			EXT	ENDED TO JU	JLY 15,	2020			1
Form	9	90-EZ	Deturn of Orm	Short F					OMB No. 1545-1150
Forn			Return of Orga		•				2018
			Under section 501(c), 527, or 4	947(a)(1) of the Inter	nal Revenue (	Code (except priv	ate foun	dations	
			Do not enter socia	l security numbers o	on this form as	s it may be made	public.		Open to Public
		t of the Treasury /enue Service	Go to www.irs.go	v/Form990EZ for ins	tructions and	the latest inform	ation.		Inspection
			year, or tax year beginning	SEP 1, 20	)18	and ending 2	AUG 3		
BC	heck i	if ble: C Na	me of organization				D Em	ployer id	entification number
	Add	ress change						~ ~ ~ ~	01001
	_ Nam		<b>REGON STATE HOCKE</b> ber and street (or P.O. box, if mail is r			Deem/ou		$\frac{3-07}{\text{ephone n}}$	91934
	¬Fina	arroturn	0. BOX 7114		uiess)	Room/su		•	45-1922
	7	City	or town, state or province, country, ar	d ZIP or foreign postal o	code		_	up Exem	
	7		PRINGFIELD, OR 9						3724
G /		nting Method:		her (specify)					X if the organization is
			OREGONSTATEHOCKE				-		to attach Schedule B
JI	Tax-ex	xempt status (ch	eck only one) _ X 501(c)(3)	501(c) ( )◀(ins	sert no.) 📃 4	947(a)(1) or 5	27 (Fo	rm 990, 9	990-EZ, or 990-PF).
KF	orm (	of organization:	X Corporation Trust	Association	Other				
			b to line 9 to determine gross receipts	•					
		n (B)) are \$500,0	000 or more, file Form 990 instead of I	orm 990-EZ				► \$	66,532.
Pa	art I		e, Expenses, and Changes						
			organization used Schedule O to respo						X
	1		gifts, grants, and similar amounts reco					1	40,344.
	2		e revenue including government fees					3	26,169.
	4	Investment inc	ues and assessments		SEE S	CHEDULE (	)	4	19.
	- 5a		from sale of assets other than invento						
	b		ther basis and sales expenses						
	c		rom sale of assets other than inventor			1		5c	
	6		ndraising events:		,				
Θ	a	Gross income	rom gaming (attach Schedule G if gre	ater than					
Revenue		\$15,000)			6a				
Jev	b	Gross income	from fundraising events (not including	\$	of co	ntributions			
-			ig events reported on line 1) (attach S			1			
			and contributions exceeds \$15,000)					-	
	Ι.		penses from gaming and fundraising e						
			(loss) from gaming and fundraising ev			ne 6c) I		6d	
	/a b		inventory, less returns and allowances					-	
	c b	Gross profit or	oods sold	ct line 7h from line 7a)				7c	
	8							8	
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				►	9	66,532.
	10		ilar amounts paid (list in Schedule O)					10	
	11	Benefits paid to	o or for members					11	
es	12	Salaries, other	compensation, and employee benefits					12	
Expenses	13	Professional fe	es and other payments to independen	t contractors				13	
ă.	14	Occupancy, rer	it, utilities, and maintenance					14	
	15	Printing, public	ations, postage, and shipping		0.000.0			15	E0 7E2
	16 17	-						16	<u>58,753.</u> 58,753.
	17		s. Add lines 10 through 16					17 18	7,779.
ets	19		and balances at beginning of year (fro					10	,,,,,,,,
Ass	"		th end-of-year figure reported on prio					19	85,863.
Net Assets	20		in net assets or fund balances (explain					20	0.
2	21		und balances at end of year. Combine					21	93,642.
LHA	Fo		luction Act Notice, see the separate						Form <b>990-EZ</b> (2018)

Pa	n 990-EZ (2018) OREGON STATE HOCKEY ASSOC	, TAI TOM	· · · · ·	93-	07919	<b>34</b> Page <b>2</b>
	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res					X
			A) Beginning of year		(B) E	nd of year
22	, , ,		86,218	_		93,997.
23	•			23		
24	/ /			24		
25			86,218	_		93,997.
26	\ /	)	355			355.
27			85,863	• 27		93,642.
Pa	art III Statement of Program Service Accomplishme	<b>`</b>	,			penses
	Check if the organization used Schedule O to res		in this Part III	X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? <b>SEE SCHEDULE</b> C	)			organizatio	ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program		s. In a clear and concise		others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title.				
28	SEE SCHEDULE O					
	(Grants \$) If this amount includes foreign g	grants, check here			28a	
29						
	(Grants \$) If this amount includes foreign g	grants, check here			29a	
30						
	(Grants \$ ) If this amount includes foreign g	grants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	grants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)			🕨	32	0.
Pa	art IV List of Officers, Directors, Trustees, and Key E	Ilist each one e	ven if not compensated -	see the	instructions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any questior	in this Part IV			
		(b) Average hours			alth benefits, ibutions to	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emplo	yee benefit and deferred	amount of other
		position	(if not paid, enter -0-)		pensation	compensation
-	ESTER SPARKS					
	RESIDENT	5.00				
WE	ENDY HEATON		0.		0.	0.
VI			0.		0.	0.
~	ICE PRESIDENT	5.00	0.		0.	0.
SU	JE FTHENAKIS					
		5.00				
SE	JE FTHENAKIS		0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY		0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.
SE KA	JE FTHENAKIS ECRETARY ARA MINCHIN	5.00	0.		0.	0.

Pa	Int V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi	s Par	t V	Χ
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	<b>NT /</b>	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	0.5		x
26	requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	complete applicable parts of Schedule N	36		x
<b>3</b> 7 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		x
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made	0.0		
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958			
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ū	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed $\triangleright$ OR			
	The organization's books are in care of ► KARA MINCHIN Telephone no. ► 541-52	25-5	005	
	Located at ▶ P.O. BOX 7114, SPRINGFIELD, OR ZIP+4 ► S	9747	5	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country: 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
<b>44</b> a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		103	140
	Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
2	of Form 990-EZ	44b		х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule 0	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

OREGON STATE HOCKEY ASSOCIATION

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93-0791934

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Form 990-EZ (2018)

						-	Ye	s No
	organization engage, directly or indirectly						46	x
Part VI	complete Schedule C, Part I	ations Only					40	
	All section 501(c)(3) organizations	-	7-49b and 52,	and comple	te the tables for line	es 50 and 51.		
	Check if the organization used Scl	hedule O to respond to ar	y question in t	his Part VI				
						г	Ye	
	organization engage in lobbying activities						47	X X
48 Is the o	rganization a school as described in sect organization make any transfers to an ex	ion 1/U(b)(1)(A)(ii)? If "Yes,"	complete Sched	ule E		·····	48 49a	X
h If "Yes"	was the related organization a section 5	27 organization?	nyamzanom .			·····	49a 49b	
50 Comple	ete this table for the organization's five high	ahest compensated employee	es (other than off	icers, directo	rs, trustees, and key e	emplovees) who ea		d more
	00,000 of compensation from the organi			,				
	(a) Name and title of each em	ployee		ige hours	(C) Reportable	(d) Health benefits, contributions to	(e) Esti	
				devoted to ition	compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferred	amount comper	
		NONE	pus			compensation	comper	15411011
			_					
							<u> </u>	
			-					
					+		+	
			1					
	umber of other employees paid over \$100							
	ation. If there is none, enter "None." Name and business address of each ind	NONE ependent contractor		(t	) Type of service	(c) C	ompensati	on
<b>d</b> Total nu	umber of other independent contractors e	each receiving over \$100.000						
	organization complete Schedule A? Note			ach a				
							Yes [	N
Under penalt	ies of perjury, I declare that I have examir	ned this return, including acc	ompanying sche	dules and sta	tements, and to the be	est of my knowledg	je and beli	ef, it is
rue, correct,	and complete. Declaration of preparer (o	ther than officer) is based on	all information of	of which prepa	arer has any knowled	ge.		
	Signature of officer					Date		
Sign Here	KARA MINCHIN, TR	REASURER				Date		
	Print/Type preparer's name	Preparer's signature	1	Date	Check	if PTIN		
	τη τη τέρο μισμαί οι 3 παιτίο		,	Date	self- emplo	- 1		
Paid						-		
Preparer	Firm's name	1		I	Firm's Elf			
Use Only	Firm's address 🕨				Phone no			
Mav the IRS	discuss this return with the preparer sho	wn above? See instructions					Yes	Ν

OREGON STATE HOCKEY ASSOCIATION

Form 990-EZ (2018)
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Form 990-EZ (2018)

**SCHEDULE A** 

(Form 990 or 990-EZ)

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury     Attach to Form 990 or Form 990-EZ.     Open to Public       Internal Revenue Service     Inspection     Inspection									
			Go to www.irs.go	V/Form990 for instructi	ons and t	he latest i	nformation.	Employor	•
Name of	the organizati			OCKEY ASSOCI		r			identification number 3-0791934
Part I	Reason			All organizations must co					3-0/91934
								5.	
	1			(For lines 1 through 12, o					
	1			on of churches describe			1)(A)(I).		
2	1			Attach Schedule E (Forr					
3	1	-		anization described in <b>s</b>			-		Ale a la constantina de la constant
4		•	ation operated in co	njunction with a hospita	I describe	d in sectio	n 170(b)(1)(A	.)(III). Enter	the hospital's name,
-	city, and stat								
5				ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in
•	1		Complete Part II.)						
6	1		•	mental unit described in			. ,		
7				antial part of its support i	from a gov	ernmental	unit or from	the general	public described in
-	1		omplete Part II.)						
8	1			(1)(A)(vi). (Complete Par					
9				l in section 170(b)(1)(A)(					
		or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state c	f the colleg	je or
	university:								
10 X	5			e than 33 1/3% of its sup					
				ct to certain exceptions,					
				e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
	1		mplete Part III.)						
	1			ively to test for public sa					,
12				sively for the benefit of, to					
				ed in <b>section 509(a)(1)</b> o					check the box in
Г				of supporting organizatio					
a 🗆				supervised, or controlled					
				gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting
			complete Part IV, Se						
b 🗆				d or controlled in connec					
		-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
Г			t complete Part IV,						
c L		-		g organization operated				ally integrate	ed with,
				s). You must complete					
d 🗆				porting organization oper					
		-		zation generally must sa	•		-	d an attent	iveness
Г				nplete Part IV, Section					
e 🗆		0		written determination fro			a Type I, Type	e II, Type III	
			• •	onally integrated support					
g Pro	ovide the follow (i) Name of supp	-	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organization			(described on lines 1-10	in your govern	ing document?	support (see i	-	support (see instructions)
	- 3			above (see instructions))	Yes	No			
<b>T</b> . 4. 1									
Total									

## Schedule A (Form 990 or 990-EZ) 2018 OREGON STATE HOCKEY ASSOCIATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

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.)

000	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.				1		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 instructi	ons)		-	12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2017						%
16a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	sts-and-circumstar	ices" test, check t	his box and <b>stop</b> I	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instructio	ns ▶ 🛄

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24,070.	30,280.	60,437.	32,540.	26,169.	173,496.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	18,601.	9,474.	30,466.	25,851.	40,344.	124,736.
3	Gross receipts from activities that		- ,				,
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
л	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its behalf						
-	The value of services or facilities						
5							
	furnished by a governmental unit to						
-	the organization without charge	42,671.	39,754.	90,903.	58,391.	66,513.	298,232.
	Total. Add lines 1 through 5	42,071.	39,734.	90,903.	50,591.	00,513.	290,232.
7a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						298,232.
	ction B. Total Support	·					
	ndar year (or fiscal year beginning in) 🕨	(a)2014 42,671.	(b) 2015 39,754.	(c) 2016 90,903.	(d) 2017 58,391.	(e) 2018	(f) Total 298,232.
	Amounts from line 6	42,671.	39,754.	90,903.	58,391.	66,513.	298,232.
<b>1</b> 0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10.	16.	19.	19.	19.	83.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	10.	16.	19.	19.	19.	83.
	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.)	42,681.	39,770.	90,922.	58,410.	66,532.	298,315.
	First five years. If the Form 990 is for	-			-	-	
Sec	ction C. Computation of Publ						······
	Public support percentage for 2018 (			column (f))		15	99.97 %
	Public support percentage from 2017					16	99.97 %
	ction D. Computation of Inves						_ /0
	Investment income percentage for 20			ne 13. column (f)		17	.03 %
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	1 33 1/3% support tests - 2018. If the			on line 14 and line			, -
192							
F	more than 33 1/3%, check this box a						
C	<b>33 1/3% support tests - 2017.</b> If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	TI UIU HOT CHECK à I	oux on line 14, 19a	a, or 190, check th	ins now and see ins	STUCTIONS	📂 📖

### Schedule A (Form 990 or 990-EZ) 2018 OREGON STATE HOCKEY ASSOCIATION

Yes

No

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

# Schedule A (Form 990 or 990-EZ) 2018 OREGON STATE HOCKEY ASSOCIATION Part IV Supporting Organizations (continued)

II. Has the organization accepted a gift or contribution from any of the following persions?         Image: https://doi.org/10.1011/j.j.j.j.j.j.j.j.j.j.j.j.j.j.j.j.j.j.j				Yes	No
b A lamity methor of a person described in (a) lowe(?) b A lamity methor of a person described in (a) low (b) above?) If 'Ves' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations controlled the directors, trustees, or membership of one or more supported organizations have the power to regularly apoint or elect 1 etats a majority of the organization of directors or trustees at all times during the tax year? (I 'Ne,' describe in Part VI now the supported organizations have the power to ocontrolled the organization scattering. If the organization is directors or trustees at all times during the tax year? (I 'Ne,' describe in Part VI now the supported organization of genetical organization, describe how the powers to apophit and/or remove directors or trustees were allocated among the supported organization organization is an entry to the organization is during the tax year. 2 Did the organization supervised, or controlled the supported organization(s) that operated, organization(s) that operated, supervised, or controlled the supporting organization's (Nes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, or ontrolled the supporting Organizations  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) (Nes,' describe in Part VI how corled or management of the supporting Organizations  2 Ves No  3 U U Did 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) (Nes,' describe in Part VI how corled or management of the supporting Organization's apported organization(s) (Nes,' describe in Part VI how corled or management of the supporting Organization's apported organization's (Nes,' describe in Part VI how corled or management of the supporting Organization's supported organization's	11	Has the organization accepted a gift or contribution from any of the following persons?			
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C A 35% controlled entity of a period described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.     Section B. Type II Supporting Organizations     Ves No     regularly appoint or elect it least a majority of the organization of directors or trustees at all times during the     tax, year? If "No," describe in Part VI how the supported organization of the organization and what confines or restrictions, if any, applied the than one supported organization,     describe how the powers to appoint and/or renove directors or trustees were allocated among the supported     organization and what confines or restrictions, if any, applied to such power a during the tax year     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1		below, the governing body of a supported organization?	11a		
c. A 35% controlled entity of a person described in (g) or (b) above? If 'Vis'' to a, b, or c, provide detail in Part VI.     Section B. Type I Supporting Organizations     Ves No     regularly appoint or elect it least a majority of the organization & directors or trustees at all times during the     tax year? If 'No,' describe in Part VI how the supported organization (e) directively operated. Supervised, or     controlled the organization settiles. If the organization at them one supported organization,     describe how the powers to appoint and/or remove directors or trustees we allocated among the supported     organization appends or electric them one supported organization,     describe how the powers to appoint and/or remove directors or trustees we allocated among the supported     organization operate for the benefit of any supported organization of ther than the supported     organization (b) that operated, supervised, or     controlled the supporting organization of the trustees were allocated among the supported     organization (b) that operated, supervised, or     controlled the supporting organization of the tax year also a majority of the directors     or trustees of each of the organization is supported organization(b) <i>II'</i> 'No,' describe in Part VI how control     or management of the supporting organization way vested in the same persons that controlled the support     organization's tax year, (i) a written notice describing the type and annount of support provided d'uning the por tax,     year, (ii) a coly of the Grow Bolt hat we more the organizations, by the list day of the fifth month of the     organization's directors or trustees either (i) appointed organization supported     organization's directors, or trustees either (i) appointed organization,     if the supporting Organizations     if the organization's directors, or trustees either (i) appointed organization,     if we are of the organization's supported organization, the supported organization's     if the organization so	ł	A family member of a person described in (a) above?	11b		
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<ol> <li>2 bid the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported organization(s) that operated, supervised, or controlled the supporting organization.</li> <li>Section C. Type II Supporting Organizations</li> <li>4 Were a majority of the organization's supported organization(s)? // 'No,' describe in Part VI how control or management of the supporting Organizations.</li> <li>Section D. All Type III Supporting Organizations</li> <li>Section D. All Type III Supporting Organizations supported organizations, by the last day of the fifth month of the organization resonance of the supported organization was vested in the same persons that controlled or managed the supported organization 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 part of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's governing on the governing body of a supported organization's in part VI how orded?</li> <li>Were any of the organization's furthers, directors, or trustees either (i) appointed organization's income or assets at all times during the tax year? (i) a copies of the organization is directing the supported organization's income or assets at all times during the tax year? (i) "Yes, "describe in Part VI how you supported organization's income or assets at all times during the tax year? (i) "Yes, "describe in Part VI how you supported organization's income or assets at all times during the tax year? (if "Yes, "describe in Part VI how you supported a government entity (see instructions).</li> <li>2 Detect the box next to the method that the organization supported organization's income or assets at all times during the tax year? (if "Yes, "Yes, "then in Part VI identify three supported organization's income</li></ol>		· · · · · · · · · · · · · · · · · · ·	1		
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Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization.       2         Section C. Type II Supporting Organizations       Yes         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 supporting organization was vested in the same persons that controlled or managed the supported organizations(s)? 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 organizations(s)?         Section D. All Type III Supporting Organizations       Yes         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. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a copy of the Form 990 that was most recently field as of the date of notification, and (ii) copies to the organization's forcers, directors, or trustees either (i) appointed or ganizations?       1       1         2       Were any of the organization's for the supported organization?       2       1       1         3       By reason of the relationship dascribed in (2), did the organization?       1       2       2         3       By reason of the relationship described in Supported organization's supported organization's supported organization's supported organization's supported organization supported organiz	_				
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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)? 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).       Yes       No         2       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 governing documents in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (i) serving on the governing body of a supported organization supported organization's longone of the reliatonship described in Q2, dot the organization supported organization's divers at all times during the tax year. If 'Yes,'' describe in Part VI the role the organization's supported organizatisun's supported organization's supported organization's			2		
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)? 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).       1         2       Section D. All Type III Supporting Organizations       1         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 copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's owning 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).       2       1         3       By reason of the relationship described in (2), did the organization? If "No," explain in Part VI how the organizations is income or assets at all itmes during the tax year? If "sc," describe in Part VI there arganization is a supported organization is a supported organization is income or assets ta all itms during the tax year? If "sc," describe in Part VI there arganization's instructions).       2         3       I       Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).       3       2         4       I be organization satisfied the Activities Test. Complete line 2 below.       3       2	Se				
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<ul> <li>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? 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.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>2b</li> <li>2c</li> <li>2b</li> <li>2c</li> <li>2c<td>-</td><td></td><td></td><td></td><td>No</td></li></ul>	-				No
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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? Provide details in Part VI.       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       Image: Comparised organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	-			
trustees of each of the supported organizations? Provide details in Part VI.       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       Image: Comparison of the support of the sup					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
	ŀ				
		of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

### Schedule A (Form 990 or 990-EZ) 2018 OREGON STATE HOCKEY ASSOCIATION

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 Incor	ne		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gair	1	1		
2 Recoveries of prior-year di	stributions	2		
3 Other gross income (see in	nstructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion	n	5		
6 Portion of operating exper	nses paid or incurred for production or			
collection of gross income	or for management, conservation, or			
maintenance of property h	eld for production of income (see instructions)	6		
7 Other expenses (see instru	uctions)	7		
8 Adjusted Net Income (su	btract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset An	nount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market valu	e of all non-exempt-use assets (see			
instructions for short tax y	ear or assets held for part of year):			
a Average monthly value of	securities	1a		
<b>b</b> Average monthly cash bal	ances	1b		
c Fair market value of other	non-exempt-use assets	1c		
d Total (add lines 1a, 1b, an	d 1c)	1d		
e Discount claimed for bloc	kage or other			
factors (explain in detail in	Part VI):			
2 Acquisition indebtedness	applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1	t de la constante de	3		
4 Cash deemed held for exe	mpt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-u	se assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year di	stributions	7		
8 Minimum Asset Amount	(add line 7 to line 6)	8		
Section C - Distributable Amo	unt			Current Year
1 Adjusted net income for p	rior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount fo	r prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line		4		
5 Income tax imposed in pri	or year	5		
6 Distributable Amount. Su	ubtract line 5 from line 4, unless subject to			
emergency temporary red	uction (see instructions)	6		
7 Check here if the cu	rrent year is the organization's first as a non-functiona	Illy integrat	ed Type III supportina or	ganization (see

instructions).

### Schedule A (Form 990 or 990-EZ) 2018 OREGON STATE HOCKEY ASSOCIATION

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j			
7	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
<u> </u>				

Schedule A	(Form 990 or 990-EZ) 2018	OREGON	STATE	HOCKEY	ASSOCI	ATION	93-0791934	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provi 2, 3b, 3c, 4b, 4 nes 2 and 3; Pa	de the expl lc, 5a, 6, 9a art IV, Secti	anations requ a, 9b, 9c, 11a, on E, lines 1c,	ired by Part II 11b, and 11c 2a, 2b, 3a, a	, line 10; Part II, line 17 ; Part IV, Section B, lin nd 3b; Part V, line 1; P	a or 17b; Part III, line 12; les 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	IC.
	(See instructions.)	, and r art v, o		165 2, 0, and 0		and part for any add	alional mormation.	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	)-EZ	OMB No. 1545-0047 <b>2018</b> Open to Public Inspection
Name of the organizatio			identification number 791934
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION	OF PROPERTY:		AMOUNT :
INTEREST INC	OME		19.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION	OF OTHER EXPENSES:		AMOUNT:
AUTO			333.
COMPUTER & I	NTERNET EXP		687.
HOCKEY EXPEN	SE		48,914.
MEETINGS			3,198.
OFFICE SUPPL	IES		406.
TRAVEL EXPEN	SES		5,165.
LICENSES & P	ERMITS		50.
TOTAL TO FOR	M 990-EZ, LINE 16		58,753.
FORM 990-EZ,	PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
PAYABLES		355.	355.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - TO PROMOT	'E AND	GROW THE
SPORT OF HOC	KEY IN THE STATE OF OREGON. ALL FUNDS RAISED	BY ME	MBER
ASSOCIATIONS	ARE USED ENTIRELY FOR THIS PURPOSE.		
FORM 990-EZ,	PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS	:
THE PURPOSES	OF THE CORPORATION ARE THOSE OF A QUALIFIED		
	TS AFFILIATE WITHIN THE MEANING OF SECTIONS		900 or 900 EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number			
OREGON STATE HOCKEY ASSOCIATION	93-0791934			
501(C)3 AND 501(J)2 OF THE INTERNAL REVENUE CODE, TO WIT:				
A) EXCLUSIVELY TO FOSTER NATIONAL AND INTERNATIONAL AMATE	UR SPORTS			
COMPETITION BY (I) FOCUSING ON COMPETITIVE AND RECREATION	AL TEAMS AT			
AGES AND CATEGORIES RECOGNIZED BY THE AMATEUR HOCKEY CORP	ORATION OF THE			
UNITED STATES ("USA HOCKEY") AND THE CANADIAN AMATEUR HOC	KEY			
CORPORATION; AND (II) PROMOTING THE GAME OF ICE HOCKEY IN THE STATE OF				
OREGON IN COMPLIANCE WITH THE RULES AND REGULATIONS OF US	A HOCKEY; AND			
B)PRIMARILY TO CONDUCT NATIONAL AND INTERNATIONAL COMPETI	TION IN HOCKEY			
AND TO SUPPORT AND DEVELOP AMATEUR ATHLETES FOR SUCH COMP	ETITION AND IN			
SO DOING; (I) MAKING THE SPORT OF ICE HOCKEY AVAILABLE TO	AMATEUR YOUTH			
AND ADULT ATHLETES AT AN AFFORDABLE COST; (II) DEVELOPING	AND			
ENCOURAGING SPORTSMANSHIP AND FELLOWSHIP; (III) PROVIDING	ALL PLAYERS			
WITH HIGH LEVEL COACHING; AND (IV) EXPOSING PLAYERS TO VA	RIOUS			
OPPORTUNITIES THAT MAY FURTHER THEIR DEVELOPMENT AS ATHLE	TES.			
THE SERVICES PROVIDED INCLUDE THE ADMINISTRATION AND OPERATION OF FIVE				
AMATEUR HOCKEY ASSOCIATIONS IN THE STATE OF OREGON WHICH INCLUDED OVER				
500 PLAYERS IN THE 4 - 18 AGE BRACKETS; AND TWO ADULT REC	REATIONAL			
HOCKEY ASSOCIATIONS WHICH INCLUDED OVER 1,700 PLAYERS OVE	R THE AGE OF			
18. TEAMS IN EACH YOUTH ASSOCIATION COMPETED AGAINST NUME	ROUS U.S. AND			
INTERNATIONAL TEAMS BOTH IN THE STATE OF OREGON AND AS VI	SITORS ON THE			
ROAD. ADULT ASSOCIATIONS COMPETED AGAINST EACH OTHER AND	HOSTED OTHER			
U.S. TEAMS IN THE STATE OF OREGON AND TRAVELED TO PLAY AS	VISITORS ON			
THE ROAD.				

 FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

 THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

 OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

 THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

 832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization OREGON STATE HOCKEY ASSOCIATION	Employer identification number $93 - 0791934$
	55 0751551
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

(Rev. January 2019)

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

Entor filor's identifying number

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.

				Entering	er sidentiliyi	ng number	
Type or	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print							
File by the	OREGON STATE HOCKEY ASSOCIATION				93-0791934		
due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.SoP.O. BOX 7114So				Social security number (SSN)		
instruction		a foreign add	lress, see instructions.				
Enter th	e Return Code for the return that this application is for	(file a separa	te application for each return)			01	
Applica	tion	Return	Application			Return	
Is For			Is For			Code	
Form 990 or Form 990-EZ			Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 99	0-T (trust other than above) KARA MINCHIN	06	Form 8870	12			
<ul> <li>If the</li> <li>If this</li> <li>box</li> <li>1</li> <li>1</li> <li>1</li> <li>+</li> </ul>	whone No. ► 541-525-5005 organization does not have an office or place of busine is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the of calendar year or X tax year beginning SEP 1, 2018 the tax year entered in line 1 is for less than 12 months Change in accounting period	yit Group Exe and atta JUL organization's	emption Number (GEN), I uch a list with the names and EINs o Y 15, 2020 , to file s return for: d ending <u>AUG 31, 2019</u>	f this is fo f all memb	r the whole <u>g</u> hers the exten npt organizat	group, check this	
ar	this application is for Forms 990-BL, 990-PF, 990-T, 472 y nonrefundable credits. See instructions.		,	3a	\$	0.	
b If	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.	
	alance due. Subtract line 3b from line 3a. Include your	• •				•	
	ing EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.	
Caution instructi	: If you are going to make an electronic funds withdraw ons.	val (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)