTOMAC VALLEY AMATEUR HOCKEY ASSOC. - 9007 LENNINGS LANE - BALTIMORE, MD 21237	52-2139421	501(C)(3)	52,248.	0.			BLOCK GRANT
SOUTH DAKOTA AMATEUR HOCKEY ASSOCIATION - 218 STATE AVE. - BROOKINGS, SD 57006	46-0409014	501(C)(3)	5,985.	0.			BLOCK GRANT
SOUTHERN AMATEUR HOCKEY ASSOCIATION - 1234 HALIFAX ROAD - KNOXVILLE, TN 37922	58-2502660	501(C)(3)	22,330.	0.			BLOCK GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATEWIDE AMATEUR HOCKEY OF FLORIDA - 2324 NE 20TH AVE - WILTON MANORS, FL 33305	59-3417365	501(C)(3)	37,740.	0.			BLOCK GRANT
TEXAS AMATEUR HOCKEY ASSOCIATION 2512 GEIBERGER DRIVE PLANO, TX 75025	73-1458493	501(C)(3)	38,805.	0.			BLOCK GRANT
U.S. HOCKEY LEAGUE 850 W. JACKSON BLVD., STE 703 CHICAGO, IL 60607	42-1484283	501(C)(3)	1,112,955.	0.			GRANT
UTAH AMATEUR HOCKEY ASSOCIATION PO BOX 263 OAKLEY, UT 84055	87-0356292	501(C)(3)	11,325.	0.			BLOCK GRANT
WISCONSIN AMATEUR HOCKEY ASSOCIATION - N550 GANNON RD LOT M20 - LODI, WI 53555	39-1929213	501(C)(3)	41,683.	0.			BLOCK GRANT
SERVING THE AMERICAN RINKS 1775 BOB JOHNSON DR COLORADO SPRINGS, CO 80906	84-1537531	501(C)(6)	125,000.	0.			GRANT TO SUPPORT OPERATIONS
NATIONAL HOCKEY LEAGUE 1185 AVENUE OF THE AMERICAS NEW YORK, NY 10036	98-0036067	501(C)(6)	165,311.	0.			USHL SUPPORT
U.S. HOCKEY LEAGUE 850 W. JACKSON BLVD., STE 703 CHICAGO, IL 60607	42-1484283	501(C)(3)	65,000.	0.			NHL DRAFT/NCAA GRANT
NORTH AMERICAN HOCKEY LEAGUE 2601 AVENUE OF THE STARS, STE 400 FRISCO, TX 75034	38-3203750	501(C)(3)	47,000.	0.			PLAYER ADVANCEMENT GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH AMERICAN HOCKEY LEAGUE 2601 AVENUE OF THE STARS, STE 400 FRISCO, TX 75034	38-3203750	501(C)(3)	506,000.	0.			NAHL GRANT
MINNESOTA HOCKEY 1403 SE 5TH STREET GRAND RAPIDS, MN 55744	41-1458420	501(C)(3)	120,803.	0.			BLOCK GRANT
NEVADA AMATEUR HOCKEY ASSOCIATION 2333 VIA FIRENZE HENDERSON, NV 89044	88-0306161	501(C)(3)	6,060.	0.			BLOCK GRANT

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES ARE REQUIRED TO DEMONSTRATE THEIR ELIGIBILITY PRIOR TO FUNDS BEING DISTRIBUTED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **USA HOCKEY, INC.** Employer identification number: **51-0204742**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b** Yes No
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2** Yes No

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK KELLEHER EXECUTIVE DIRECTOR	(i)	319,855.	30,000.	9,779.	28,306.	27,446.	415,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CASEY JORGENSEN GENERAL COUNSEL	(i)	208,739.	0.	7,739.	19,059.	27,496.	263,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANTHONY DRISCOLL AST. EXEC DIRECTOR OF MARK	(i)	202,713.	0.	666.	18,269.	24,746.	246,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN VANBIESBROUCK AST. EXEC DIRECTOR OF HOCK	(i)	197,021.	0.	1,847.	7,636.	24,645.	231,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KELLY MAHNCKE AST. ED FINANCE	(i)	193,745.	0.	7,073.	17,520.	9,678.	228,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KEVIN MCLAUGHLIN AST. ED OF HOCKEY DEVELOPM	(i)	164,050.	0.	1,496.	14,789.	24,746.	205,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAVID FISCHER SENIOR DIRECTOR, COMMUNICA	(i)	158,210.	0.	1,455.	14,385.	26,096.	200,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KENNETH MONAGHAN SR DIRECTOR NTDP & ARENA	(i)	158,887.	0.	1,442.	14,325.	24,746.	199,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE EXECUTIVE DIRECTOR, ASSISTANT EXEC DIR FINANCE AND GENERAL COUNSEL ARE PROVIDED MEMBERSHIP TO A COUNTRY CLUB FOR BUSINESS PURPOSES. THE PERSONAL PORTION OF THE MEMBERSHIP IS INCLUDED IN TAXABLE COMPENSATION AND IS INCLUDED IN COLUMN B(III) OF PART II.

PART I, LINE 7:

ALL EMPLOYEES ARE ELIGIBLE FOR DISCRETIONARY BONUSES BASED UPON A VARIETY OF SUBJECTIVE CRITERIA. ANY BONUSES RECEIVED ARE REPORTED IN COLUMN B(II) OF SCHEDULE J PART II.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **USA HOCKEY, INC.** Employer identification number **51-0204742**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AIRLINE TICKE)	X	1	154,174.	FAIR MARKET VALUE
26 Other ▶ (HOCKEY EQUIPM)	X	6	94,744.	FAIR MARKET VALUE
27 Other ▶ (CLOTH ADHESIV)	X	1	18,585.	
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public
Inspection

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE BECOME LEADERS, EVEN OLYMPIC HEROES; AND CONNECTS THE GAME AT
EVERY LEVEL WHILE PROMOTING A LIFELONG LOVE OF THE SPORT. USA HOCKEY'S
PRIMARY EMPHASIS IS ON GRASSROOTS HOCKEY. ALSO, THERE ARE JUNIOR AND
ADULT HOCKEY PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALSO, THERE ARE JUNIOR AND ADULT HOCKEY PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COACHING

EXPENSES \$ 1,330,417. INCLUDING GRANTS OF \$ 0. REVENUE \$ 15,010.

PLAYER DEVELOPMENT

EXPENSES \$ 2,650,957. INCLUDING GRANTS OF \$ 1,285,575. REVENUE \$ 24,014

ADULT HOCKEY

EXPENSES \$ 425,616. INCLUDING GRANTS OF \$ 0. REVENUE \$ 90,014.

ANNUAL CONGRESS/MID-WINTER MEETINGS

EXPENSES \$ 86,183. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

YOUTH PROGRAM

EXPENSES \$ 850,860. INCLUDING GRANTS OF \$ 0. REVENUE \$ 22,500.

JUNIOR PROGRAM

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization USA HOCKEY, INC.	Employer identification number 51-0204742
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EXPENSES \$ 559,541. INCLUDING GRANTS OF \$ 553,000. REVENUE \$ 0.

OFFICIALS

EXPENSES \$ 1,940,576. INCLUDING GRANTS OF \$ 0. REVENUE \$ 164,146.

AMERICAN DEVELOPMENT MODEL

EXPENSES \$ 1,576,483. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS

USA HOCKEY IS A MEMBERSHIP ORGANIZATION WITH OVER 520,000 MEMBERS. THERE ARE TWO CATEGORIES OF MEMBERS, REGISTERED PARTICIPANT MEMBERS AND ALLIED MEMBERS. SOME OF THE REGISTERED PARTICIPANT MEMBERS ARE DESIGNATED AS ELIGIBLE ATHLETES BASED UPON PARTICIPATION IN CERTAIN HOCKEY COMPETITIONS. ALLIED MEMBERSHIP IS DIVIDED INTO VARIOUS SECTIONS, AS ESTABLISHED BY THE BOARD OF DIRECTORS. CURRENT SECTIONS OF USA HOCKEY ARE AS FOLLOWS: OFFICIALS (REFEREES AND LINESMEN), COACHES, COLLEGES, GIRLS'/WOMEN'S, HIGH SCHOOL, AMATEUR HOCKEY ORGANIZATIONS (INCLUDING NATIONAL AMATEUR HOCKEY ORGANIZATIONS), PROFESSIONAL HOCKEY ORGANIZATIONS, REGISTRARS, INDIVIDUAL MEMBERS AND DISABLED HOCKEY.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBER ELECTIONS OF BOARD OF DIRECTORS

EACH DISTRICT DIRECTOR WILL BE ELECTED BY THE REGISTERED PARTICIPANT MEMBERS OF THAT DISTRICT. EACH DIRECTOR REPRESENTING A SECTION OF USA HOCKEY WILL BE ELECTED BY THE ALLIED MEMBERS OF THAT SECTION. EACH ATHLETE DIRECTOR WILL BE ELECTED BY ELIGIBLE ATHLETES.

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY IS GIVEN TO THE AUDIT COMMITTEE AND TO THE EXECUTIVE COMMITTEE MEMBERS FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

USA HOCKEY REQUIRES THAT EACH OF ITS OFFICERS, DIRECTORS, AND EMPLOYEES COMPLETE AND SIGN A CONFLICT OF INTEREST QUESTIONNAIRE ON A YEARLY BASIS, AND THOSE QUESTIONNAIRES ARE REVIEWED BY USA HOCKEY'S GENERAL COUNSEL AND, IF APPROPRIATE, OTHERS WITHIN USA HOCKEY TO PROTECT USA HOCKEY AND ITS OFFICERS, DIRECTORS, AND EMPLOYEES FROM THE APPEARANCE OF OR CHARGES OF IMPROPRIETY. PURSUANT TO THE CONFLICT OF INTEREST POLICY, PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO A SPECIFIC MATTER ARE EXCLUDED FROM ANY VOTING OR CONSIDERATION ON THAT MATTER. ANY PERSON THAT FAILS TO COMPLY WITH THE POLICY IS SUBJECT TO SANCTIONS AS THE BOARD OF DIRECTORS DEEMS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND APPROVED BY A COMPENSATION COMMITTEE. OTHER KEY EMPLOYEE'S COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC THROUGH THE USA HOCKEY WEBSITE. REQUESTS CAN ALSO BE MAILED TO THE USA HOCKEY, INC. OFFICES.

FORM 990, PART VI LINE 1A

EXECUTIVE COMMITTEE

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

THE EXECUTIVE COMMITTEE SHALL CONSIST OF ALL OF THE OFFICERS OF USA HOCKEY AND SUFFICIENT ATHLETE DIRECTORS TO ENSURE THAT NOT LESS THAN 20% OF ITS MEMBERSHIP IS COMPOSED OF ATHLETE DIRECTORS. THREE DIRECTOR REPRESENTATIVES SHALL BE ELECTED BY THE BOARD OF DIRECTORS FROM THE DISTRICT DIRECTORS, SECTION DIRECTORS OR DIRECTORS AT-LARGE. ATHLETE AND DIRECTOR REPRESENTATIVES SERVING ON THE EXECUTIVE COMMITTEE HAVE EXECUTIVE COMMITTEE INCLUDED IN THEIR TITLE.

THE EXECUTIVE COMMITTEE SHALL BE EMPOWERED TO ACT ON THE BEHALF OF THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD PROVIDED THAT (A) THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO AMEND, ALTER, OR REPEAL THE BYLAWS OR RULES AND REGULATIONS, BUT MAY RECOMMEND SUCH CHANGES TO THE BOARD OF DIRECTORS FOR CONSIDERATION AND (B) THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY TO AMEND, ALTER OR REPEAL RULES AND REGULATIONS ONLY IN THE CASE OF AN EMERGENCY WHEN A VOTE OF THE BOARD OF DIRECTORS CANNOT REASONABLY BE OBTAINED, AND IN SUCH EVENT THE ACTION TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE PLACED ON THE AGENDA AT THE NEXT MEETING OF THE BOARD OF DIRECTORS FOR RATIFICATION, AMENDMENT OR REPEAL.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	1,353,119.
MANAGEMENT AND GENERAL EXPENSES	623,948.
FUNDRAISING EXPENSES	214,212.
TOTAL EXPENSES	2,191,279.

Name of the organization USA HOCKEY, INC.	Employer identification number 51-0204742
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HONORARIA:

PROGRAM SERVICE EXPENSES	2,411,757.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,200.
TOTAL EXPENSES	2,414,957.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,606,236.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

USA HOCKEY, INC.

Employer identification number

51-0204742

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
USA HOCKEY FOUNDATION - 74-2553720 1775 BOB JOHNSON DRIVE COLORADO SPRINGS, CO 80906	TO RAISE FUNDS AND ACQUIRE ASSETS FOR USA HOCKEY	COLORADO	501(C)(3)	LINE 12B, II	USA HOCKEY INC	X	
SERVING THE AMERICAN RINKS - 84-1537531 1775 BOB JOHNSON DRIVE COLORADO SPRINGS, CO 80906	TO PROVIDE EDUCATION, TRAINING, & NEW RESOURCES TO ICE RINK & ARENA	COLORADO	501(C)(6)		USA HOCKEY INC	X	
HOCKEY AND RINK PROTECTION, INC. - 30-0266799, 76 ST PAUL STREET, STE 500, BURLINGTON, VT 05401	TO PROVIDE GENERAL LIABILITY INSURANCE COVERAGE TO THOSE	VERMONT	501(C)(3)	LINE 12B, II	USA HOCKEY INC	X	

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) USA HOCKEY FOUNDATION	K	717,500.	CASH
(2) USA HOCKEY FOUNDATION	D	4,898,191.	CASH
(3) SERVING THE AMERICAN RINKS	B	125,000.	CASH
(4) USA HOCKEY FOUNDATION	C	8,359,221.	CASH
(5) SERVING THE AMERICAN RINKS	A	5,184.	CASH
(6) USA HOCKEY FOUNDATION	P	319,029.	CASH

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) HOCKEY AND RINK PROTECTION, INC.	M	250,000.	CASH
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SERVING THE AMERICAN RINKS

PRIMARY ACTIVITY: TO PROVIDE EDUCATION, TRAINING, & NEW RESOURCES TO ICE RINK & ARENA INDUSTRY

NAME OF RELATED ORGANIZATION:

HOCKEY AND RINK PROTECTION, INC.

PRIMARY ACTIVITY: TO PROVIDE GENERAL LIABILITY INSURANCE COVERAGE TO THOSE ASSOCIATED W/USAH

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. USA HOCKEY, INC.	Taxpayer identification number (TIN) 51-0204742
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1775 BOB JOHNSON DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLORADO SPRINGS, CO 80906	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **1775 BOB JOHNSON DRIVE - COLORADO SPRINGS, CO 80906**
Telephone No. ▶ **(719) 576-8724** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **JULY 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **SEP 1, 2020**, and ending **AUG 31, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.