TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

July 31, 2019

Prepared For:

Mr. Tom Cline Sylvania Youth Hockey, Inc. 7060 Sylvania Ave. Sylvania, OH 43560

Prepared By:

Rehmann Robson LLC 7124 W Central Ave Toledo, OH 43617

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

We recommend that all mailings to tax authorities be sent using certified mail with a return receipt requested.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by June 15, 2020.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

_ , 20 1 9 For calendar year 2018, or fiscal year beginning AUG 1 , 2018, and ending JUL 31

Department of the Treasury	•	o the IRS. Keep for your records.	-	ZU 10
Internal Revenue Service		Form8879EO for the latest information.	Employer	Identification number
Name of exempt organization			cmployer	wonuncanon number
SYLVANIA YOUT	H HOCKEY, INC.		46-2	859736
Name and title of officer				
MICHAEL JONES				
PRESIDENT				
	Return and Return Information			
on line 1a, 2a, 3a, 4a, or 8	a, below, and the amount on that line for	3-EO and enter the applicable amount, if any, the return being filed with this form was blan -0- on the return, then enter -0- on the applica	ik, then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	► X b Total revenue, if any (F	form 990, Part VIII, column (A), line 12)	1b	964,890.
2a Form 990-EZ check h		ny (Form 990-EZ, line 9)		
3a Form 1120-POL chec		1120-POL, line 22)		
4a Form 990-PF check h		stment income (Form 990-PF, Part VI, line 5		
5a Form 8868 check her		68, line 3c)		
Dord Hell Doologo	tion and Signature Authorizatio	n of Officer		
		e organization and that I have examined a co		
return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected	nstitution to debit the entry to this accoun nan 2 business days prior to the payment nic payment of taxes to receive confidenti a personal identification number (PIN) as electronic funds withdrawal.	preparation software for payment of the organit. To revoke a payment, I must contact the U (settlement) date. I also authorize the financial information necessary to answer inquiries my signature for the organization's electronic	I.S. Treasury F al institutions and resolve is	Financial Agent at involved in the sues related to the
	·		1 1	nv PiN 59736
X I authorize KI	EHMANN ROBSON LLC	irm name	to enter n	Enter five numbers, t
	Eno II	me namo		do not enter all zero
is being filed w	e on the organization's tax year 2018 elec ith a state agency(ies) regulating charities n the return's disclosure consent screen.	tronically filed return. If I have indicated withi as part of the IRS Fed/State program, I also	n this return to authorize the	hat a copy of the return aforementioned ERO to
indicated withi	the organization, I will enter my PIN as m n this return that a copy of the return is be enter my PIN on the return's disclosure co	ny signature on the organization's tax year 20 ping filed with a state agency(ies) regulating c onsent screen.	18 electronica harities as pa	ally filed return. If I have rt of the IRS Fed/State
Officer's signature 🕨		Date >		
Part III Certific	ation and Authentication			
	our six-digit electronic filing identification			
•	by your five-digit self-selected PIN.	349184436 Do not enter all zo		
I certify that the above no confirm that I am submit e-file Providers for Busin	ting this return in accordance with the req	ture on the 2018 electronically filed return for uirements of Pub. 4163, Modernized e-File (the organizat MeF) Informat	lon Indicated above. I ion for Authorized IRS
ERO's signature 🕨		Date ▶ C	3/05/2	0
	ERO Must Retai	in This Form - See Instructions		

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

EXTENDED TO JUNE 15, 2020

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)

OMB No. 1545-0047

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

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

Open to Public Inspection

A Fo	or the 2	2018 calendar year, or tax year beginning $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ال ending	OF 31, 5018	
B Ch		C Name of organization		D Employer identific	eation number
	Address change	SYLVANIA YOUTH HOCKEY, INC.			
	Name change	Doing business as		46-28	859736
	Initial return		Room/suite	E Telephone number	
	Final return/	7060 SYLVANIA AVE.		419-	885-1167
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	973,877.
	Amende return	DIDVANIA, OH 40000		H(a) Is this a group re	turn
	Applica- ition pending			for subordinates	? Yes X No
		7000 BILVANIA AVE:, BILVANIA, OII 45500		H(b) Are all subordinates in	
		npt status: X 501(c)(3)	or 527	٦	list. (see instructions)
		: WWW.TAMOHOCKEY.COM rganization: X Corporation Trust Association Other	TI Voor	of formation: 2014	A State of legal domicile: OH
K H	orm of o	rganization: X Corporation Trust Association Other ► Summary	IL Year	or formation. ACT 4 N	otate of legal dollatone. Ozz
	135.3(1 °	riefly describe the organization's mission or most significant activities: ${f TO}$ ${f EI}$	ICOURA	GE PARTICIPA	ATION IN
8	1 B	CE HOCKEY, TO PROMOTE INTEREST AND INSTR	UCTION	IN THE GAM	E OF ICE
Activities & Governance		theck this box if the organization discontinued its operations or dispose			
ě					5
Ĝ		lumber of independent voting members of the governing body (Part VI, line 1b)			5
8		otal number of individuals employed in calendar year 2018 (Part V, line 2a)		1	0
iţį		otal number of volunteers (estimate if necessary)			125
Ę		otal unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	let unrelated business taxable income from Form 990-T, line 38		7b	0.
			<u> </u>	Prior Year	Current Year
ø	8 (Contributions and grants (Part VIII, line 1h)		56,315.	66,156.
Ę.		Program service revenue (Part VIII, line 2g)		821,241.	902,021.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		11 225	0.
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,235.	
		otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		888,791.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	i .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ë	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	Ŏ.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	A 1	· ·	
苔	17 (Fotal fundraising expenses (Part IX, column (D), line 25) Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	E .	892,973.	931,149.
_	'' '	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		892,973.	931,149.
	4	Revenue less expenses. Subtract line 18 from line 12		-4,182.	
<u> </u>		torondo tada axpondos, edipinas mila to mentinas via mila	В	eginning of Current Year	End of Year
ets	20	Fotal assets (Part X, line 16)		163,107.	219,575.
ASS	21	Fotal liabilities (Part X, line 26)	- I	150,198.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		12,909.	46,650.
Pi	art II	Signature Block			
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
		Signature of officer		Date	
Sig	n			Duto	
Her	re	MICHAEL JONES, PRESIDENT Type or print name and title			
				Date Check	PTIN
Pai	d	Print/Type preparer's name KRISTEN G. MORSE, CPA KRISTEN G. MORSE	E. CP	03/05/20 if self-empto	
	u parer	Firm's name REHMANN ROBSON LLC	_, <u>v-</u>	Firm's EIN	38-3635706
	Only	Firm's address 7124 W CENTRAL AVE			
500	· • • • • • • • • • • • • • • • • • • •	TOLEDO, OH 43617		Phone no. (4	119) 865-8118
5.4-	Ala a 11°	20 discuss this return with the property chown shows? (eas instructions)			X Yes No

Form 990 (2018)

Form 990 (2018) SYLVANIA YOU
Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	ff "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			**
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		w
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		٧,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			7.7
	Schedule D, Part III	8		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?			4,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	35555	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.	9967H60	100 (81 S.)	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,]	177
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	<u> </u>
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	١		- T
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1-2	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a	 	+
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	Х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		1	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	1	X
14a		148	†	+ **
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	1	х
	or more? If "Yes," complete Schedule F, Parts I and IV	140		 ^ `
15		15		x
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	10	1	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
<i>_</i> _	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	1	† <u></u> -
17		17		х
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	-''	1	T
18		18		х
	1c and 8a? If "Yes," complete Schedule G, Part II	10	T	†
19		19		х
^^	complete Schedule G, Part III	20a		X
	Fig "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		†
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
	DOTHESIC GOVERNMENT OF FIRST, COMMINITARY, MICE ST. J. 185. COMPLETE OCHECUTE I. F. S. F. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST		ո 990	(2018

orm S	990 (2018) SYLVANIA YOUTH HOCKEY, INC. 46-2859	736	Pa	ge 4
Part	IV Checklist of Required Schedules (continued)	T	Yes	No
ıo i	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
۱	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			
		23		X
24.0	Schedule J			
	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
D O	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
لم	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		-	
		25a		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	200		
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			
		25b		X
	Schedule L, Part I	200		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		x
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1988 to 1988	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):	30000	\$100 m (100)	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28b	ļ	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		١	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ļ		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		"	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
00	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	· •	1	T
38		38	X	
П	Note. All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance		,	
T.d	Check if Schedule O contains a response or note to any line in this Part V			Г
	CHECK II COLECULE O COLICAING A LOSPONOS OF HOST OF HIS HIS HIS THOSE WAS T		.,	<u> </u>

					Yes	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5			
	Enter the number of Forms W-2G included in line 1a. Enter ·O· if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming		0.000	
	(gambling) winnings to prize winners?			1c	Х	
2004	12-31-18			Form	990	(2018)

<u>For</u> m	990 (2018) SYLVANIA YOUTH HOCKEY, INC. 46-2859	736	P	_{age} 5
Par				
	1 4	5,534,551	Yes	No
	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	100000	30,000	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	2430325403	10 5 5 5 5 5 T
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Market St.		32000
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	24.145.6	X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		Beas	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			İ
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		Ì	
	were not tax deductible?	6b		L.,
7	Organizations that may receive deductible contributions under section 170(c).		William,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	V.	: Veres	
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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	<u> </u>	
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	10h			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	(D) a built arranged this arranged to other equipment			
	amounts due or received from them.)			
129	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	the state of the s	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
•	organization is licensed to issue qualified health plans			
,	Enter the amount of reserves on hand			
14a	Over the second state of t	14a		Х
i-re k	the second of th	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	1000		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	Viii		
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

832005 12-31-18

Form **990** (2018)

Form 990 (2018) SYLVANIA YOUTH HOCKEY, INC. 46-2859/30 Pac 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			X
Sect	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			
	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			
	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?	5		X
6	Did the organization have members or stockholders?	6		Х
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	<u> </u>	<u>X</u>
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:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing 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	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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 filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	The state of the s	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	as the second se			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	220 Y 33 Y		
•••	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
h	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
169	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
, oa	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)-	only	availa	ıble
	for public Inspection. Indicate how you made these available. Check all that apply.	Ξ,		
	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 finan	cial	
10	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			
20	THOMAS CLINE - 419-885-1167			
	7060 SYLVANIA AVE., SYLVANIA, OH 43560			
_		Гос	QQ	(2018)

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

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

- 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.

X Check this box if neither the organization ne		rgar	nizal			pen	sate			
(A)	(B)			(C) Marian			(D)	(E)	(F)
Name and Title	Average	(do	not ci	Posi neck r	nore t	than o	ne	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son is	s both r/trust	an	compensation from	compensation from related	amount of other
	week (list any							the	organizations	compensation
	hours for	g.				l.		organization	(W-2/1099-MISC)	from the
	related	10 ac	stee			nsate		(W·2/1099·MISC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
	organizations	trust	al tru		a),	a m		,		and related
	below	Individual trustee or director	Institutional trustee	بو	em pk	lest c	Jec			organizations
	line)	별	ust	Officer	Key	Highest compensated employee	Former			
(1) MICHAEL JONES	1.00							_		•
PRESIDENT		X		Х				0.	0.	0.
(2) MICHAEL FIELDING	1.00	1						•	_	•
VICE PRESIDENT		Х	_	X	<u> </u>			0.	0.	0.
(3) JOHN MCMAHON	1.00	ļ						_		0
DIRECTOR OF MARKETING AND REGISTRATI	4	X		X	<u> </u>	-	_	0.	0.	0.
(4) MATHIEU BEAUDOIN	1.00	١,,		٦,	ļ			0.	0.	0.
SECRETARY	1 00	X	├	X	-	-	 	U •	0.	٠.
(5) CHRIS BRZUCHALSKI	1.00	٠,	ŀ	х			ļ	0.	0.	0.
TREASURER		X	ļ	1	<u> </u>	-	-	V •	0.	V •
		-								
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Form 990 (2018)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	Hig	ghes	t Co	mpensated Employee		
(A)	(B)			_ (0	•			(D)	(E)	(F)
Name and title	Average		not ci		nore	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trust		compensation	compensation	amount of other
	(list any	_					,	from the	from related organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	36 07	stee			nsate		(W-2/1099-MISC)	(,,	organization
	organizations	trust	로		a se	a us		,		and related
	below	Individual trustee or director	Institutional trustee	ją.	Key employee	Highest compensated employee	ie.			organizations
	line)	in di	lust	Officer	Š	語	된			
]								
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				1						
				<u> </u>						
]								
1b Sub-total							\triangleright	0.		0.
c Total from continuation sheets to Part								0.	<u> </u>	0.
d Total (add lines 1b and 1c)								0.		0.
2 Total number of individuals (including but	not limited to t	hose	e liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 of reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any former office	r, director, or t	ruste	e, k	еу е	mpl	oyee	, or	highest compensated e	mployee on	
line 1a? If "Yes," complete Schedule J for										3 X
4 For any individual listed on line 1a, is the			omp	ens	atio	n and	d oti	her compensation from	the organization	
and related organizations greater than \$1										. 4 X
5 Did any person listed on line 1a receive o	r accrue compe	nsa	tion	from	an	y uni	elat	ed organization or indivi	dual for services	
rendered to the organization? If "Yes." co										. 5 X
Section B. Independent Contractors										
1 Complete this table for your five highest of	compensated in	dep	ende	ent c	ont	racto	rs t	hat received more than	\$100,000 of compe	nsation from
the organization. Report compensation for										
(A)								(B)		(C)
Name and busine	ss address	N	ION	E				Description of	services	Compensation
2 Total number of independent contractors	(including but	not	limit	ed to	o the	ose l	stec	d above) who received n	nore than	
\$100,000 of compensation from the orga						0				
										Form 990 (2018

			Check if Schedule O conta	ins a response	or note to any line	in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
3 1/8	1 2	1	Federated campaigns	1a					
1			Membership dues						
18			Fundraising events		8,500.				
1			Related organizations		÷				
清			Government grants (contribution						
30			All other contributions, gifts, grants						
ă			similar amounts not included abov	1 1	57,656.				
9	,		Noncash contributions included in lines 1						
and Other Similar Amounts		<u> </u>	Total. Add lines 1a-1f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		66,156.			
					Business Code				
ا پر	2	a	EVENT REGISTRAT	IONS AN	900099	902,021.	902,021.		
<u> </u>		b							
Program Service Bevenue		С							
		d							
54		е							
ב		f	All other program service rever	nue					
j		g	Total. Add lines 2a-2f		>	902,021.			
	3		Investment income (including	dividends, inter	est, and				
l			other similar amounts)		>				
-	4		Income from investment of tax	k-exempt bond	oroceeds 🕨				
l	5		Royalties	· <u>••••••</u>	>				
				(i) Real	(ii) Personal				
]	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)	· <u></u>	<u></u>				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)						
d)	8	а	Gross income from fundraisin	g events (not					
ğ			including \$8,5	00 • of					
eve			contributions reported on line						
Œ			Part IV, line 18		a <u>5,700.</u>				
Other Revenue		b	Less: direct expenses		b 8,987.				
0		С	Net income or (loss) from fund	draising events	<u></u>	-3,287.			-3,287
	9	а	Gross income from gaming ad	ctivities. See					
			Part IV, line 19	(*(************************************	a				
			Less: direct expenses	*********	b				
		C	Net income or (loss) from gan	ning activities	<u>,</u>				
	10		Gross sales of inventory, less						
			and allowances		a				
		b	Less: cost of goods sold	***************************************	b				
		c	Net income or (loss) from sale	es of inventory	<u></u>	12 14 15 15 15 15 15 15 15 15 15 15 15 15 15			
			Miscellaneous Revenu	ue	Business Code				
	11	а							
		b			1				
		С							
			All other revenue						
		е	Total. Add lines 11a-11d						
	1		Total revenue See instructions		_	፣ ዓፍ/ ጸዓስ	902,021.	0	3,287

Form 990 (2018) SYLVANIA YOUTH HOCKEY, INC.
Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons		nls Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations				
;	and domestic governments. See Part IV, line 21 🔝 📙				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	i			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include]			
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):			00 000	
а	Management	90,000.	F FA	90,000.	
b	Legal	7,339.	5,504.	1,835.	
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				1
	column (A) amount, list line 11g expenses on Sch O.)	— — — 	H 40E		
12	Advertising and promotion	7,105.	7,105.		
13	Office expenses	19,446.	19,446.		
14	Information technology				
15	Royalties				
16	Occupancy	16 004	46 004		
17	Travel	16,024.	16,024.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	:			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_	ICE RENTAL	498,121.	498,121.		
a	TOURNAMENT FEES	124,429.	124,429.		
Đ	YOUTH PROGRAM	86,310.	86,310.		
d	SUPPLIES	70,889.	70,873.		
	All other expenses	11,486.	3,352.		
	Total functional expenses. Add lines 1 through 24e	931,149.	831,164.		
25 26	Joint costs. Complete this line only if the organization	222,220	,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here (If following SOP 98-2 (ASC 958-720)				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A		

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
т-			88,733.	1	179,592.
Ì		Cash - non-interest-bearing		2	1,2,0,4,
		Savings and temporary cash investments		3	
		Pledges and grants receivable, net	1 74 0 477 1	4	0.
		Accounts receivable, net	LI,U47.	4	
		Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see Instr). Complete Part II of Sch L \dots	1	6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	^^ ^^
	9	Prepaid expenses and deferred charges	63,327.	9	39,983
Ì	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation10b		10c	
	11	Investments · publicly traded securities		11	
Ì	12	Investments - other securities. See Part IV, line 11		12	
İ	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets, Add lines 1 through 15 (must equal line 34)	163,107.	16	219,575
	17	Accounts payable and accrued expenses		17	18,246
- 1	18	Grants payable		18	
	19	Deferred revenue	140 005	19	154,679
- 1	20	Tax-exempt bond liabilities	1	20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1	21	
	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third			
Ì	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
-		·		25	
	oe.	Schedule D Total liabilities. Add lines 17 through 25		26	172,925
+	26	Organizations that follow SFAS 117 (ASC 958), check here X and	· · · · · · · · · · · · · · · · · · ·		
-		complete lines 27 through 29, and lines 33 and 34.			
3	07	Unrestricted net assets	12,909.	27	46,650
	27	Temporarily restricted net assets		28	
	28	•		29	
2	29	Permanentily restricted net assets			
Net Assets of Fulla Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
5	••	and complete lines 30 through 34.		30	5 1 1 15 15 4 1 4 5 1 1 1 1 1 1 1 1 1 1
2	30	Capital stock or trust principal, or current funds		31	
2	31	Paid-in or capital surplus, or land, building, or equipment fund	1	32	
	32	Retained earnings, endowment, accumulated income, or other funds	1000	·	46,650
ا -	33	Total net assets or fund balances	1 6 2 1 0 7	33	219,575
- 1	34	Total liabilities and net assets/fund balances	. 103,10/.	34	Form 990 (20

	GULLIANTA VOLUMU HOGUMU TNC	46-2859	726	D	. 19
	990 (2018) SYLVANIA YOUTH HOCKEY, INC. t XI Reconciliation of Net Assets	40-2009	730	Pag	_{le} 12
Fai	Check if Schedule O contains a response or note to any line in this Part XI				
	Check is Schedule O contains a response of hote to any fine in this Part XI	1		1271	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	964	, 89	90.
2	Total expenses (must equal Part IX, column (A), line 25)	2	931		
3	Revenue less expenses. Subtract line 2 from line 1	3	33	3,74	11.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	3,90	9.
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	46	5,6	<u> 50.</u>
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο,			OFFICE AND ADDRESS OF THE PARTY
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				3686366
b	Were the organization's financial statements audited by an independent accountant?		2b	X	71500 HA 5 3
	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				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			17	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	V-48-34-5
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		######################################	WESTER.	1000000
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				4,7
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	OOC	12.2.1.53
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SYLVANIA YOUTH HOCKEY, INC.

Employer identification number

46-2859736 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (III) Type of organization (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 SYLVANIA YOUTH HOCKEY, INC. 46-2859
| 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						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and					1	
	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					į	
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						-
	The portion of total contributions						
Ŭ	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,						
	antima (A						
A	Public support, Subtract line 5 from line 4.						
	tion B. Total Support						····
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	197					
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						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc (see instructi	ons)			12	
	First five years. If the Form 990 is fo						
10	organization check this hox and sto	n here	• (• (, • • • • • • • • • • • • • • • • • •	2, 122, 11, 17			
Se	organization, check this box and stoction C. Computation of Publ	ic Support Pe	rcentage				
14		line 6. column (f) d	livided by line 11.	column (fl)		14	%
15	Public support percentage from 2017					15	%
16:	33 1/3% support test - 2018. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						
1	33 1/3% support test - 2017. If the						
	and stop here. The organization qua						
17:	10% -facts-and-circumstances tes	t - 2018. If the or	ganization did not	check a box on line	e 13, 16a, or 16b.	and line 14 is 10% of	or more,
.,,	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	nis box and stop I	here. Explain in Pa	art VI how the organ	ization
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts and cir						▶ □
10	Private foundation. If the organizati						•
	C TITALO TOGNACIONE II WO VIGANIZATE					edule A (Form 990	

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

qualify under the tests listed be	olow, please comp	lete Part II.)	<u> </u>			
Section A. Public Support						
Calendar year (or fiscal year beginning in) ► 📗	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						406 000
include any "unusual grants.")	4,661.	55,940.	13,000.	56,315.	66,156.	196,072.
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.	821,241.	902,021.	3839552.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						

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	307,331.	1168877.	713 683	877,556.	968,177.	4035624.
6 Total. Add lines 1 through 5	307,331.	11000//*	713,003.	077,3300	300,17,0	1000011
7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received						0.
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.
8 Public support. (Subtract line 7c from line 6.)						4035624.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	307,331.	1168877.	713,683.	877,556.	968,177.	4035624.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				:		
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)	307,331.	1168877.	713,683.	877,556.	968,177.	4035624.
14 First five years. If the Form 990 is for			rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	rcentage	- Colonia			
15 Public support percentage for 2018			column (f))		15	100.00 %
16 Public support percentage from 201	•		***************************************		16	100.00 %
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2			line 13. column (f)		17	.00 %
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2018. If the						
more than 33 1/3%, check this box a						L : 47 L
b 33 1/3% support tests - 2017. If the						
b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che						
line 18 is not more than 33 1/3%, chi 20 Private foundation. If the organizati						
	on did not check a	A DUA ON BIRE 14, 13	a, or rap, check t	CAL	nedule A (Form 99	0 or 990-E7\ 2019
832023 10-11-18				301	IVALIO A (I UI III DO	5 5, 550 EE, 20 IB

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	90	NAME OF THE PERSON OF THE PERS	
	9c	1000000	
	10a	366	
	10b		

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Pai	t IV Supporting Organizations (continued)			
	The state of the s		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)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
<u>Sec</u>	tion B. Type I Supporting Organizations		1	
		39%,95%	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	Barrier (
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		N. S. S. S. S. S. S. S. S. S. S. S. S. S.	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
800	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations			
360	aton of Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1000		
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		100000	(B.16)
	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	Village	1000000	100000
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	a milesiais	3.555.55
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	Andrida		
	supported organizations played in this regard.	3	1	<u></u>
	ction 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	5).		
1	Dest William and a support of the control of the co	tauotion	o)	
,	Activities Test. Answer (a) and (b) below.	in a Cuon	Yes	No
2	The state of the s	VA VIII		
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		N.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ESTAVES Alterativ		
'	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		<u> </u>
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		(F. 1954)	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in Par	t VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections A through E.	
Secti	on A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
Sec	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	1		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990 or 990 EZ) 2018 SYLVANIA YOUT	H HOCKEY, INC.		6-2859736 Page 7
Part V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe	mpt purposes		
2 Amounts paid to perform activity that directly furthers exempted.	ot purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approvai required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which t	he organization is responsive		
(provide details in Part VI). See instructions.			
Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3l from 3f.			
4 Distributions for 2018 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury internal Revenue Service

Schedule of Contributors

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

INC.

OMB No. 1545-0047

2018

Name of the organization

SYLVANIA YOUTH HOCKEY,

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

Employer identification number

46-2859736

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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 990)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
,	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special I	Rules				
:	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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; line 1. Complete Parts I and II.			
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the lity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),			
	year, contributions is checked, enter to purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box nere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
but it mi	ust answer "No" oก	nat 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 the filling requirements of Schedule B (Form 990, 990·EZ, or 990·PF).			

Employer identification number

SYLVANIA	YOUTH	HOCKEY	, INC.

46-2859736

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	PROMEDICA 2142 N COVE BLVD TOLEDO, OH 43606	\$5,000.	Person X Payroll
(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 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.)

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

Employer Identification number Name of organization SYLVANIA YOUTH HOCKEY, INC. 46-2859736 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 Part III 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 (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (c) Use of gift from (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SYLVANIA YOUTH HOCKEY, INC.

Employer identification number 46-2859736

Par	Organizations Maintaining Donor Advised	l Funds or Other Similar Funds	s or Accounts. Complete if the
<u> </u>	organization answered "Yes" on Form 990, Part IV, line	96.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	ised funds
Ť	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	• •		
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ea		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forr	n 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
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
-	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	he organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		of
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
	conservation easements,		
Pa	rt III Organizations Maintaining Collections of		Other 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 ext		erance 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 p	oublic 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		cial gain, provide
	the following amounts required to be reported under SFAS 1		.
а	, , , , , , , , , , , , , , , , , , , ,		. .
h	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2018

<u>Sche</u> d		YOUTH HOO						<u>16-28</u>			_{le} 2
Part											
3	Using the organization's acquisition, accession	, and other record	s, check	any of the fo	ollowing that are	a signif	icant u	se of its co	ollection ite	ems	
	(check all that apply):										
а	Public exhibition	d	ı 🔲 ۱	oan or excl	nange programs						
b	Scholarly research	е	(Other							
C	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explair	n how the	y further th	e organization's e	exempt	purpos	se in Part)	KIII.		
5	During the year, did the organization solicit or re	eceive donations o	of art, his	torical treas	ures, or other sin	nilar as:	sets				
	to be sold to raise funds rather than to be main	tained as part of ti	he organ	ization's col	lection?			,,,,,	Yes		No
Par	TIV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered "Yes	" on Fo	rm 990	, Part IV, I	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	is the organization an agent, trustee, custodian	or other intermed	lary for c	ontributions	s or other assets	not incl	uded				
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing to	able:							
									Amount		
С	Beginning balance	************************					1c				
d	Additions during the year			******			1d				·
е	Distributions during the year						1e				
f	Ending balance	***************************************		,							
2a	Did the organization include an amount on For	m 990, Part X, line	21, for e	scrow or cu	ustodial account l	iabilityʻ	? ,	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C							**********			
Par	t V Endowment Funds. Complete if t	the organization ar	nswered	"Yes" on Fo							
•		(a) Current year	(b) P	rior year	(c) Two years ba	ck (d	Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	nt year end baland	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
	Temporarily restricted endowment	 %									
	The percentages on lines 2a, 2b, and 2c shoul										
За	Are there endowment funds not in the possess		ation tha	t are held a	nd administered t	for the	organiz	ation			
	by:	Ū								Yes	No
	(i) unrelated organizations					*******		********	3a(i)		
	(ii) related organizations								3a(ii)		
b									3b		
4	Describe in Part XIII the intended uses of the o	•									
Pa	rt VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 99	0, Part I	/, line 11a. S	See Form 990, Pa	art X, lir	ю 10.				
	Description of property	(a) Cost or		1			umulat	ed	(d) Book	value)
	, , , , ,	basis (invest			(other)	depr	eciatior)			
	Land							ÇEVE E			
	_ \\	1									
	Leasehold improvements										
	Equipment	1									
	Other										

Schedule D (Form 990) 2018

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

Complete if the organization answered "Yes" or a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end-of-year market va
	(b) Dook value	(O) Wicthod of V	alleations obstar and or your market ve
Financial derivatives			
Closely-held equity interests			
Other			
<u>4)</u>			
B)			
0)			
D)			
F)			
G)			
1)			
. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		e 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or end-of-year market va
1)			
2)			
3)			
(4)			
(5)			
(6)			
		ı	
(7)			
(7) (8)			
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, lin Description	e 11d. See Form 990,	Part X, line 15.
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) [e 11d. See Form 990,	
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" (a) [e 11d. See Form 990,	
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1)		e 11d. See Form 990,	
(8) (9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3)		e 11d. See Form 990,	
(a) E (B) (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		e 11d. See Form 990,	
8) (9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4)		e 11d. See Form 990,	
(8) (9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) II (1) (2) (3) (4) (5)		e 11d. See Form 990,	
8) 9) 1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] [2] [3] [4] [5] [6] [7]		e 11d. See Form 990,	
(a) E (b) must equal Form 990, Part X, col. (B) line 13.) ▶ I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990,	
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" col. (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" col. (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)		(b) Book va
(8) (9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (c)	Description 15.)	ne 11e or 11f. See For	(b) Book va
8) 9) I. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Int IX Other Assets. Complete if the organization answered "Yes" (a) E (a) E (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Description 15.)		(b) Book va
8) 9) 1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Int IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)	ne 11e or 11f. See For	(b) Book va
8) 9) 1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Int IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description 15.)	ne 11e or 11f. See For	(b) Book va
8) 99 1. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description 15.)	ne 11e or 11f. See For	(b) Book va
(8) (9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description 15.)	ne 11e or 11f. See For	(b) Book va
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description 15.)	ne 11e or 11f. See For	(b) Book va
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description 15.)	ne 11e or 11f. See For	(b) Book va
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" col. (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" col. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 15.)	ne 11e or 11f. See For	(b) Book va
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 15.)	ne 11e or 11f. See For	(b) Book va

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 X

Schedule D (Form 990) 2018

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

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.

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

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization

SYLVANIA YOUTH HOCKEY, INC.

Employer identification number 46-2859736

					on 501(c)(4), and 501 t IV, line 25a or 25b				h			
1 (a) Name of disqualified p	(h)	Relationship betv	veen d	lisqualit	ied) Description of tran			<u> </u>	(d) (Correc	ted?
(a) Name of disquained [person	person and or	ganiza	tion		7 Description of train		•		Ye	s	No
2 Enter the amount of tax section 4958					ualified persons duri			> \$				
3 Enter the amount of tax,								> \$				
Complete if the	organization ans ount on Form 99	0, Part X, line 5, 6	Form 9	990-EZ, 2.	Part V, line 38a or F	form 990, Part IV, lin	e 26; c					
(a) Name of interested person	(b) Relationship with organization		froi	oan to or n the ization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) App by box comm	ard or ittee?	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No

Fotal Part III Grants or A	ssistance Be	nefiting Inter	este	d Per	▶ \$ sons.						WEEK	
		swered "Yes" on				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,		,.	\ D		
(a) Name of Interested	person	(b) Relationship interested per the organiz	son ar	en nd	(c) Amount of assistance	(d) Type assistar) Purp assista		
											1011	
								_				
				•								
LHA For Paperwork Redu	ction Act Notice	, see the Instruc	ctions	for For	m 990 or 990-EZ.	Scl	nedule	L (Fo	rm 990	or 99	0-EZ	201

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

SYLVANIA YOUTH HOCKEY, INC.

Employer identification number 46-2859736

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 B, LINE 12C:
TDOKES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY WHERE THEY HAVE A
DUTY TO DISCLOSE. ONCE COMPLETED, THE REMAINING BOARD MEMBERS MEET AND MAKE
DECISIONS ON WHETHER CONFLICT EXISTS.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO
THE GENERAL PUBLIC BY REQUEST. MONTHLY TEAM SUMMARY OF FINANCIAL STATEMENTS
IS AVAILABLE BY REQUEST.
FORM 990, PART XII, LINE 2C:
THE PROCESS USED HAS NOT CHANGED.

SCHEDULE R (Form 990)

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

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

2018

OMB No. 1545-0047

y *

Employer identification number 46-2859736Direct controlling End-of-year assets Total income ₤ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity INC SYLVANIA YOUTH HOCKEY Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

(g) Section 512(b)(13) controlled ž entity? Yes 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 status (if section 501(c)(3)) Public charity Exempt Code section ₤ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

Part II

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

832161 10-02-18 LHA

Schedule R (Form 990) 2018

46-2859736

Page 2

Schedule R (Form 990) 2018 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

3	General or Percentage managing ownership partner?								
9	General or managing partner? Yes No			 	-	 			
(1)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					,			
(H)	Disproportionate allocations?	 							
(6)	Share of end-of-year assets								
(£)	Share of total income								
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)								
(p)	Direct controlling entity								
(0)	Legal domicile (state or foreign country)								
(a)	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

organizations treated as a corporation of trust during the tax year.	iring the tax year.							
(a)	(q)	(0)	9	(e)	(£)	(6)	ε	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?
		country)		or trust)		desers		Yes No
SYLVANIA TAM-O-SEANTER SPORTS, INC								
34-1316817, 7060 SYLVANIA AVENUE, SYLVANIA,								-
OH 43560	RECREATION	ОН	N/A	C CORP	0.	0		×
			·					
	ī							
	-							
	1							-
and delivery to the state of th								
	1							

Schedule R (Form 990) 2018

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule					Yes No	ဍ
Note: Colliplete life 1 if any entity is listed in raits if, iii, or iv or alls solicidate.	s with one or more re	ic. transactions with one or more related organizations listed in Parts IHV?	in Parts II-IV?			
Dening are tax year, and are organization engage in any or are concerned		0		<u>1</u>		M
				4p		M
				ဍ		M
				Jq.		M
		2 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	****	4		×
e Loans or loan guarantees by related organization(s)				?		
				1		Þ
f Dividends from related organization(s)				=		4
 g Sale of assets to related organization(s) 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Ē		×
Purchase of assets from related organization(s)				ŧ		M
				Ŧ		M
		4 = 4 = 4 = 4 = 4 = 4 = 4 = 4 = 4 = 4 =		1j		×
ן בפספר כן ומסוונוכס, כקמוףוזומיזי, כן כניכן מספסת גע וסומים כן מסוונוכס, כן				-20 to 10 to		
k I ease of facilities equipment or other assets from related organization(s)				¥		M
Derformance of services or membership or fundraising solicitations for related organization(s)	nization(s)			7		×
m Derformance of services or membership or fundraising solicitations by related organization(s)	nization(s)	* b b c p p c c c c c c c c c c c c c c c		Ŧ	×	
III telement of facilities againment mailing life or other secate with related avanantes (c)	ion(s)			ŧ		M
I Stating of facilities, equipment, maining lists, or outer assert man related organization of the policy of policy continuous with related presentation (s)	(2)			9		M
				ŕ		×
p Reimbursement paid to related organization(s) for expenses		***************************************		,		>
q Reimbursement paid by related organization(s) for expenses				2	1000000	4
r Other transfer of cash or property to related organization(s)				+		M
				1s		×
1	ho must complete th	is line, including covered	elationships and transaction thresholds.			
1	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	ivolved		
	(a p) a d (a					
(1) SYLVANIA TAM-O-SHANTER SPORTS, INC.	м	90,000.	FMV OF SERVICES RENDERED			
8			With the second			
			The state of the s			
[4]			A CONTRACTOR OF THE PROPERTY O			
(5)						
(9)						
832163 10-02-18	•		Schedule	Schedule R (Form 990) 2018	7 (066 1	2018

Page 4

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

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

Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No					Schedule R (Form 990) 2018
Perce owne					066 u
eneral or lanaging partner?					· (Form
5,7-7.20 -1-20 -1-20 -1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-			 		
(i) The V-UE medule m 106					School
SSI SSI For					
(h) Dispropertionate allocations? Yes No			 		
					
(g) Share of end-of-year assets					
Sh end					
(f) Share of total income					
(e) Are all partners sec. 501(s)(3) er Yes No					
er 501(
income elated, lax und 2-514)					
(d) minant ed, unr d from 1 ons 512	!				
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)					
cile eign			•		
(c) Legal domicile (state or foreign country)					
		,			
(b) Primary activity					
(b) imary a					:
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(a) (b) Name, address, and EIN Primary activity of entity					
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