				DED TO JUNE 15	-	_		
	0	00	Return of Orga				F	OMB No. 1545-0047
Form <b>990</b> Und			Under section 501(c), 527, or 494		-		ons)	2020
Depar	rtment o	of the Treasury		security numbers on this fo	-	-		Open to Public
		nue Service		V/Form990 for instructions				Inspection
_			ar year, or tax year beginning Z	AUG I, ZUZU a	nd ending			
B C al	heck if oplicable	e: C Name o	forganization			D Employer ident	incatio	on number
	Addre: chang	SS SVLV	ANIA YOUTH HOCKEY,	TNC				
	Name		usiness as	1110.		46-2859	736	
	chang Initial return	U	and street (or P.O. box if mail is not de	elivered to street address)	Room/suite			
	Final return/	7060	SYLVANIA AVE.		1100m/suite	419-885		67
	termin ated		own, state or province, country, and	ZIP or foreign postal code		<b>G</b> Gross receipts \$		775,628.
	Ameno return	ded SYLV	ANIA, OH 43560	-		H(a) Is this a group	return	)
	Applic tion	F Name a	nd address of principal officer: ${\tt MIC}$	CHAEL JONES		for subordinat	es?	Yes X No
	pendir	7060	SYLVANIA AVE., SYL	VANIA, OH 435	60	H(b) Are all subordinate	s include	d? Yes No
		empt status: [		) (insert no.) 4947(a)	(1) or 527	If "No," attach	a list.	See instructions
			TAMOHOCKEY.COM			H(c) Group exempt		
			X Corporation Trust A	Association Other ►	L Year	of formation: 2014	M Sta	ate of legal domicile: OH
Pa	rt I	Summary		<b>TO</b>				
e	1	Briefly describ	e the organization's mission or mos KEY,TO PROMOTE IN	t significant activities: $TO$	ENCOURA	GE PARTICI	PAT 1	OF TOF
and								OF ICE
Governance		Check this bo	ting members of the governing body	ontinued its operations or dis			assets.	5
ģ			lependent voting members of the go				4	5
			of individuals employed in calendar				5	0
Activities &			of volunteers (estimate if necessary)				6	150
cti∕	- 7 a	Total unrelate	d business revenue from Part VIII, co	olumn (C). line 12		7	'a	0.
Ă			business taxable income from Form				'b	0.
						Prior Year		Current Year
a	8	Contributions	and grants (Part VIII, line 1h)			12,420		49,688.
Revenue	9	Program serv	ce revenue (Part VIII, line 2g)			731,459	_	694,075.
several se			come (Part VIII, column (A), lines 3, 4			0		0.
"			e (Part VIII, column (A), lines 5, 6d, 8d			698		28,009.
			- add lines 8 through 11 (must equa			744,577	_	771,772.
			nilar amounts paid (Part IX, column			0	_	0.
			to or for members (Part IX, column (			0		0.
ses	15 16a		r compensation, employee benefits ( undraising fees (Part IX, column (A),			0		0.
Expenses	ioa b		ing expenses (Part IX, column (D), lir		0.		•	
ă	17		es (Part IX, column (A), lines 11a-11c			803,359		863,779.
			s. Add lines 13-17 (must equal Part			803,359		863,779.
			expenses. Subtract line 18 from line			-58,782		-92,007.
res Sec					Be	ginning of Current Yea	r	End of Year
Assets or d Balances	20	Total assets (l	Part X, line 16)			135,784		126,205.
t As d Bi						147,916		230,344.
Eund			fund balances. Subtract line 21 from	n line 20		-12,132	•	-104,139.
	rt II	Signatur						
			I declare that I have examined this return				my knov	wledge and belief, it is
true,	correc	t, and complete	Declaration of preparer (other than offic	cer) is based on all information o	t which preparer	has any knowledge.		
<u>c</u> .		Signatur	e of officer			Date		
Sigr		· -	AEL JONES, PRESIDE	יאזיי		υαισ		
Here	e		rint name and title	іт <b>и</b> т				
		Print/Type pre		Preparer's signature	Γ	Date Check		PTIN
							l	

					:4			
Paid	KRISTEN G. MORSE, CPA	KRISTEN G.	MORSE, (	CP 02/24,	/22 self-employed	P0103444	17	
Preparer	Firm's name 🕒 REHMANN ROBSON L	'TC			Firm's EIN 🕨 38	-3635706	5	
Use Only	Firm's address 🖕 7124 W CENTRAL A	AVE			·			
	TOLEDO, OH 43617	1			Phone no. ( 419	) 865-81	.18	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
	000							

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2020)

Form	n 990 (2020) SYLVANIA YOUTH HOCKEY, INC. 46-2	859736	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		<u> </u>
	TO ENCOURAGE PARTICIPATION IN ICE HOCKEY, TO PROMOTE INTEREST	AND	
	INSTRUCTION IN THE GAME OF ICE HOCKEY TO SYLVANIA AREA YOUTH		
	APPROPRIATE LEVELS WHO ARE DEEMED QUALIFIED THROUGH A SERIES		ER
	EVALUATIONS TO SAFELY PARTICIPATE.		
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
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hv expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	•	hd
	revenue, if any, for each program service reported.	ai experiees, ai	
4a		694.	075.)
iu	PROVIDED ICE TIMES FOR TEAMS TO USE FOR GAMES AND PRACTICES.		/
	PARTICIPANTS USED ICE. TOURNAMENT ENTRY FEES WERE PAID BY TRA		<u> </u>
	ALL STAR TEAMS TO PARTICIPATE. ABOUT 400 PLAYERS BENEFITED FR		
	TOURNAMENT EXPERIENCES. PROVIDED WEEKLY CLINICS FOR PLAYERS.		
	FACILITATED EXPERT INSTRUCTION WAS PROVIDED TO PLAYERS, COACH	ES AND	
	OFFICIALS IN AN ENVIRONMENT THAT ENCOURAGES SAFETY, FUN & ATH		
	DEVELOPMENT.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		<u>`</u>
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
10			/
4d	Other program services (Describe on Schedule O.)		
τu		)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 754,272 •	/	
-+6		Form 9	90 (2020)
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002002	3		

Form	990	(2020)

 Form 990 (2020)
 SYLVANIA YOUTH HOCKEY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X 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? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u>x</u>
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?			v
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
D		11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<u> </u>
ŭ		11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	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</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	├──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
• -	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	(2020)
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 Form 990 (2020)
 SYLVANIA YOUTH HOCKEY, INC.
 46-2859736
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Ves
 No

			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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
I ai				
	Check if Schedule O contains a response or note to any line in this Part V		V	
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a15Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
032004	(ganbing) withings to prize withers:			(2020)
002004	5	1 0/1/1		(2020)

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020)	SYLVANIA				
Statements I	Regarding Othe	er IRS Fili	ngs 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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	•		- <b>v</b>
	any contributions that were not tax deductible as charitable contributions?		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		Ch		
7	were not tax deductible?		6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the povor?	7a	х	
a b			7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10		
Ū	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:	11a			
	Gross income from members or shareholders	11a			
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	amounts due or received from them.) [Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				<u>-</u> -
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	_			37
16		income?	16		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

Part V

Form 990 (2020)
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SYLVANIA YOUTH HOCKEY, INC.

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					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	, i i i i i i i i i i i i i i i i i i i	5		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities and procedures governing the acti	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a		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			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval		dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		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 arrangem	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
0	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	-T (Section 501(c)(3	)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	ntlict c	of interest policy, an	d finano	cial	
	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 boo	ks and	d records			
	MIKE MANKOWSKI - 419-885-1167					
	7060 SYLVANIA AVE., SYLVANIA, OH 43560			-	000	(0000)
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Form	aan	(2020)
FUIII	990	(2020)

Part VII	Со	mpensat	ion of Officers,	Directors	, Trustees,	Key Employees,	Highest	Compensa	ated
	Em	ployees,	and Independ	ent Contra	ctors				

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.

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		) than o	one	Reportable	Reportable	Estimated
	hours per	box	. unle	ss pei	rson i	s both r/trus	n an	compensation	compensation	amount of
	week					17443		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	ruste	l trus		/ee	npen		(00-271033-10130)		and related
	below	dual t	utiona	L_	mplo	st co	J.			organizations
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) MICHAEL JONES	1.00									
PRESIDENT		х		X				0.	0.	0.
(2) MICHAEL FIELDING	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) JOHN MCMAHON	1.00									
DIRECTOR OF MARKETING AND REGISTRATI		X		Х				0.	0.	0.
(4) MATHIEU BEAUDOIN	1.00									
SECRETARY		х		X				0.	0.	0.
(5) CHRIS BRZUCHALSKI	1.00									
TREASURER		х		X				0.	0.	0.
		r								
										Form <b>990</b> (2020)
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Part	VII Section A. Officers, Directors, Trust													
	Occubit A. Officers, Directors, Hust	ees, key ⊑mµ	ploye	es,	and	Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box, offic	not ch unles cer and	s pers	tion nore t son is	than o s both	an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatior from related	n	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr orga and	pensa om the anizati d relate nizatio	e ion ed
								Ę						
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)				·····	!			0.		0.			0.
	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	listeo	d ab	ove)	) who	o re	ceived more than \$100,	000 of reportable			<u></u>	0
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mplo	oyee	e, or	higł	hest compensated emp	loyee on	Γ		Yes	No
	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su											3		X
i	and related organizations greater than \$150	,000? If "Yes,	" col	mple	ete S	che	dule	J fo	or such individual			4		Х
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp											5		х
Secti	ion B. Independent Contractors				-									
	Complete this table for your five highest con the organization. Report compensation for the	•	•							•	ensati	on fro	m	
	(A) Name and business a	address	NC	)NE	]				(B) Description of s	ervices	Cc	(C omper	;) nsatior	n
								+						
	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lin	nited	to t	hos 0		ted	above) who received mo	ore than				

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and the field damping in the transmission of the	Pa	rt V	/111	_					
Total revenue     Related or exempt function revenue     Dimension business revenue function revenue     Revenue exclusion business revenue function revenue     Revenue exclusion business revenue function revenue     Revenue exclusion business revenue function revenue     Revenue exclusion business revenue function revenue     Revenue exclusion function revenue       1 a b Membership duels a constraining owneth a constrainin come or (loss) from gama activites. See a const norme from gam				Check if Schedule O contains a respo	onse or note to any		(B)	(C)	[]
age of the Federated campaigns       1a       1b       27, 172.       1a       1b       1a       1a <td1< td=""><th></th><td></td><td></td><td></td><td></td><td></td><td>Related or exempt</td><td>Unrelated</td><td>Revenue excluded</td></td1<>							Related or exempt	Unrelated	Revenue excluded
1       a       Feddrated campaigns       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							function revenue	business revenue	
Boold of the service of the servic	s s	1	2	Federated campaigns					
2 a EVENT REGISTRATIONS AN         Business Code         50           b         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c	ant unt:					-			
Business Code         Subject           2 a EVENT REGISTRATIONS AN         900099         694,075.         694,075.           a	٦ ق				27,172	-			
Business Code         Subject           2 a EVENT REGISTRATIONS AN         900099         694,075.         694,075.           a	ifts A			• · · · · · · · · · · · · · · · · · · ·		-			
Business Code         Subject           2 a EVENT REGISTRATIONS AN         900099         694,075.         694,075.           a	a, G								
2 a         EVENT REGISTRATIONS AN         Business Code         594,075.         594,075.           a         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         <	Sij								
2 a         EVENT REGISTRATIONS AN         Business Code         594,075.         594,075.           a         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         <	buti				22,516	•			
2 a         EVENT REGISTRATIONS AN         Business Code         594,075.         594,075.           a         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         c         <	d of I		g	Noncash contributions included in lines 1a-1f					
2 a         EVENT REGISTRATIONS AN         900099         694,075.         694,075.           a         a         a         a         a         a           a         a         a         b         a         a           a         a         a         b         a         b         a           a         a         a         b         a         c         a           a         a         a         b         a         c         a           a         a         a         b         a         c         a           a         a         b         a         a         c         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a         a <th>ano</th> <td></td> <td>h</td> <td>Total. Add lines 1a-1f</td> <td></td> <td>49,688.</td> <td></td> <td></td> <td></td>	ano		h	Total. Add lines 1a-1f		49,688.			
Sector       Image: Sector									
g       Total. Add lines 2a.21       ▶       694,075.         g       Total. Add lines 2a.21       ▶       694,075.         g       Investment income (including dividends, interest, and other similar amounts).       ▶       6         g       Investment income (including dividends, interest, and other similar amounts).       ▶       0         g       Income from investment of tax exempt bond proceeds       ▶         g       Reyatties       00       00         g       Reyatties       00       00         g       Reyatties       00       00         g       Rest interment of tax exempt bond proceeds       ▶         g       Rest interment of tax exempt bond proceeds       ▶         g       Rest interment of (oss)       00       00         g       Rest interment of (oss)       00       00         g       Gross amount from sales of asset of the takis and sales expenses       70       70         g       Gross income from fundraking events       00       00       00         g       Gross income from fundraking events       0       264       264         g       Gross income from fundraking events       0       27,745       0         g       Gross inc	e	2	а	EVENT REGISTRATIONS A	<u>N</u> 900099	694,075.	694,075.		
a       Total. Add lines 2a.21       ▶       694,075.         a       Investment income (including dividends, interest, and other similar amounts).       ▶       6         4       Income from investment of tax exempt bond proceeds       ▶         5       Royatties       (0) Real       (0) Personal         6       a       Gross rents       6a         6       a       Gross rents       6a         6       a       Gross rents       6a         7       a       Gross amount from sales of areas of areas of areas of areas and throm sales of areas and allowances a	e vic		b						
g       Total. Add lines 2a.21       ▶       694,075.         g       Total. Add lines 2a.21       ▶       694,075.         g       Investment income (including dividends, interest, and other similar amounts).       ▶       6         g       Investment income (including dividends, interest, and other similar amounts).       ▶       0         g       Income from investment of tax exempt bond proceeds       ▶         g       Reyatties       00       00         g       Reyatties       00       00         g       Reyatties       00       00         g       Rest interment of tax exempt bond proceeds       ▶         g       Rest interment of tax exempt bond proceeds       ▶         g       Rest interment of (oss)       00       00         g       Rest interment of (oss)       00       00         g       Gross amount from sales of asset of the takis and sales expenses       70       70         g       Gross income from fundraking events       00       00       00         g       Gross income from fundraking events       0       264       264         g       Gross income from fundraking events       0       27,745       0         g       Gross inc	Senu		с						
g       Total. Add lines 2a.21       ▶       694,075.         g       Total. Add lines 2a.21       ▶       694,075.         g       Investment income (including dividends, interest, and other similar amounts).       ▶       6         g       Investment income (including dividends, interest, and other similar amounts).       ▶       0         g       Income from investment of tax exempt bond proceeds       ▶         g       Reyatties       00       00         g       Reyatties       00       00         g       Reyatties       00       00         g       Rest interment of tax exempt bond proceeds       ▶         g       Rest interment of tax exempt bond proceeds       ▶         g       Rest interment of (oss)       00       00         g       Rest interment of (oss)       00       00         g       Gross amount from sales of asset of the takis and sales expenses       70       70         g       Gross income from fundraking events       00       00       00         g       Gross income from fundraking events       0       264       264         g       Gross income from fundraking events       0       27,745       0         g       Gross inc	ram eve		d						
g       Total. Add lines 2a.21       ▶       694,075.         g       Total. Add lines 2a.21       ▶       694,075.         g       Investment income (including dividends, interest, and other similar amounts).       ▶       6         g       Investment income (including dividends, interest, and other similar amounts).       ▶       0         g       Income from investment of tax exempt bond proceeds       ▶         g       Reyatties       00       00         g       Reyatties       00       00         g       Reyatties       00       00         g       Rest interment of tax exempt bond proceeds       ▶         g       Rest interment of tax exempt bond proceeds       ▶         g       Rest interment of (oss)       00       00         g       Rest interment of (oss)       00       00         g       Gross amount from sales of asset of the takis and sales expenses       70       70         g       Gross income from fundraking events       00       00       00         g       Gross income from fundraking events       0       264       264         g       Gross income from fundraking events       0       27,745       0         g       Gross inc	бщ								
3       Investment income (including dividends, interest, and other similar amounts) <ul> <li>A income from investment of tax exempt bond proceeds</li> <li>Foyatties</li> <li>Ga Gross rents</li> <li>Ga Gross income from fundraising events</li> <li>To Tr</li> <li>To Tr</li> <li>To Tr</li> <li>To Tr</li> <li>To Tr</li> <li>Ga Gross income from gaming activities</li> <li>Sa Gross also of inventory, less returns and allowances</li> <li>Ba Gross income of (oss) from sales of inventory</li> <li>C Net income or (loss) from sales of inventory</li> <li>C Net income or (loss) from sales of inventory</li> <li>C Net income or (lo</li></ul>	ā								
4       income trom investment of tax-exempt bond proceeds         5       Royatiles						694,075.			
4       Income from investment of tax-exempt bond proceeds         5       Royattes         6       Gross rents         7       Gross rents         6       Gross rents         7       Gross rents         6       Gross rents         6       Gross rents         6       Gross rents         7       Gross rents         7       Gross rents         8       Gross rents         8       Gross rents         7       Gross rents         7       Gross rents         8       Gross rents         8       Gross rents         9       Gros ren		3							
5       Royatties       (i) Real       (ii) Personal         6 a       Gross rents       6 a       6 b       a         b       Less: rental expenses       6 b       a       a         c       Rental income or (loss)       6 c       a       a         d       Net rental income or (loss)       (i) Securities       (ii) Other         assets other than inventory       b       Ess: cost or other basis and sales expenses       a         ad sales expenses       70       70       a       a         7 a       Gross income from fundraising events (not including \$									
6 a Gross rents       Ga       (i) Real       (ii) Personal         b Less: rental expenses       Gb       (iii) Chersonal       (iiii) Chersonal         c Rental income or (loss)       Gc       (iii) Chersonal       (iii) Chersonal         7 a Gross amout from sales of assets other than inventory       Less: cost or other basis       (iii) Chersonal       (iii) Chersonal         a dates expenses       7       (iii) Chersonal       (iii) Chersonal       (iii) Chersonal         a dates expenses       7       7       (iii) Chersonal       (iii) Chersonal         a dross income from fundraising events inct       7       (iii) Chersonal       (iiii) Chersonal         a Gross income from fundraising events       (iii) Chersonal       (iiii) Chersonal       (iiii) Chersonal         a Gross income from fundraising events       (iiii) Chersonal       (iiiii) Chersonal       (iiii) Chersonal         a Gross income from fundraising events       (iiiii) Chersonal       (iiiiiii) Chersonal       (iiiiiiiiiiiiii) Chersonal         a Gross income or (loss) from fundraising events       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				1					
6 a Gross rents       6 a       6 b       6 b         b Less: rental expenses       6 b       6 c       6 c         c Rental income or (loss)       6 c       6 c       6 c         7 a Gross amount from sales of assets other than inventory       6 c       6 c       6 c         7 a Gross amount from sales of assets other than inventory       6 c       6 c       6 c         7 a Gross amount from sales of assets other than inventory       6 c       6 c       6 c         7 a Gross income from thundrasing events (not including \$7, 172. of contributions reported on line 1c). See       7 c       7 c         8 a Gross income from fundrasing events       2 6 4 .       2 6 4 .       2 6 4 .         9 a Gross income from gaming activities. See       9 a 27, 7 4 5 .       9 a 27, 7 4 5 .       2 7 , 7 4 5 .         9 a Gross sales of inventory. Iss returns and allowances       10 a       0 c       2 7 , 7 4 5 .       2 7 , 7 4 5 .         10 a Gross sales of inventory. Iss returns and allowances       10 a       10 a       10 a       10 a       10 a         10 a Gross sales of inventory.       0 a       10 a       10 a       10 a       10 a       10 a         10 a Gross sales of inventory.       10 a       10 a       10 a       10 a       10 a       10 a		5							
b       Less: rental expenses       6b         c       Rental income or (loss)       6c         d       Net rental income or (loss)       6c         a       Gross amount from sales of assets other than inventory       7a       7a         b       Less: cost or other basis of assets other than inventory       7a       7a         b       Less: cost or other basis of assets other than inventory       7a       7a         c       Gain or (loss)       7a       7a         d       Net gain or (loss)       8a       4,120.         b       Less: direct expenses       8b       3,856.       264.         c       Net income or (loss) from gaming activities. See       27,745.       27,745.         10 a       Gross sales of inventory, less returns and allowances       10a       10a       10a         c		6	_						
c       Rental income or (loss)       6c         d       Net rental income or (loss)       (i) Securities       (ii) Other         7       Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b       Less: cost or other basis and sale expenses       7c       7c         d       Net gain or (loss)       8a       4,120.         B       3,856.       8a       4,120.         g       Gross income from gaming activities. See       2c       2c         patrix       Ine 19       9a       27,745.       2c         b       Less: direct expenses       b       0.       0.         i0 a       Gross sales of inventory, less returns and allowances       0a       0a       0a         b       Less: cost of goods sold       10b       10b       10b       10b         c       Net income or (loss) from sales of inventory <th></th> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0							
d Net rental income or (loss)   7 a Gross amount from sales of assets other than inventory   b Less: cost or other basis   and sales expenses 7a   7 a Gross income from fundraising events (not including \$27,172. of contributions reported on line 1c). See   9 a Gross income from gaming activities   b Less: direct expenses   c Ref cross income from gaming activities   b Less: direct expenses   c Net income or (loss)   b Less: direct expenses   c Ref cross income from gaming activities   b Less: direct expenses   gal 27,745.   gal 27,745.   gal 27,745.   gal Coross income from gaming activities   c Net income or (loss) from gaming activities   d Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   d Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   d Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   d									
7 a Gross amount from sales of assets other than inventory       7a       7a       7a       7a         90       Less: cost or other basis and sales expenses       7b       7c       7c       7c         6 Gain or (loss)       7c       7c       7c       7c       7c       7c         8 a Gross income from fundraising events (not including \$7, 1.72. of contributions reported on line 1c). See Part IV, line 18       8a 4, 1.20.       8a 4, 1.20.       8a 4, 1.20.         9 a Gross income from gaming activities. See Part IV, line 19       9a 27, 745.       9b 0.       264.       264.         9 a Gross ales of inventory, less returns and allowances       9b 0.       27, 745.       27, 745.       27, 745.         10 a Gross sales of inventory, less returns and allowances       10a       10a       10b       10b       10b         c Net income or (loss) from sales of inventory       b       10a       10b       10a       10a       10a       10a       10a       10b       10b       10b       10c       10c       10c       10c       10a       10b       10b       10b       10a       10a       10b       10b       10b       10b       10b       10c       10c       10c       10c       10c       10c       10c       10b       10c									
assets other than inventory       Ta         b       Less: cost or other basis and sales expenses       Ta         c       Gain or (loss)       Tc         d       Net gain or (loss)       Tc         a       Gross income from fundraising events (not including \$27, 172. or contributions reported on line 1c). See Part IV, line 18       Ba       4, 120.         b       Less: direct expenses       Bb       3, 856.       264.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       27, 745.       264.         9 a       Gross income from gaming activities       >       27, 745.       27, 745.         10 a       Gross sales of inventory, less returns and allowances       10a       10a       10a         b       Less: cost of goods sold       10b       10b       10b       10b         c       All other revenue       Inventory       Eusiness Code       Inventory       10a         11 a		7		( )	ties (ii) Other				
B       Less: cost or other basis and sales expenses       Image: cost or other basis and sales expenses       Image: cost or other basis and sales expenses         c       Gain or (loss)       Image: cost or other basis and sales expenses       Image: cost or other basis and sales expenses       Image: cost or other basis and sales expenses         8       Gross income from fundraising events including \$ 27,172. or contributions reported on line 1c). See Part IV, line 18       Image: cost or other basis Bas 3,856.       Image: cost or other basis Bas 3,856.         9       Gross income or (loss) from fundraising events       Image: cost or other basis Bas 3,856.       Image: cost or other basis Bas 3,856.         9       Gross income or (loss) from fundraising events       Image: cost or other basis Bas 3,856.       Image: cost or other basis Bas 3,856.         10       Gross sales of inventory less returns and allowances       Image: cost or other basis returns and allowances       Image: cost or other basis returns and allowances       Image: cost or other basis of inventory         11       Image: cost or other basis of inventory       Image: cost or other basis of inventory       Image: cost or other basis of inventory         12       Total revenue       Image: cost or other basis of inventory       Image: cost or other basis of inventory       Image: cost or other basis of inventory         12       Total revenue       Image: cost or other basis of inventory       Image: cost or other basis of inv		'	u						
and sales expenses       70         c       Gain or (loss)       7c         d       Net gain or (loss)       7c         ocontributions reported on line tc). See       8a       4,120.         b       Less: direct expenses       8b       3,856.         c       Net income or (loss) from fundraising events       264.       264.         9a       Gross income from gaming activities       27,745.       27,745.         b       Less: direct expenses       9b       0.       27,745.         c       Net income or (loss) from gaming activities       27,745.       27,745.         10 a       Gross sales of inventory, less returns and allowances       10a       10b       10b         c       Net income or (loss) from sales of inventory       Image: Code       Image: Code       Image: Code         state       11 a       Image: Code       Image: Code       Image: Code       Image: C			b						
c       Gain or (loss)       7c       Image: construction of the second of the seco	ē		~			*			
8 a Gross income from fundraising events (not including \$27,172. of contributions reported on line 1c). See Part IV, line 18	ent		с			-			
8 a Gross income from fundraising events (not including \$27,172. of contributions reported on line 1c). See Part IV, line 18	Rev					•			
B       including \$27,172. of contributions reported on line 1c). See Part IV, line 18	P	8							
Part IV, line 18       Ba       4,120.         b       Less: direct expenses       8b       3,856.         c       Net income or (loss) from fundraising events       ≥       264.       264         9 a       Gross income from gaming activities. See Part IV, line 19       ≥       27,745.       264.       264.         9 a       Gross income from gaming activities. See Part IV, line 19       ≥       27,745.       27,745.       27,745.         b       Less: direct expenses       ≥       0.       27,745.       27,745.       27,745.         10 a       Gross sales of inventory, less returns and allowances       10a       <	đ			including \$ 27,172. of					
b Less: direct expenses & 3,856. c Net income or (loss) from fundraising events ≥ 264. 264 9 a Gross income from gaming activities. See Part IV, line 19 9a 27,745. b Less: direct expenses 9b 0. c Net income or (loss) from gaming activities ≥ 27,745. 277,745 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b Eusiness Code				contributions reported on line 1c). See					
b Less: direct expenses b 3,856. c Net income or (loss) from fundraising events 264. 264 9 a Gross income from gaming activities. See Part IV, line 19 9a 27,745. b Less: direct expenses 9b 0. c Net income or (loss) from gaming activities 27,745. 27,745 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory t 11 a b c d All other revenue e Total. Add lines 11a.11d 12 Total revenue. See instructions b Less: direct expenses page 27,745. 2694,075. 0. 28,009				Part IV, line 18					
9 a Gross income from gaming activities. See Part IV, line 19       9a 27,745.         b Less: direct expenses       9b 0.         c Net income or (loss) from gaming activities       27,745.         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       ▶         8       10b         c Net income or (loss) from sales of inventory       ▶         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       ▶         11 a b       Business Code         c All other revenue          e Total. Add lines 11a-11d       ▶         12 Total revenue. See instructions       771,772.       694,075.       0.       28,009			b	Less: direct expenses	8b 3,856				
Part IV, line 19       ga       27,745.         b       Less: direct expenses       9b       0.         c       Net income or (loss) from gaming activities       ≥       27,745.       27,745.         10 a       Gross sales of inventory, less returns and allowances       10a       10a       10a         b       Less: cost of goods sold       10b           c       Net income or (loss) from sales of inventory       ▶          b       Less: cost of goods sold       10b          c       Net income or (loss) from sales of inventory       ▶          f       Business Code           d       All other revenue            e       Total. Add lines 11a-11d       ▶       771,772.       694,075.       0.       28,009			с	Net income or (loss) from fundraising even	nt <u>s</u>	► <u>264</u> .			264.
b Less: direct expenses 9b 0. c Net income or (loss) from gaming activities ≥ 27,745. 27,745 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold b c Net income or (loss) from sales of inventory		9	а						
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Business Code     11 a   b   c   d   d   d   12   Total revenue. See instructions     27,745.   27,745.   27,745.   27,745.   27,745.   27,745.   27,745.   10a   10b   10b   10a   10a   10b   10a   10b   10b   10b   10c   10b   10c   10c   10c   10c   10c   10c   10c   10c   11 a   b   c   d   d   11 a   b   c   d   11 a   b   c   d   12   Total revenue. See instructions									
10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       ▶         song office       Business Code         b									
and allowances 10a   b Less: cost of goods sold   c 10b     b Less: cost of goods sold     10b     b     c   b   c   d   All other revenue   e   Total revenue. See instructions     771,772.   694,075.   0.					s	27,745.			27,745.
b Less: cost of goods sold 10b ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − −		10	а						
c       Net income or (loss) from sales of inventory         I1 a       Business Code         b       -         c       -         d       All other revenue         e       Total revenue. See instructions         12       Total revenue. See instructions						-			
Business Code       Business Code         b									
11 a			С	Net income or (loss) from sales of invento					
e Total. Add lines 11a-11d         ▶         771,772.         694,075.         0.         28,009	sn		-						
e Total. Add lines 11a-11d         ▶         771,772.         694,075.         0.         28,009	leoi ue	11					+		
e Total. Add lines 11a-11d         ▶         771,772.         694,075.         0.         28,009	illar ven								
e Total. Add lines 11a-11d         ▶         771,772.         694,075.         0.         28,009	Sce								
12         Total revenue. See instructions         ▶         771,772.         694,075.         0.         28,009	Ē								
		12					694.075.	0.	28,009.
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SYLVANIA YOUTH HOCKEY, INC.

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Form 990 (2020)

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SYLVANIA YOUTH HOCKEY, Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
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 0	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
10 11	Payroll taxes				
'' a		102,000.		102,000.	
b		102,000.		102,000.	
c c	Legal Accounting				
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,				
3	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1,435.	1,435.		
13	Office expenses	25,397.	25,397.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	6,676.	6,676.		
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				
23	Insurance				
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 0.)				
а	ICE RENTAL	495,257.	495,257.		
b	TOURNAMENT FEES	88,605.	88,605.		
С	YOUTH PROGRAM	76,580.	76,580.		
d	SUPPLIES	56,291.	56,291.		
е	All other expenses	11,538.	4,031.	7,507.	^
25	Total functional expenses. Add lines 1 through 24e	863,779.	754,272.	109,507.	0
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)				Eorm <b>990</b> (202

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Form 990 (2020)

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		Check if Schedule O contains a response or not	e to any line in this Part X			
			-	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		132,439.	1	109,615.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
		controlled entity or family member of any of the	se persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	<b>—</b> ··· · · · · · ·		3,345.	9	16,590.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	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		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)	135,784.	16	126,205.
	17	Accounts payable and accrued expenses		2,850.	17	14,611.
	18	Grants payable			18	
	19	Deferred revenue		145,066.	19	215,733.
	20	Tax-exempt bond liabilities			20	
	~ 1	Francisco en esta d'al servici d'al l'internationalité d'			04	

			_/***		
	18	Grants payable		18	
	19	Deferred revenue	145,066.	19	215,733.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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		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		25	
	26	Total liabilities. Add lines 17 through 25	147,916.	26	230,344.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
Balances		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	-12,132.	27	-104,139.
Ba	28	Net assets with donor restrictions		28	
Net Assets or Fund		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
Ē		and complete lines 29 through 33.			
s S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	-12,132.	32	-104,139.
	33	Total liabilities and net assets/fund balances	135,784.	33	126,205.
					Form <b>990</b> (2020)

SYLVANIA YOUTH HOCKEY, INC.

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Form 990 (2020) Part X Balance Sheet

Form	990 (2020) SYLVANIA YOUTH HOCKEY, INC.	46-	2859736	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	771		
2	Total expenses (must equal Part IX, column (A), line 25)	2	863		
3	Revenue less expenses. Subtract line 2 from line 1	3	-92		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-12	2,1	32.
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,		1.0.4		~ ~
	column (B))	10	-104	.,1	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			77
	Act and OMB Circular A-133?		<u>3a</u>		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	
			Form	550 (	(2020)

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Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2020
Open to Public Inspection

OMB No. 1545-0047

Name	of the	organization

Name	Name of the organization Employer identification number								
		SYLV	ANIA YOUTH	HOCKEY, INC	•			4	6-2859736
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	IS.	
The o	rgan	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch		-	-	-	I)(A)(i).		
2		A school described in secti					~ ~ ~ ~		
з [		A hospital or a cooperative					ii).		
4		A medical research organization						)(iii). Enter	the hospital's name.
		city, and state:		,				/···/-	Į ,
5 [		An organization operated for	or the benefit of a co	lleae or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C		5 ,		, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v)		
7		An organization that norma	0					ne deneral r	oublic described in
• -		section 170(b)(1)(A)(vi). (C	•		onna gove	Innonta		ie general j	
8		A community trust describe		(1)(A)(vi) (Complete Par	ыл				
9		•				nd in eeniu	notion with a	land grant	
9 [		An agricultural research org							
		or university or a non-land-g	fram college of agric			name, city	, and state of	the college	
10	v	university:	II	than 00 1 /00/ of its summ					
10	Δ	An organization that norma							
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the org	janization a	ifter June 30, 1975.
г		See section 509(a)(2). (Cor							
11 L		An organization organized a	•						
12		An organization organized a							
		more publicly supported or							Check the box in
	_	lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga							
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must c							
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	_ organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	l an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g	Prov	vide the following information	about the supporte	d organization(s).					
	(	<ol> <li>Name of supported</li> </ol>	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount or	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									
	or F	Paperwork Reduction Act N	lotice. see the Instr	uctions for Form 990 o	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

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### Schedule A (Form 990 or 990-EZ) 2020 SYLVANIA YOUTH HOCKEY, INC. Part II Support Schedule for Organizations Described in Sections 17

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	<b>(d)</b> 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 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)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support					1	1
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 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	K					
	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 instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section t	501(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Public	c Support Per	centage			1 1	
	Public support percentage for 2020 (li		-			14	%
	Public support percentage from 2019					15	%
<b>16</b> a	<b>33 1/3% support test - 2020.</b> If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies a		•				
b	<b>33 1/3% support test - 2019.</b> If the o				line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization quali	, ,					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			•	•	VI how the organiz	zation
	meets the facts-and-circumstances tes	•	• •		•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17b			
					Sch	edule A (Form 990	) or 990-EZ) 2020

032022 01-25-21

# Schedule A (Form 990 or 990-EZ) 2020 SYLVANIA YOUTH HOCKEY, INC.

(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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	13,000.	56,315.	66,156.	12,420.	49,688.	197,579.	
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	700,683.	821,241.	902,021.	731,459.	694,075.	3849479.	
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513		·	·	·	·		
4	Tax revenues levied for the organ- ization'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	713,683.	877,556.	968,177.	743,879.	743,763.	4047058.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
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				7		0.	
8	Public support. (Subtract line 7c from line 6.)						4047058.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total	
9	Amounts from line 6	713,683.	877,556.	968,177.	743,879.	743,763.	4047058.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	33,199.	11,235.		698.	28,009.	73,141.	
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.)	746,882.	888,791.	968,177.	744,577.	771,772.	4120199.	
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,	
		-						
Sec	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	98.22 %	
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	100.00 %	
Sec	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20	<b>)20</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.00 %	
18	8 Investment income percentage from 2019 Schedule A, Part III, line 17 18							
<b>19</b> a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17		
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualif	ies as a publicly su	upported organizat	ion	► X	
b	33 1/3% support tests - 2019. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd	
	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	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions		
03202	23 01-25-21				Sche	edule A (Form 990	or 990-EZ) 2020	

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# 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

- 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 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).
- 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?
- 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 disgualified 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 line 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.)

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10b

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 SYLVANIA YOUTH HOCKEY, INC.

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? 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.	2		
Sec	ction 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).	1		
Sec	ction 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c o		struction	· ·	NI-
2	Activities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	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 "Ves." then in <b>Part VI identify</b>			

- 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.
- 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? 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.
- **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? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Schedule A	(Form 990 or 990-EZ) 2020	SYLVANIA	YOUTH	HOCKEY,	INC.
Part V	Type III Non-Functio	nally Integrat	ed 509(a)	(3) Supporting	g 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.

Sect	on 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		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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			
	(explain in detail in Part VI):			
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		
	on 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	Check here if the current year is the organization's first as a non-functionally in	ntegra	ated Type III supporting organ	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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# Schedule A (Form 990 or 990-EZ) 2020 SYLVANIA YOUTH HOCKEY, INC.

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continuea</sub>	0
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			3
9	Distributable amount for 2020 from Section C, line 6			э
10	Line 8 amount divided by line 9 amount		10	<u> </u>
Secti	on 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 (reason-			
	able 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		r	-
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: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	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.			
	Breakdown of line 7: Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	Form 990 or 990-EZ) 2020 SYLVANIA YOUTH HOCKEY, INC.	46-2859736 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, lin Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	
_		
032028 01-25-2	21	Schedule A (Form 990 or 990-EZ) 2020

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# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

# 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

Employer identification number

S	YLVANIA YOUTH HOCKEY, INC.	46-2859736					
Drganization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ;)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) any one contribut	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set is charitable.							
Caution: An organization t	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	orm 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Part I

Employer identification number

46-2859736

SYLVANIA YOUTH HOCKEY, INC.

<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(b)	(c)				

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	MEIJER 2350 3 MILE ROAD NW GRAND RAPIDS, MI 49544	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BUCKEYE BROADBAND 2700 OREGON RD. NORTHWOOD, OH 43616	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

46-2859736

SYLVANIA YOUTH HOCKEY, INC.

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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Page 4

lame of orga	anization		Employer identification number
YLVANI	A YOUTH HOCKEY, INC.		46-2859736
Part III		ions to organizations described in section	501(c)(7), (8), or (10) that total more than \$1,000 for the ye
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less for	r the year. (Enter this info. once.) <b>*</b>
a) No.	Use duplicate copies of Part III if additional	space is needed.	
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, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
-			
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, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
-			1
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	, , ,		•
-			
-			
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
-			
		(e) Transfer of gift	1
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of transferor to transferee
-			
-			
-			
3454 11-25-20			Schedule B (Form 990, 990-EZ, or 990-PF) (20
		25	

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SCHEDULE D	)
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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.



	ment of the Treasury Revenue Service	► A ►Go to www.irs.gov/Form990	ttach to Form 990. ) for instructions and the latest in	formation.		Inspect	
Nam	e of the organizati					r identificatio	
Par	t I Organiza	ations Maintaining Donor Advised		nds or Ac			
		n answered "Yes" on Form 990, Part IV, line			oountor		
	organizatio		(a) Donor advised funds	(1	) Funds an	d other accou	unts
1	Total number at er	nd of year	(-)		,		
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5		on inform all donors and donor advisors in w	riting that the assets held in donor	advised fund	s		
•	-	on's property, subject to the organization's ex	-			Yes	No
6		on inform all grantees, donors, and donor adv					
	•	oses and not for the benefit of the donor or o			•		
	impermissible priv		· · · ·		•	Yes	No No
Par	t II Conserv	ation Easements. Complete if the orga					
1	Purpose(s) of cons	servation easements held by the organization	n (check all that apply). 📐				
	Preservation	n of land for public use (for example, recreation	on or education) 🗌 Preservati	ion of a histo	rically impo	rtant land area	a
	Protection o	f natural habitat	Preservati	ion of a certif	ied historic	structure	
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qualifie	d conservation contribution in the	form of a con	servation e	asement on th	ne last
	day of the tax year	r.			Held	at the End of th	ne Tax Year
а	Total number of co	onservation easements			2a		
b	-				2b		
С	Number of conser	vation easements on a certified historic struc	ture included in (a)		2c		
d		vation easements included in (c) acquired aft					
		nal Register			2d		
3		vation easements modified, transferred, relea	ased, extinguished, or terminated b	y the organiz	ation during	g the tax	
	year 🕨						
4		where property subject to conservation ease					
5		tion have a written policy regarding the perio					
~		orcement of the conservation easements it h					
6	Staff and voluntee	r hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing	conservation	i easement	s during the y	ear
7	Amount of oxnone	 es incurred in monitoring, inspecting, handlir	a of violations, and onforcing cons	onvotion and	omonto dur	ing the year	
7	► \$	ies incurred in monitoring, inspecting, handlin	ig of violations, and emorcing cons	Servation eas		ing the year	
8		vation easement reported on line 2(d) above	satisfy the requirements of section	170/b)(4)(B)(i	)		
U	and section 170(h)					Yes	No
9		be how the organization reports conservation					
•		d include, if applicable, the text of the footno	•			the	
		ounting for conservation easements.					
Par		ations Maintaining Collections of A	Art, Historical Treasures, o	r Other Si	milar As	sets.	
	Complete it	f the organization answered "Yes" on Form 9	90, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 958,	, not to report in its revenue statem	ent and bala	nce sheet w	/orks	
	of art, historical tre	easures, or other similar assets held for publi	c exhibition, education, or research	n in furtheran	ce of public		
	service, provide in	Part XIII the text of the footnote to its finance	ial statements that describes these	e items.			
b	If the organization	elected, as permitted under FASB ASC 958,	to report in its revenue statement	and balance	sheet work	s of	
	art, historical treas	sures, or other similar assets held for public e	exhibition, education, or research in	furtherance	of public se	ervice,	
	provide the followi	ng amounts relating to these items:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶ \$		
	(ii) Assets include	ed in Form 990, Part X			▶ \$		
2	If the organization	received or held works of art, historical treas	sures, or other similar assets for fina	ancial gain, p	rovide		
	the following amou	unts required to be reported under FASB AS	C 958 relating to these items:				

a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X b

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
032051	12-01-20

Schedule D (Form 990) 2020

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2020.05080 SYLVANIA YOUTH HOCKEY, IN 437243.1

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Sche	dule D (Form 990) 2020 SYLVANI.	A YOUTH H	OCKEY	, INC.				46-28	59736	5 Pa	age <b>2</b>
Par	t III   Organizations Maintaining C	ollections of A	Art, Hist	orical Tre	easures, o	r Other S	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other reco	ords, check	any of the	following that	t make sigr	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	change progra	am					
b	Scholarly research		е 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and exp	lain how th	ney further t	he organizatio	on's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donatior	ns of art, his	storical trea	sures, or othe	er similar as	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Parent Pare		plete if the	e organizatio	on answered	"Yes" on Fo	orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi	an or other interm	ediary for o	contribution	ns or other as	sets not inc	luded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following t	able:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
	Did the organization include an amount on F						?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u></u>		
Par	t V Endowment Funds. Complete i										
		(a) Current year	r (b) F	Prior year	(c) Two yea	rs back (d	) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				-						
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end bala		g, column (a	a)) neid as:						
a L	Board designated or quasi-endowment		%								
D	Permanent endowment	% %									
С											
2-	The percentages on lines 2a, 2b, and 2c sho		ization the	t are hold a	nd administa	rad far tha		tion			
Ja	Are there endowment funds not in the posse	ssion of the organ	iization tha	il are neiù a			organiza	allon	ſ	Yes	No
	by: (i) Unrelated organizations								3a(i)	162	NO
	<ul><li>(i) Unrelated organizations</li></ul>								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as rea	wired on S	chedule R2					3b		
4	Describe in Part XIII the intended uses of the								00		
Par	t VI Land, Buildings, and Equipm		downlong								
	Complete if the organization answere		90. Part IV	/. line 11a. S	See Form 990	). Part X. lin	ie 10.				
	Description of property	(a) Cost o			t or other		umulate	ed	(d) Bool	k valu	e
		basis (inve			(other)		eciation	-	, 500		-
1a	Land	· · · ·	,								
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		art X colun	nn (B) line 1	10c.)						0.
								Schodulo			2020

Schedule D (Form 990) 2020

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Schedule [	D (Form 990) 2020	SYLVANIA YO	UTH HOCKEY,	INC.		46-2859736	Page 3
Part VII	Investments - C	Other Securities.					
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, I	ine 11b. See	Form 990, Part X, line 12.		
(a) Descri	ption of security or catego	Ory (including name of security)	(b) Book value	(c) N	lethod of valuation: Cost o	or end-of-year market v	alue
(1) Financ	ial derivatives						
. ,							
(3) Other	,						
(A)							
(B)							
(C)							
(D)							
(E)							
(E) (F)							
(G)							
(H)							
	(b) must aqual Form 000	Part X, col. (B) line 12.)					
	I Investments - F						
i art vii		•					
	(a) Description of i	anization answered "Yes"	on Form 990, Part IV, I (b) Book value		Horm 990, Part X, line 13. Method of valuation: Cost o	r and of year market y	
	(a) Description on	Investment				n end-or-year market v	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
		, Part X, col. (B) line 13.) 🕨					
Part IX	J						
	Complete if the orga			ne 11d. See	Form 990, Part X, line 15.		
		(a)	Description			(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col	umn (b) must equal Foi	rm 990. Part X. col. (B) line				. 🕨	
Part X	Other Liabilities	S.	,				
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11	f. See Form 990, Part X, lin	ne 25.	
1.	<b>(a)</b> De	scription of liability				(b) Book va	alue
(1) Fe	deral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	ump (h) must sound F-	m 000 Port V col (D)	25)				
		r <u>m 990, Part X, col. (B) line</u> itions. In Part XIII, provide			nization's financial stateme	nts that reports the	
					ext of the footnote has bee		X
organi	Lanon o naonity ior uno	or can tax positions unuer			one of the roothole has bee	πριστίασα πτι αις ΛΠ	🗠 📥

032053 12-01-20

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Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 SYLVANIA YOUTH HOCKEY, IN(	C.	46-2859736 P	<sub>age</sub> <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per		0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		_	
b	Prior year adjustments		_	
С	Other losses		_	
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		<u>2</u> e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)			
_c	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
гa	t 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:

THE ORGANIZATION HAS EVALUATED ITS INCOME TAX FILING POSITIONS FOR FISCAL
YEARS 2018 THROUGH 2021, THE YEARS WHICH REMAIN SUBJECT TO EXAMINATION AS
OF JULY 31, 2021. THE ORGANIZATION CONCLUDED THAT THERE ARE NO SIGNIFICANT
UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZATION'S
COMBINED FINANCIAL STATEMENTS.

032054 12-01-20

SCHEDULE G	Suppleme	ntal Information Regarding	Fundrais	ing or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on rganization entered more than \$1	5,000 on Fo	orm 990-EZ, line 6a.	or 19, d	or if the	2020
Department of the Treasury Internal Revenue Service		► Attach to Form 990			on		Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for inst				Employer ide	entification number
		A YOUTH HOCKEY, IN				46-2859	
	complete this part	Complete if the organization answ	ered "Yes" o	n Form 990, Part IV, I	ine 17	7. Form 990-E2	∠ filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa ) highest paid indiv	f Solicita g Specia r oral agreement with any individua art VII) or entity in connection with p iduals or entities (fundraisers) pursu	ation of non-q ation of gove I fundraising I (including o professional f	government grants rnment grants events fficers, directors, trus fundraising services?		Ye:	
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes No				
Total			►				
		n is registered or licensed to solicit	contribution	s or has been notified	it is e	xempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form	990 or 990-l	EZ. S	Sched	lule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

			(a) Event #1 GOLF OUTING	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
,			(event type)	(event type)	(total number)	coi. (c))
	1	Gross receipts	31,292.			31,292
	2	Less: Contributions	27,172.			27,172
	3	Gross income (line 1 minus line 2)	4,120.			4,120
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,856.			3,856
	7	Food and beverages				
i	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				3,856
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		<b>&gt;</b>	264
a	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
т						1
		\$13,000 011 0111 330°L2, inte ba.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1	Gross revenue			(c) Other gaming	col. (a) through col. (a
	-					col. (a) through col. (a
	-	Gross revenue				col. (a) through col. (a
	2	Gross revenue				(d) Total gaming (add col. (a) through col. (d 27,745
	2	Gross revenue Cash prizes Noncash prizes Rent/facility costs				col. (a) through col. (c
	2 3 4 5	Gross revenue Cash prizes Noncash prizes				col. (a) through col. (a
	2 3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	27,745. <u>X</u> Yes <u>100</u> % No	col. (a) through col. (a
	2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes%	bingo/progressive bingo	27,745.	col. (a) through col. ( 27,745
	2 3 4 5 6 7	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	27,745.	col. (a) through col. (c
	2 3 4 5 7 8 Ent	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes% No n 5 in column (d) Y from line 1, column (d) ucts gaming activities: Q	bingo/progressive bingo	27,745.	col. (a) through col. (c 27,745
	2 3 4 5 6 7 8 Ent	Gross revenue	Yes% No n 5 in column (d) Y from line 1, column (d) ucts gaming activities: Q ctivities in each of these	bingo/progressive bingo	27,745. X Yes_100 % No	col. (a) through col. ( 27,745 27,745
	2 3 4 5 6 7 8 Ent Is t	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes% No n 5 in column (d) Y from line 1, column (d) ucts gaming activities: Q ctivities in each of these	bingo/progressive bingo	27,745. X Yes_100 % No	col. (a) through col. ( 27,745 27,745
- -	2 3 4 5 6 7 8 Ent Is t If "	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain: LICENSING NOT RE	Yes% No 1 from line 1, column (d) 4 from line 1, column (d) 4 cts gaming activities: Q 5 ctivities in each of these s QUIRED FOR "I	bingo/progressive bingo	27,745. X Yes_100 % No No IG BY 501(C)3	Col. (a) through col. ( 27,745 27,745 27,745 Ves X N EXEMPT

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 SYLVANIA YOUTH HOCKEY, INC.	46-2859736	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
a	I The organization's facility	<u>13a</u>	%
	An outside facility		.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:	
	Name  MIKE MANKOWSKI		
	Address ▶ 7060 SYLVANIA AVE SYLVANIA, OH 43560		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	unt	
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
10	Gaming manager information.		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
4-			
	Mandatory distributions:		
ć	I is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	XNo
ŀ	retain the state gaming license?		
Ľ	organization's own exempt activities during the tax year <b>&gt;</b> \$	line	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, , , ,	, , ,
0320		G (Form 990 or 990	-EZ) 2020
	32		

Part IV	Supplemental In	formation (continue	nd)		
Schedule C	G (Form 990 or 990-EZ)	SYLVANIA	YOUTH	HOCKEY,	INC.

*	
	Schedule G (Form 990 or 990-EZ)

SCHEDULE L		Tra	nsaction	ıs W	'ith	Inte	rested	Р	ersons			O	MB No.	1545-00	47	
(Form 990 or 990-EZ)	Complete if			swered	"Yes'	" on Fo	rm 990, Par	t IV,	line 25a, 25b, 2	6, 27,	28a,		2	02	0	
Department of the Treasury	•						orm 990-E								lic	
Internal Revenue Service Name of the organization	-	io to v	vww.irs.gov/Fo	orm990	tor in	ISTRUCT	ons and the	late	st information.	Em	nlove		•		mhor	
Name of the organization		та ч	YOUTH HO	CKEY	, т	INC.								on nu	mber	
Part I Excess E	Benefit Trans						c)(4), and se	ctior	n 501(c)(29) orga							
	the organizatior															
1 (a) Name of disquali	fied person	<b>(b)</b> R	elationship betw person and or			ified	(	<b>c)</b> De	escription of trar	isactio	n		(d) Cor Yes		rected? No	
													+			
2 Enter the amount of	f tax incurred by	the or	ganization man	agers o	r disq	ualified	persons dur	ing t	he year under							
section 4958			-								▶ \$					
<b>3</b> Enter the amount of	f tax, if any, on li	ne 2, a	above, reimburs	ed by th	ne org	ganizatio	on				▶ \$					
Part II Loans to	and/or Fron	n Inte	erested Pers	sons.												
Complete if	the organizatior	n answ	vered "Yes" on F	Form 99	90-EZ,	Part V,	line 38a or I	=orm	990, Part IV, lin	e 26; o	or if th	e orga	nizatio	n		
	amount on Forr	n 990,		Ť.								4. ) ^ >	<u> </u>			
(a) Name of interested person	(b) Relatio with organi										by bo	by board or committee?				
				То	From					Yes	No	Yes	No	Yes	No	
									•							
								<u> </u>							<u> </u>	
								$\vdash$								
					-											
													ganization Approved board or mittee? (i) Written agreement?			
Total Part III Grants o	r Assistance	Ben	efiting Inter	ested	Pers	sons.	🕨 \$									
Complete if	the organizatior	answ	vered "Yes" on F	Form 99	90, Pa	rt IV, lin	e 27.		<b>I</b>							
(a) Name of interes	sted person	(	<ul> <li>b) Relationship interested pers the organiza</li> </ul>	son and			Amount of assistance		<b>(d)</b> Type assistan			•			f	
		-														
LHA For Paperwork Re	eduction Act No	tice. s	see the Instruct	tions fo	or For	m 990 (	or 990-EZ		Sch	edule	L (Fo	rm 990	) or <u>9</u> 9	)0-Е7	) 2020	

032131 12-09-20

	(Form 990 or 990-EZ) 2020				THC.
Part IV	Business Transaction	ons involving i	nterested	a Persons.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	inplete il the organization answ	ereu	Tes Un Fulling	90, Fait IV	, iii ie 20a, 20	5D, UI 28C.			
<b>(a)</b> Na	(a) Name of interested person		(b) Relationship between interested person and the organization			<b>(c)</b> Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
								Yes	No
SYLVANIA	TAM-O-SHANTER S	SPO	TRUSTEES	ALSO	SERVE	102,000.	MANAGEMENT		X
-									
			1				1	1	

### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

# SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

## (A) NAME OF PERSON: SYLVANIA TAM-O-SHANTER SPORTS, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

TRUSTEES ALSO SERVE ON BOARD AT SYLVANIA TAM-O-SHANTER SPORTS, INC

(D) DESCRIPTION OF TRANSACTION: MANAGEMENT FEES

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

46-2859736

SYLVANIA YOUTH HOCKEY, INC.

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

HOCKEY TO SYLVANIA AREA YOUTH AT APPROPRIATE LEVELS WHO ARE DEEMED

QUALIFIED THROUGH A SERIES OF PLAYER EVALUATIONS TO SAFELY PARTICIPATE.

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

COPY WILL BE POSTED ONLINE FOR THE SYLVANIA YOUTH HOCKEY BOARD AND THE

SYLVANIA TAM-O-SHANTER SPORTS BOARD TO REVIEW.

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

TDOKES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY WHERE THEY HAVE A DUTY TO DISCLOSE. ONCE COMPLETED, THE REMAINING BOARD MEMBERS MEET AND MAKE DECISIONS ON WHETHER CONFLICT EXISTS.

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY REQUEST. MONTHLY TEAM SUMMARY OF FINANCIAL STATEMENTS IS AVAILABLE BY REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS USED HAS NOT CHANGED

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

SCHEDULE	R
(Farma 000)	

### (Form 990)

# **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

Department of the Treasury Internal Revenue Service

Employer identification number 46-2859736

SYLVANIA YOUTH HOCKEY, INC.

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> 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)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>9)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
	-						

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

Schedule R (Form 990) 2020

# Schedule R (Form 990) 2020 SYLVANIA YOUTH HOCKEY, INC.

46-2859736 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	General managi partner	or Percentage
		country)		sections 512-514)		466666	Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
										+	
	1										
	1										
	-										

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	Percentage ownership	contr	b)(13) rolled tity?
		country)		or trust)		assets		Yes	No
SYLVANIA TAM-O-SHANTER SPORTS, INC									
34-1316817, 7060 SYLVANIA AVENUE, SYLVANIA,		r							
OH 43560	RECREATION	OH	N/A	C CORP	0.	0.			X

# Schedule R (Form 990) 2020 SYLVANIA YOUTH HOCKEY, INC.

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.					Yes	No
1 During the tax year, did the organization engage in any of the following transaction						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled en						X
						X
						X
						X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
						Х
						Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		x
						X
	•				X	
						X
						X
<b>p</b> Beimbursement paid to related organization(s) for expenses				1p		X
a Beimbursement paid by related organization(s) for expenses				1a		x
• Hombaloomont paid by folated organization(b) for expenses						
<b>r</b> Other transfer of cash or property to related organization(s)				1r		X
						X
				13		- 23
(a) Name of related organization				int involved		
Name of related organization	type (a-s)	Amount involved	Method of determining arrou			
g Sale of assets to related organization(s) <ul> <li>Purchase of assets threaded organization(s)</li> <li>Exchange of assets with related organization(s)</li> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> <li>k Lease of facilities, equipment, or other assets from related organization(s)</li> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>Reimbursement, mailing lists, or other assets with related organization(s)</li> <li>Sharing of paid employees with related organization(s)</li> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> <li>Sharing of paid employees with related organization(s)</li> <li>Sharing of paid employees with related organization(s)</li> <li>Preimbursement paid to related organization(s)</li> <li>Generation of cash or property to related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> <li>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.</li> <li>(c)</li> <li>Method of determining amount type (a:s)</li> </ul> <li>SYLLVANIA TAM-O-SHANTER SPORTS, INC.</li> <li>Mare of related organization</li>						
1) SILVANIA TAM-O-SHANTER SPORTS, INC.	M	102,000.	FMV OF SERVICES RENDE.	RED		
2)						
3)						
o,						
4)						
5)						

# Schedule R (Form 990) 2020 SYLVANIA YOUTH HOCKEY, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(o org:	e) : all rs sec. c)(3)	<b>(f)</b> Share of total	<b>(g)</b> Share of end-of-year	<b>(h</b> Dispr tior allocat	n) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag	al or F ging er2	(k) Percentage ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	NO	
												+	
												-	
												+	

Schedule R (Form 990) 2020