EXTENDED TO JUNE 15, 2018

TAXPAYER'S

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A For the 2016 calendar year, or tax year beginning AUG 1, 2016 and ending JUL 31, 2017 Check if applicable; C Name of organization D Employer identification number Address Ichande SYLVANIA YOUTH HOCKEY, INC. Name change 46-2859736 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number ]Final return/ 7060 SYLVANIA AVE. 419-885-1167 City or town, state or province, country, and ZIP or foreign postal code 759,140. G Gross receipts \$ ated Amended return SYLVANIA, OH 43560 H(a) is this a group return Applica-F Name and address of principal officer: MICHAEL JONES for subordinates? ..... Yes X No 7060 SYLVANIA AVE., SYLVANIA, OH 43560 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) = 501(c))◀ (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) J Website: ► WWW.TAMOHOCKEY.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Other > Association Year of formation: 2014 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: TO ENCOURAGE PARTICIPATION IN Governance ICE HOCKEY, TO PROMOTE INTEREST AND INSTRUCTION IN THE GAME OF ICE Check this box fit if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 100 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 13,000. Contributions and grants (Part VIII, line 1h) 45,356. (.... Revenue Program service revenue (Part VIII, line 2g) 778,745. 700,683. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,799. 33.199. 11 836,900. 746,882. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part iX, column (A), lines 11a-11d, 11f-24e) 745,268. 786,441. 745,268. 786,441. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 91,632. -39,559. Revenue less expenses. Subtract line 18 from line 12 5% Beginning of Current Year End of Year Total assets (Part X, line 16) 138,445. 183,222. 81,795. Total liabilities (Part X. line 26) 166,131. 56,650. Net assets or fund balances. Subtract line 21 from line 20 17,091 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MICHAEL JONES, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature CAROLYN E SULEWSKI, CPA CAROLYN E SULEWSKI, 05/01/18 seif-employed P00449650 Paid Preparer Firm's name REHMANN ROBSON LLC Firm's EIN 🛌 38-3635706 Firm's address > 7124 W CENTRAL AVE Use Only TOLEDO, OH 43617 Phone no. (419) 865-8118 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

€ :

# Form 990 (2016) SYLVANIA YOU Part IV | Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	<u>X</u>
If "Yes," complete Schedule A	
2 Is the organization required to complete Schedule B, Schedule of Contributors?  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  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  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	
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  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  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	
public office? If "Yes," complete Schedule C, Part I  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  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	
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	
during the tax year? If "Yes," complete Schedule C, Part II	
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	Х
similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	
	Х
	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space,	
	Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	
	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	
	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	
	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	
as applicable.	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	
	<u> </u>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	
	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	
	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	
	<u> </u>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
Schedule D, Parts XI and XII	<u> </u>
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	
1,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	<u>X</u>
	<u>X</u>
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	
The second of th	<u>X</u>
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	
The state of the s	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	
	<u>X</u>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	
The state of the s	<u> </u>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
1c and 8a? If "Yes," complete Schedule G, Part II	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	v
complete Schedule G. Part III	X

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	<u> </u>	ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	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			١
	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			1,-
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? #"Yes,"			1,7
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ł	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			<sub>v</sub>
	of any of these persons? If "Yes," complete Schedule L, Part III	27	14.734.5	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):			Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000	Х	1
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	12	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		- 22
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
0.4	contributions? If "Yes," complete Schedule M	30		122
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31	1	х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3;		<del>  ^^</del>
UZ		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- Jr.		<del>                                     </del>
50	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	"		<del> </del>
~	Part V, line 1	34	х	
35a		35a	T	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
	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?			<u> </u>
	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			
٠.	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?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
-			200	

Form	990 (2016) SYLVANIA YOUTH HOCKEY, INC.	46-2859	736	P	age 5
Par					
	Check if Schedule O contains a response or note to any line in this Part V	**************************			
	,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 10 A 1 A 2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		A STATE OF THE STA	9888	(A) (A) (A)
	(gambling) winnings to prize winners?		1c	X	++ 17 to A
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		<del></del>	ALCOHOL:	340,363
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		NAN
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			*1.11.11.	v
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule C		3b		<b></b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at		4-		x
l.	financial account in a foreign country (such as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account, securities account, or other financial actions as a bank account action actions as a bank account action actions as a bank account action ac	scounty?	4a	\$6\$ \$6\$	A
D	If "Yes," enter the name of the foreign country:	equipte (CDAD)			
5.0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
5а b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<del></del> -
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		-		
Va	any contributions that were not tax deductible as charitable contributions?		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution		- 54		
~	were not tax deductible?	=	6b		
7	Organizations that may receive deductible contributions under section 170(c).	******************	3.55		Read S
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a		Х
b			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?		7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d			1818
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	et?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	1000	WAY.	1000
			8		
9	Sponsoring organizations maintaining donor advised funds.		1355	Techni	W. S.
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•••••	9b	ļ	
10	Section 501(c)(7) organizations. Enter:	ı f			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	- 111		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	L 1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	310400	33334	34.44.4
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	NAMES OF	1981-05
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1 25		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		100.00	100.000	410,440
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		400
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	· · · · · · · · · · · · · · · · · · ·	106			
	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c	1	H	

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14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		-11	X						
Sec	ion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	144		WW.						
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	AXE:	10.00	Maria						
а	The governing body?	8a	X	<u>L</u> .						
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailling address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	E.S.								
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 to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c		X						
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		13.65	Malak						
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	0.50	Hill							
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			MEA						
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) a	vailabl	Э							
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	iai							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	THOMAS CLINE - 419-885-1167									
	7060 SYLVANIA AVE., SYLVANIA, OH 43560									

Form **990** (2016)

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Positio (do not check moi box, unless persoi officer and a direc				than c	ne an ee)	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL JONES	1.00									
PRESIDENT		X		X				0.	0.	0.
(2) MICHAEL FIELDING	1.00	1						_		_
TRUSTEE		X	<u> </u>					0.	0.	0.
(3) KURT POLLEX	1.00	1						_		_
TRUSTEE		X	ļ		_			0.	0.	0.
(4) JOHN MCMAHON	1.00	<b>↓</b>								
TRUSTEE	1 00	X	ļ			_		0.	0.	0.
(5) JASON MUSIC TRUSTEE	1.00	x						0.	0.	0.
		_								
		-								
		<del>                                     </del>								
- American Control of the Control of		<u> </u>								
		<del> </del>								
		7								

Form 990 (2016)

Par	t VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t Co	ompensated Employee	s (continued)				
	(A)	(B)			(0	2)			(D)	(E)			(F)	
	Name and title	Average	I (do not check more than one					ne	Reportable	Reportable			timate	
		hours per week					s boti r/trus		compensation from	compensatior from related	١		nount o other	of
		(list any	ctor						the	organizations	,		pensa	tion
		hours for	ar dire	as a			EE .		organization	(W-2/1099-MIS		fr	om the	е
		related organizations	nstee	truste		g.	pensa		(W-2/1099-MISC)			-	anizati	
		below	Individual trustee or director	Institutional trustee		Key employee	st con	क्र					d relate anizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
***************************************														
			-											
											***************************************			
							<del>                                     </del>							
				<u> </u>	ļ ,	ļ	ļ							
							<del> </del>							
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)							0.10	<u> </u>	000 of roportable				0.
	compensation from the organization	ot maked to the	1036	пос	u al	JOV6	, vvi	010	ceived more than \$100,	ooo or reportable		-	V	0
3	Did the organization list any former officer	director or to	ieta	ם אם	w or	nnle	W CO	or k	highest compansated or	mplovee on			Yes	No
J	line 1a? If "Yes," complete Schedule J for s								nighest compensated er			3		Х
4	For any individual listed on line 1a, is the s												la Table	55.5
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or								_					3333
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nolete Schedul	e Ji	or si	ıch	oers	on		MALKALPATE CONTROL OF THE CONTROL OF			5		X
1	Complete this table for your five highest co	mpensated inc	debe	nde	nt co	ontra	acto	rs th	nat received more than \$	5100.000 of comp	ensa	tion fro		
	the organization. Report compensation for													
	(A) Name and business	address	N	INC	3				<b>(B)</b> Description of s	ervices	C	<b>(C</b> Compe	C) nsatio	n
					-									
							•	_						
								_					<del></del>	
								_			4547880	n grateer wit		
2	Total number of independent contractors ( \$100,000 of compensation from the organ		ot iii	nited	d to		se lis )	ted	above) who received mo	ore than				

Form 990 (2016)

		Check if Schedule O conta	шо а тевропов	or note to arry fille	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, Gifts, Grants nilar Amounts	b c d	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)	1b 1c 1d					
Contributions, Gifts, and Other Similar Ar	f g	All other contributions, gifts, grants similar amounts not included abov Noncash contributions included in lines 1	s, and e <b>1f</b>	13,000.	13 000			
<u>ŏ</u> m	h	Total. Add lines 1a-1f			13,000.			
Program Service Revenue	2 a b c	EVENT REGISTRAT		900099	700,683.	700,683.		
	d e	All other program service rever						
		Total. Add lines 2a-2f			700,683.			
	3 4 5	Investment income (including of other similar amounts) income from investment of tax Royalties	exempt bond p	oroceeds				
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
		Net gain or (loss)		.,				
Other Revenue		Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See	45,457. 12,258.				
ō		Net income or (loss) from fund		<b>&gt;</b>	33,199.			33,199
	9 a	Gross income from gaming ac Part IV, line 19	tivities. See ε					
		Less: direct expenses					- 4-24 (3-4) 4-4 2-4 (3-5) (3-5) 4-2 4-3 (2-5)	
	<b>1</b> 0 a	Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales	returns & k					
		Miscellaneous Revenue		Business Code				
	11 a b c							
	e 12	Total. Add lines 11a-11d			746.882.	700,683.	0.	33,199

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	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	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	60,000.		60,000.	
b	Legal	5,010.		5,010.	
C	Accounting				
d	Lobbying				
е	Professional fundralsing services. See Part IV, line 17			A STATE OF THE PARTY OF THE	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, fist line 11g expenses on Sch O.)	4 0 0 0			
12	Advertising and promotion	4,830.	2,533. 12,752.	2,297.	
13	Office expenses	14,474.	12,752.	1,722.	
14	Information technology				
15	Royalties				-
16	Occupancy	3 026	2 006		
17	Travel	3,926.	3,926.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates				
23	,				
24	Other expenses. Itemize expenses not covered				
<b>2</b> -T	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ICE RENTAL	458,621.	458,621.		
b	TOURNAMENT FEES	92,153.	92,153.		
c	YOUTH PROGRAM	69,275.	69,275.		
d	SUPPLIES	62,355.	62,355.		
е	All other expenses	15,797.	15,532.	265.	
25	Total functional expenses. Add lines 1 through 24e	786,441.	717,147.	69,294.	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)				

Part X	K	Balance Sheet				• •
		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year	ļ	<b>(B)</b> End of year
1	1	Cash · non-interest-bearing		93,090.	1	106,857
2		Savings and temporary cash investments			2	
3		Pledges and grants receivable, net			3	
		Accounts receivable, net		20,365.	4	4,986
		Loans and other receivables from current and for				
		trustees, key employees, and highest compensa	•			
		Part II of Schedule L.			5	
6		Loans and other receivables from other disqualif		N.		
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of secti				
ω l		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
§   §		Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	24,990.	9	71,379	
10	0a	Land, buildings, and equipment: cost or other				
1		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
1.		Investments - publicly traded securities			11	
12	2	Investments - other securities. See Part IV, line 1		12		
1:	3	Investments - program-related, See Part IV, line			13	
14	4	Intangible assets			14	
18	5	Other assets. See Part IV, line 11			15	
10		Total assets, Add lines 1 through 15 (must equa		138,445.	16	183,222
11		Accounts payable and accrued expenses		17,773.	17	51,178
18	8	Grants payable		18		
19	9	Deferred revenue		64,022.	19	114,953
20	0	Tax-exempt bond liabilities			20	
2	1	Escrow or custodial account liability. Complete I			21	
<sub>ဟ</sub> ြ 2	2	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee	es, and disqualified persons.			
<u> </u>		Complete Part II of Schedule L			22	
2: ٿ	3	Secured mortgages and notes payable to unrela			23	
2	4	Unsecured notes and loans payable to unrelated	third parties		24	
2	5	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D	*********************************		25	
20	6	Total liabilities. Add lines 17 through 25		81,795.	26	166,131
		Organizations that follow SFAS 117 (ASC 958	), check here 🕨 🛚 X and			
y		complete lines 27 through 29, and lines 33 an	d 34.		957.5	
ပ္ကို 2	7	Unrestricted net assets		56,650.	27	17,091
E 2	8	Temporarily restricted net assets			28	
B 2	9				29	
돌		Organizations that do not follow SFAS 117 (A				
ō		and complete lines 30 through 34.		1,51,53		
ह्य   3 <sub>0</sub>	0	Capital stock or trust principal, or current funds			30	
§ 3	11 -	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	2	Retained earnings, endowment, accumulated in			32	4
ž 3	3	Total net assets or fund balances	*************************************	56,650.	33	17,091
3	4	Total liabilities and net assets/fund balances		138,445.	34	183,222

Par	t 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		5,88					
2	Total expenses (must equal Part IX, column (A), line 25)	2	786,441.						
3	Revenue less expenses. Subtract line 2 from line 1	3		9,5!					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	6,6!	<u>50.</u>				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	1	7,05	91.				
Pai	t XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII			,,,,,					
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	2000	thin.	CHA.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
	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			VENA	MARKET				
b	Were the organization's financial statements audited by an independent accountant?	*****	2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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	audit,			355343				
	review, or compilation of its financial statements and selection of an independent accountant?	************	2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?								
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2016)				

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OM8 No. 1545-0047 16

> Open to Public Inspection

Name of the organization

Employer identification number SYLVANIA YOUTH HOCKEY, INC. 46-2859736

Pa	rt I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, ch	eck only o	one box.)						
1		A church, convention of chu					IVAYO).					
	$\Box$	A school described in secti					www.					
2							11					
3		A hospital or a cooperative	• -					et 4 D.H				
4	Ш	A medical research organiza	ation operated in con	ijunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the nospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	omplete Part II.)									
6		A federal, state, or local gov	ernment or governm	ental unit described in	ection 17	'0(b)(1)(A)	(v).					
7	$\overline{\Box}$	An organization that normal						public described in				
•		section 170(b)(1)(A)(vi). (C	-	mai part of its support it	om a goro		and or morn and gonerary					
^				4VAVui) (Complete Dort	II A							
8		A community trust describe				,, .		82				
9	ш	An agricultural research org										
		or university or a non-land-g	rant college of agricu	ulture (see instructions). I	Enter the r	name, city	, and state of the college	or				
		university:		·								
10	X	An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, an	d gross receipts from				
		activities related to its exem	npt functions - subjec	t to certain exceptions, a	and (2) no	more than	33 1/3% of its support t	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)			•						
11		An organization organized a		vely to test for public saf	etv. See	section 50	09(a)(4).					
12	一	An organization organized a	•	•	•			nurnoses of one or				
14.	L	more publicly supported or										
			-					NIGON THE DOX III				
	_	lines 12a through 12d that			•			1. d				
а												
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ipporting				
		organization. You must o	complete Part IV, Se	ctions A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	me persoi	ns that co	ntrol or manage the supp	ported				
		organization(s). You mus										
С		Type III functionally inte			n connect	ion with, a	and functionally integrate	d with.				
_		its supported organization						,				
		Type III non-functionally						ration(a)				
d	' Ш											
		that is not functionally int						/eness				
		requirement (see instructi										
е		Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or	·	nally integrated supportir	ng organiza	ation.						
f	Ente	er the number of supported o	organizations				***************************	<u> </u>				
g		vide the following information		d organization(s).				¥				
	(	i) Name of supported	(ii) EIN	(ill) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
							<u> </u>					
Tota	a i				11.000	414.000	I	l				

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

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

Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·	·	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	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					İ	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4					·	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for					501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publi	here c Support Per	centage				<b>&gt;</b>
	Public support percentage for 2016 (l			olumn (fi)		14	%
	Public support percentage from 2015		-	• • • • • • • • • • • • • • • • • • • •		15	%
	33 1/3% support test - 2016. If the					<del></del>	
	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2015. If the						
_	and stop here. The organization qual	-					
17=	10% -facts-and-circumstances test						
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			•		-	
ŀ	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					-, v ui
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		=	•			······ <b>5</b>
						dule A (Form 990	or 990-EZ) 2016

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	now, piease compi	iete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Gifts, grants, contributions, and	(4,745,4	(4)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100	(17.10.10.1	
	membership fees received. (Do not	1						
	include any "unusual grants.")	1		4,661.	55,940.	13,000.	73,601.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			302,670.	1112937.	700,683.		
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			307,331.	1168877.	713,683.	2189891.	
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						0.	
	Public support. (Subtract line 7c from line 6.)				· 表现的 经基本证券 (1)		2189891.	
	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			307,331.	1168877.	713,683.	2189891.	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	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							
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.)			307,331.	1168877.	713,683.	2189891.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,	
	check this box and stop here			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************************	***************************************		
Sec	ction C. Computation of Publi							
15	Public support percentage for 2016 (i	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	<u>100.00 %</u>	
Sec	Public support percentage from 2015 ction D. Computation of Inves					16	<u>%</u>	
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))							
18								
19a	33 1/3% support tests - 2016. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17		
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2015. If the	•	-	• •				
	line 18 is not more than 33 1/3%, che	=						
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? [f "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c 4a	SES	\$11.K
4b		
4c		
5a		
5b 5c		453.43
6		
8		
9a 9b		EECH
90	MA	
10a		
10a	1 (1 (A) A (A) (A)	

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Pai	TIV   Supporting Organizations <sub>(continued)</sub>			
			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 (b) and (c)	\$443 HESS	densi.	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		***************************************
n	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	2000		ENVER
2	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	tion C. Type II Supporting Organizations			
	Total Control of the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	NEEDS.	259A 11	1114
•	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	tion 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		13.15	
	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			(See
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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	Elentia)	25000	3006000
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	., ,		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).	uctions).	Yes	No
2	Activities Test. Answer (a) and (b) below.		res	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 "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	2a		
b	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		14.14	
IJ	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		100000		13.2
	of its supported organizations? If "Vos." describe in Part VII, the role played by the organization in this regard	3h		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	
Sect	ion 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	WWW	
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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	13.50 3.50 3.50 3.50		
	instructions for short tax year or assets held for part of year):		The first teacher 12 to 15 to	
	Average monthly value of securities	1a		MIN
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			The factor of th
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 1-1/2% 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 .035	6		
_7_	Recoveries of prior-year distributions	_   7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orgai	nizations <u>(continued)</u>	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exen			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	<u>.</u>		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	i	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions			
	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	//IN	/!!!\
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2016 from Section D,			
4	line 7:			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

### Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

INC.

SYLVANIA YOUTH HOCKEY,

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

OMB No. 1545-0047

Name of the organization

Employer identification number

46-2859736

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Organization type (check one):							
Filers of:		Section:					
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0·PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or General	nly a section 501(c)(	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. See instructions.  1 filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or					
	property) from any	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} \frac{1}{						
but it mi	u <b>st</b> answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990·EZ, or 990·PF), 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 ne filling requirements of Schedule B (Form 990, 990·EZ, or 990·PF).					

Name of organization

Employer identification number

|--|

46-2859736

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	PROMEDICA  100 MADISON AVE.  TOLEDO, OH 43604	\$10,000.	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			
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash 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.)			

Name of organization

Employer identification number

SYLVANIA	YOUTH	HOCKEY,	INC

46-2859736

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part l	(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
		Cahadula D /Earm	000 000-E7 or 000-DE\/9016\

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number SYLVANIA YOUTH HOCKEY, INC.

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part l (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OM8 No. 1545-0047 16 Open to Public Inspection

Name of the organization

SYLVANIA YOUTH HOCKEY, INC.

Employer identification number 46-2859736

Par	t li Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	<u></u>	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			- I
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ear	sement is located >	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	·
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	- · · · · · · · · · · · · · · · · · · ·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for
_	conservation easements.	A. H. Historiaal Transcrives and	they Cimilar Accets
Ра	t III Organizations Maintaining Collections o		dher Similar Assets.
	Complete if the organization answered "Yes" on Form	···· ·	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	if the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		<b>.</b> .
а	Revenue included on Form 990, Part VIII, line 1		
h	Accete included in Form 990 Part X		<b>►</b> Si

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

632051 08-29-16

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

d Equipment .....

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.		= =		
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	n Form 990, Part IV, lir (b) Book value		, Part X, line 12. valuation: Cost or end	of-year market value
	(N) DOOK VAILED	(c) Method of	valuation. Oost of BIIG	or your market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of		ne 11c. See Form 990	), Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end	-or-year market value
(2)				
(3)			<b>A</b>	
(4)				
(5)				
(6)				
(7)				
(8)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11d. See Form 990	), Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)	24-04-			
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	15.)			
Part X Other Liabilities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organization an	on Form 000 Port IV I	no 11a or 11f Soo Ea	rm 000 Part Y line 25	
(a) Description of liability	on Form 990, Fait IV, I	(b) Book value	7111 550, Fart A, Illie 25	
		(0) 50011 (0.00		
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
2 Liability for uncertain tay positions. In Part XIII, provide		to the organization's	financial etatemente t	hat reports the

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

### **SCHEDULE G**

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

name of the organization SYLVANI	A YOUTH HOCKEY, INC	<b>.</b>			46-2859	736
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Yes	on"	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	ed funds through any of the following e Solicitati f Solicitati g Special to or oral agreement with any individual ( art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of no ion of go fundrais (includin ofession	on-go overn sing e ng off nal fu	overnment grants nment grants events ficers, directors, trus indraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Di fundrals have cust or contro contribution	id ser tody of of ons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			111111111111111111111111111111111111111
				***************************************		
	,					
					V-1	
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontribut	tions	or has been notified	it is exempt from re	gistration
				-		

Schedule G (Form 990 or 990-EZ) 2016

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

Schedule G (Form 990 or 990-EZ) 2016

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Sch	edule G (Form 990 or 990-EZ) 2016 SYLVANIA YOUTH HOCKEY, INC.	46-2	859736	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	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	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	<u>%</u>
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name ►			
	Address			
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party > \$			
(	o If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
-	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the		
	organization's own exempt activities during the tax year > \$			
<u>P</u>	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Part III, Iir	nes 9, 9b, 10	)b, 15b,
-				
	,			

Schedule G	(Form 990 or 990-EZ)	SYLVANIA	YOUTH I	IOCKEY,	INC.		<u>46-2859736</u>	Page 4
Part IV	(Form 990 or 990 EZ) Supplemental Infor	mation (continue	d)					
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### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

**Transactions With Interested Persons** 

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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Open To Public Inspection

Name of the	organization

Name of the organization

Employer identification number

SS	SYLVANIA	YOUTH HO	CKE	Y, 1	INC.			46	-28	<u> 597</u>	36		
					on 501(c)(4), and 501	(c)(	29) organizations	s only)					
Complete if the c	organization ans	wered "Yes" on I	Form 9	90, Pa	rt IV, line 25a or 25b	, or	Form 990-EZ, Pa	art V, li	ine 40l	<b>)</b> .			
1	(b)	Relationship bety			fied	) Da	escription of tran	anatia	<b>~</b>		(d)	Corre	cted?
(a) Name of disqualified p	person	person and or	rganiza	ation	(0	i) De	escription of tran	saciio	41		Ye	s	No
2 Enter the amount of tax i	incurred by the	organization man	agers	or disq	ualified persons duri	ng t	he year under						
section 4958	-,-4-(-:414-414141414141						***************************************		▶ \$				
3 Enter the amount of tax,									▶ \$				
Part II Loans to and	d/or From In	terested Per	sons.	•									
Complete if the	organization ans	wered "Yes" on	Form 9	990-EZ,	, Part V, line 38a or F	orm	990, Part IV, lin	e 26; d	or if th	e orga	nizatio	ท	
reported an amo	ount on Form 99	0, Part X, line 5,								I/4 3 A			
(a) Name of	(b) Relationship	90, Part X, line 5, 6, 6		oan to or m the	(e) Original	(f	) Balance due		) In	(h) Ap by bo	proved ard or	(i) W	/ritten
interested person	with organizatio	n of loan		ization?	principal amount			Geta	ault?	cómn	ittee?	agree	ment?
		ļ	То	From				Yes	No	Yes	No	Yes	No
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Total	<u>.</u>				<u>&gt;</u> \$		•••	NAME.	14.11.114.115.115.115.115.115.115.115.11	11.5000		12221	t reserved
Part III Grants or As		_											
Complete if the		wered "Yes" on	Form !	990, Pa	1"		1						
(a) Name of interested	person	(b) Relationship			(c) Amount of		(d) Type assistan				) Purp		f
		interested per the organiz		na	assistance		assistan	nce		assistance			
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							-		-+				
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									+				

632131 10-24-16

Schedule L (Form 990 or 990-EZ) 2016

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

Γ<sub>1</sub>

	(b) Relationship between intereste		(d) Description of	(e) Sha organiz	ring of
	person and the organization	transaction	transaction	reven	ues?
SYLVANIA TAM-O-SHANTER	SPO TRUSTEES ALSO SERV	E 60,000.	MANAGEMENT	res	X
			,		
Provide additional information for	on or responses to questions on Schedule L (s	e instructions).			
SCH L, PART IV, BUSINES	S TRANSACTIONS INVOLV	ING INTEREST	ED PERSONS:		
(A) NAME OF PERSON: SYL	VANIA TAM-O-SHANTER S	PORTS, INC.			
(B) RELATIONSHIP BETWEE	N INTERESTED PERSON A	ND ORGANIZAT	ION:		
<u> </u>	A A A A A A A A A A A A A A A A A A A				
TRUSTEES ALSO SERVE ON	BOARD AT SYLVANIA TAM	-O-SHANTER S	PORTS, INC		
(D) DESCRIPTION OF TRAN	ISACTION: MANAGEMENT F	EES			
					<del></del>
		·			

Schedule L (Form 990 or 990-EZ) 2016

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

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.

16 Open to Public

OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at \_www.irs.gov/form990.

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:
A COPY WILL BE PROVIDED TO THE SYLVANIA YOUTH HOCKEY BOARD AND THE SYLVANIA
TAM-O-SHANTER SPORTS BOARD.
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 PROVIDED.
,

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

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

2016

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▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

INC

SYLVANIA YOUTH HOCKEY,

Employer identification number 46-2859736

Schedule R (Form 990) 2016 (g) Section 512(b)(13) ž controlled entity? Direct controlling Yes entity 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. Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) <u>@</u> Total income Exempt Code 豆 section ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) Primary activity Primary activity 9 or Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity छ Part Part II

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46-2859736

Page 2

Schedule R (Form 990) 2016 SYLVANIA YOUTH HOCKEY, INC.

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. Part III

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

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. Part IV

			1						
(a)	<b>(9</b> )	<u>ပ</u>	ව	<b>©</b>	€	(ð)	Ξ	3	ç
Name, address, and EIN of related organization	Primary activity	Legal domícile (state or	Direct control entity	ling Type of entity Sh	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	2 eq 33
		country)		or trust)		assets		Yes	S
SYLVANIA TAM-O-SEANTER SPORTS, INC									
34-1316817, 7060 SYLVANIA AVENUE, SYLVANIA,									
0Н 43560	RECREATION	ОН	N/A	CORP	0	0			M
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	<b>I</b>								

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Schedule R (Form 990) 2016

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Page 3

# Schedule R (Form 990) 2016 SYLVANIA YOUTH HOCKEY, INC.

<u>≥</u>	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	ž
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	in Parts II-IV?	W.		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ.			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		M
: ( <u>S</u> )				<b>1</b>		×
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7		×
				Ę.		×
f Dividends from related organization(s)				7		×
q Sale of assets to related organization(s)	* * * * * * * * * * * * * * * * * * *			19		×
Purchase of assets from related organization(s)		电电位 可通用装备 电相位 医遗传性 化化性 化化性 化化化性 化化化性 化化化性 化化化性化化化化性化化化化		ŧ		M
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Ę		×
i Lease of facilities, equipment, or other assets to related organization(s)	, , , , , , , , , , , , , , , , , , ,	**************************************		į		×
k Lease of facilities, equipment, or other assets from related organization(s)				*		×
	ınization(s)			1		X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			<b>1</b>	M	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			두		×
o Sharing of paid employees with related organization(s)				10		X
<ul> <li>Beimbursement baid to related organization(s) for expenses</li> </ul>				10		×
Reimbursement paid by related organization(s) for expenses				10		×
						1
r Other transfer of cash or property to related organization(s)				11		X
s Other transfer of cash or property from related organization(s)				1s		X
If the answer to any of the above is "Yes," see the instructions for inform	ho must complete th	is line, including covered r	lation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related oxganization	(b) Transaction	(c)	(d) Method of determining amount involved	Olypo		
יאמון כי יוסומים טישמו וובמוסי	type (a-s)	Alliodist involved	אופו וסס כו מפרפוויווייוויו פן מיייסמיד וויי	200		
(1)						
(2)						
(6)						
(4)						
(5)						
(9)						
632163 09-06-16			Schedule R (Form 990) 2016	R (Form	(066	2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Schedule R (Form 990) 2016 SYLVANIA YOUTH HOCKEY, INC.

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.

(k) Percentage ownership		:				990) 2016
General or managing partner?						Form
(h)					-	Schedule R (Form 990) 2016
(h) Disproportionate allocations? Yes No						
(9) Share of end-of-year assets						
(f) Share of total income						
(e) Are all partners sec. \$01(c)(3) er orgs.? Yes No						
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

### Form **8868**

(Rev. January 2017)

**Exempt Organization Return** File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Application for Automatic Extension of Time To File an

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

		A	Euter me	r s identityin	g number
Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) o		
			46 0050506		
SYLVANIA YOUTH HOCKEY, INC.			46-2859736		
Number, street, and room or suite no. If a P.O. box, see instructions.  7060 SYLVANIA AVE.			Social security number (SSN)		
y, town or post office, state, and ZIP code. For a for LVANIA, OH 43560	oreign addi	ress, see instructions.			
n Code for the return that this application is for (fil	e a separat	e application for each return)	,.,.,		0 1
	Return	Application			Return
	Code	Is For			Code
rm 990-EZ	01	Form 990-T (corporation)			07
	02	Form 1041-A			08
ividual)	03	Form 4720 (other than individual)			09
	04	Form 5227			10
c. 401(a) or 408(a) trust)	05	Form 6069			11
st other than above)	06	Form 8870			12
re in the care of $ ightharpoonup \frac{7060}{1167}$ SYLVANIA at the property of the carbon does not have an office or place of business a Group Return, enter the organization's four digit if it is for part of the group, check this box	s in the Uni Group Exe	Fax No.  ted States, check this box mption Number (GEN), i	f this is fo	r the whole gr	oup, check this
an automatic 6-month extension of time until				pt organization	
ganization named above. The extension is for the			THE CHOST	ipt viganizarii	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
alendar year or ax year beginning <u>AUG 1, 2016</u> year entered in line 1 is for less than 12 months, c ange in accounting period		d ending <u>JUL</u> 31, 2017 n: Initial return 1	 Final retur	• . n	
olication is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any			
dable credits. See instructions.	,, .		За	\$	0.
	enter anv	refundable credits and			
			3b	\$	0.
	-	•	30	\$	0.
olicati I tax I due. EFTP	ion is for Forms 990-PF, 990-T, 4720, or 6069 payments made. Include any prior year overg Subtract line 3b from line 3a. Include your pa 'S (Electronic Federal Tax Payment System).	ion is for Forms 990-PF, 990-T, 4720, or 6069, enter any payments made. Include any prior year overpayment alle Subtract line 3b from line 3a. Include your payment with S (Electronic Federal Tax Payment System). See instruc	ion is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and payments made. Include any prior year overpayment allowed as a credit. Subtract line 3b from line 3a. Include your payment with this form, if required, S (Electronic Federal Tax Payment System). See Instructions.	ion is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and payments made. Include any prior year overpayment allowed as a credit.  3b Subtract line 3b from line 3a. Include your payment with this form, if required, S (Electronic Federal Tax Payment System). See Instructions.  3c	ion is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and payments made, include any prior year overpayment allowed as a credit.  Subtract line 3b from line 3a, include your payment with this form, if required,

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)