Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

ĀI	or the	2017 calend	ar year, or tax year beginning January , 2017, and ending	Decemb	er , 20 17
В	Check if ap	plicable.	Employer identification number		
	Address c	hange	81-148857 4		
	Name cha	nge	Telephone n	umber	
=	Initial retur		70	2-409-9709	
=	Final retur Amended	n/terminated	Group Exe	mption	
=	Application		Number I		
		ing Method:	neck ▶ ☑i	f the organization is not	
	Vebsite	•			ach Schedule B
JT	ax-exen			•	D-EZ, or 990-PF).
			☑ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$	
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	structions	for Part I)
			the organization used Schedule O to respond to any question in this Part I.		
?	1		ons, gifts, grants, and similar amounts received	. 1	11500
7			ervice revenue including government fees and contracts	. 2	0
		-	ip dues and assessments	. 3	0
?: ?: ?:	4	Investment	•	4	0
rj Fi	5a		ount from sale of assets other than inventory 5a	0 35-78	
7	b		or other basis and sales expenses	0	
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	0
:: ::	6	Gaming an	1 17 18		
	a	_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Revenue	-	\$15,000) .	ome from gaming (attach Schedule G if greater than	o Constitution	
	Ь	•	me from fundraising events (not including \$ 11500 of contributions		
30	, -	from fundr			
20	Ì		th gross income and contributions exceeds \$15,000) 6b	1800	
	c	Less: direc	t expenses from gaming and fundraising events 6c	1050	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act	
	ļ	line 6c) .	. 6d	750	
	7a	Gross sale	s of inventory, less returns and allowances	0	
	Ь		of goods sold	O [
	С	Gross prof	7c	0	
	8	Other reve	. 8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	12250
	10			. 10	1635
	11		I similar amounts paid (list in Schedule O)	7. 11	0
Expenses	12	Salaries, or	ther compensation, and employee benefits 2	12	0
	13	Profession	al fees and other payments to independent contractions APR 2 3 2018 of the contractions, postage, and shipping	. 13	
	14	Occupanc	y, rent, utilities, and maintenance	1. 14	
	15		ublications, postage, and shipping	. 15	3900
	16	•	ublications, postage, and shipping OGDEN, UT	. 16	3000
	17	Total expe	▶ 17	8535	
S	18		(deficit) for the year (Subtract line 17 from line 9)	. 18	3715
set	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree v	vith	
ASS		end-of-yea	r figure reported on prior year's return)	. 19	400
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	. 20	
Z	21		or fund balances at end of year. Combine lines 18 through 20	▶ 21	4115
For	Paper		ion Act Notice, see the separate instructions. Cat. No. 106421		Form 990-EZ (2017)

Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II 22 Cash, savings, and investments 400 22 23 24 24 25 25 24 24 25 25	Page
All Beginning of year (8) End of 400 22 23 24 24 34 25 25 24 25 25 25 25 2	
24 Other assets (describe in Schedule O)	year
23 Land and buildings. 23 24 Other assets (describe in Schedule O) 25 25 26 Total lasbifilities (describe in Schedule O) 26 27 28 28 29 29 20 27 29 29 29 29 29 29 29	1069
Total assets 7 total assets 9 total	
Total assets	
Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? Graw youth hockey Statement of program services accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? Graw youth hockey Statement of its three largest program services, is measured by expenses. In a clear and concise manner, describe the services provided, the number of others of the services provided, the number of the services provided, the number of the services provided provi	
Net assets or fund balances (line 27 of column (B) must agree with line 21) 400 27	
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III Check organization sprimary exempt purpose? Grow youth hockey Grow yo	1069
Check if the organization used Schedule O to respond to any question in this Part III	
What is the organization's primary exempt purpose? Grow youth hockey Grow youth hockey Society	0 S
Describe the organization's program service accomplishments for each of its three largest program services, so measured by expenses. In a clear and concise manner, describe the services provided, the number of others; others.) 28 Free hockey skills clinic First annual Shoot-A-Thon 29 Financial assistance (Grants \$) If this amount includes foreign grants, check here	
Is measured by expenses. In a clear and concise manner, describe the services provided, the number of bersons benefited, and other relevant information for each program title. 28 Free hockey skills clinic First annual Shoot-A-Thon 29 Grants \$) If this amount includes foreign grants, check here	
Persons benefited, and other relevant information for each program title. 28 Free hockey skills clinic First annual Shoot-A-Thon 29 (Grants \$) If this amount includes foreign grants, check here	ptional ioi
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First annual Shoot-A-Thon Grants \$ If this amount includes foreign grants, check here 28a	
Grants \$ If this amount includes foreign grants, check here 28a	
Carants \$ If this amount includes foreign grants, check here 29a	
Carants \$ If this amount includes foreign grants, check here 29a	435
Grants \$ If this amount includes foreign grants, check here 29a	
Grants \$) If this amount includes foreign grants, check here	
Grants \$) If this amount includes foreign grants, check here	
Grants \$) If this amount includes foreign grants, check here	1025
(Grants \$) If this amount includes foreign grants, check here	1635
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	
Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	400
Carents	1200
Total program service expenses (add lines 28a through 31a)	
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Check if the organization used Schedule O to respond to any question in this Part IV	
Check if the organization used Schedule O to respond to any question in this Part IV	3270
(a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (compensation (Forms W-2/1099-MISC)	Part IV)
(a) Name and title bours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) The sina Kielb 20 0 0 0 0 Bryan Toupe 10 0 0 0 The sheena Olsen 5 0 0 0 Garen Zink 5	<u> </u>
devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) deferred compensation other composition (if not paid, enter -0-) deferred compensation other composition (if not paid, enter -0-) deferred compensation other composition of the compensation of the co	amount of
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ice President 10 0 0 heena Olsen 5 0 0 aren Zink 5	
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ecretary 0 0	
5	
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	5 Fait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	<u> </u>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		7
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		7
39 a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	では、	2000	
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	A CANAL STATE		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Gina Kielb Telephone no. ▶	702-40	9-970	9
b	Located at ► 5240 Adorato Dr. N Las Vegas, NV 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	42b	Yes	No
	Financial Accounts (FBAR).	F. 3.	, , ,	1
	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	▶ ☑
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		> >
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes 147 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part 1	Section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tay year? If "Yes," complete Schedule O are 1 in the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 in the organization make any transfers to an exempt non-charitable related organization? 8 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 in "Yes," was the related organization in the organization? 9 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 in "Yes," was the related organization in the organization? 10 Complete this table for the organization is the highest compensated employees (other than officers, directors, trustees, and in employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 11 Total number of other employees paid over \$100,000 organization in the organization with the organization in the organization. If there is none, enter "None." 12 Complete this table for the organization is five highest compensated independent contractors who each received more the \$100,000 or compensation from the organization. If there is none, enter "None." 13 Total number of other independent contractors each receiving over \$100,000 organizations to employees organization. If there is none, enter "None." 14 Total number of other independent contractors each receiving over \$100,000 organizations to employee organization. If there is none, enter "None." 15 Total number of other independent contractors each receiving over \$100,000 organizations to employee organization. If there is none, enter "None." 15 Total number of other independent contractors each receiving over \$100,000 organizatio
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Did the organization make any transfers to an exempt non-charitable related organization? 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 Did the organization make any transfers to an exempt non-charitable related organization? 49 Did the organization as the related organization is five highest compensated employees (other than officers, directors, trustees, an employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average (c) Paptrable compensation (d) Health benefits (d) Health benefits (d) Health benefits (e) Estimated amount of the remployees paid over \$100,000 .	Section 501 (c)(3) organizations only All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization a school as described in section 170(b)(1/4/4/6))? if "Yes," complete Schedule E 48 Is the organization a school as described in section 170(b)(1/4/4/6))? if "Yes," complete Schedule E 49 Did the organization as achool as described in section 170(b)(1/4/4/6))? if "Yes," complete Schedule E 49 Did the organization as achool as described in section 170(b)(1/4/4/6))? if "Yes," complete Schedule E 49 Did the organization as an arm time of organization? 49 Did the organization as a remainded to a nexempt non-charitable related organization? 49 Did the organization as the organization is five highest compensated employees (other than officers, directors, trustees, and to employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 6) Name and title of each employee 6) American (prometic organization as the late of the organization in the organization of the organization as the organization of the organizati	All Section 501 (c)(3) organizations only All section 501 (c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete 5chedule C, Part II 7 Did the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete 5chedule E 8 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete 5chedule E 9 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete 5chedule E 9 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete 5chedule E 9 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete 5chedule E 9 Did the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete 5chedule E 9 Did the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete 5chedule E 9 Did the organization of the feet and the organization of the f
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b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, an employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MISC) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (e) Estimated amount of the compensation of the compensation of the compensation. Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Reportable complexition. (d) Health benefits, contributions to employee benefit plans, and deferred compensation of the complexity of the compensation. (e) Estimated amount of the compensation of the compensation. (b) Type of service (c) Type of service (d) Health benefits, contributions to employee benefit plans, and deferred compensation of the compensation. (e) Estimated amount of the compensation. (f) Total number of other employees paid over \$100,000	b if "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours par week devoted to position (c) Reportable compensation compensation (forms W-2/1099-MISC) (d) Health benefits, contributions to employee outpersonable organization. If there is none, enter "None." (e) Name and title of each employee paid over \$100,000	b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and is employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average (c) Reportable compensation (d) Health benefits compensation (d) Health benefits compensation (e) Reportable compensation compensation (f) Health benefits compensation (o) Forms W-2/1099-MISC) (f) Health benefits compensation (g) Reportable compensation compensation (g) Reportable compensation compensation (g) Reportable comp
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2017

Open to Public Inspection

Employer identification number

Jake	Kield's Hockey Foundation					81-14	885/4	
Pai	t I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
The o	organization is not a private founda	ition because it i	s: (For lines 1 through	12, che	ck only o	ne box.)	781	
1	A church, convention of church	hes, or associati	on of churches descr	ibed in s	ection 17	'0(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4								
•	hospital's name, city, and state	-	,	,			,	
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned o	or operate	ed by a government	al unit describ	ed in
6	A federal, state, or local govern	•	mental unit described	l in secti	on 170/b	////A\/\\		
7	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general p	public
8	☐ A community trust described in			Part II.)				
9	☐ An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) on	erated in	conjunction with a l	and-grant colle	eae
	or university or a non-land-grauniversity:	nt college of agr	iculture (see Instruction	ons). Ente	er the nar	ne, city, and state of	the college or	r
10	An organization that normally receipts from activities related	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membership	fees, and gro	es
	support from gross investment	t income and un	related business taxa	ble incon	ne (less s	ection 511 tax) from	businesses	
	acquired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)		
11	An organization organized and	operated exclus	sively to test for publi	c safety.	See sect	ion 509(a)(4).		
12	☐ An organization organized and							
	of one or more publicly suppo							
	Check the box in lines 12a thro	ugh 12d that des	scribes the type of sup	oporting o	organizati	on and complete line	s 12e, 12f, and	d 12g.
а	☐ Type I. A supporting organ	ization operated	l, supervised, or conti	rolled by	its suppo	rted organization(s),	typically by gi	ving
	the supported organization					the directors or trust	ees of the	
	supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B				
b	☐ Type II. A supporting organ	nization supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), by havin	ıg
	control or management of t	the supporting o	rganization vested in	the same	persons	that control or man	age the suppo	rted
	organization(s). You must	complete Part I	V, Sections A and C	•				
С	Type III functionally integrated its supported organization						Illy integrated	with,
đ	Type III non-functionally i	ntegrated. A su	pporting organization	operate	d in conn	ection with its suppo	rted organizat	ion(s)
	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness.							
	requirement (see instruction							
е								
_	functionally integrated, or T						ii, typo iii	
f	Enter the number of supported of				•			
g		-					<u> </u>	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the d	rganization	(v) Amount of monetary	(vi) Amount o	of
			(described on lines 1-10		ur governing	support (see	other support (
			above (see instructions))	docu	ment?	instructions)	instructions)
				Yes	No			
			· · · · · · · · · · · · · · · · · · ·	T		f		
(A)					•			
(B)								
					ļ			
(C)								
(D)								
				 				
(E) 								
Tota'				1	1			

Schedu	le À (Form 990 or 990-EZ) 2017						Page 2
Part	Support Schedule for Organiza (Complete only if you checked to Part III. If the organization fails to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qua	•
Secti	on A. Public Support	o quality und	er the tests he	sted below, p	lease comple	ee rait iii.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		5				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		1				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		The state of the s	A STATE OF THE STA		METERS ASSESSED.	
	on B. Total Support	T	r			T	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11			a family	前的经验。其实	"是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是	STATE OF THE STATE	
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the						
Coati	organization, check this box and stop he on C. Computation of Public Suppo			· · · · ·	<u> </u>	· · · · ·	
14	Public support percentage for 2017 (line	Y		11 column (f)		14	%
15	Public support percentage from 2016 Sc					15	%
16a	331/a% support test—2017. If the organ box and stop here. The organization qua	ization did not	check the box	x on line 13, a	nd line 14 is 33	31/3% or more,	check this
b	331/a% support test—2016. If the organ this box and stop here. The organization						
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, cl	neck this box	and stop here .	Explain In
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets th	ne "facts-and-d ts-and-circum	circumstances stances" test.	" test, check	this box and s	top here.
18	Private foundation. If the organization dinstructions	id not check a			a, or 17b, chec	k this box and	

	le A (Form 990 or 990-EZ) 2017			. 500()(0)			Page 3
Part							
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support				1 (2.22)		
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				İ	44500	11500
2	Gross receipts from admissions, merchandise				 	11500	
-	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						W. D
6	Total. Add lines 1 through 5					11500	11500
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		i				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b				<u> </u>		
8	Public support. (Subtract line 7c from	- William Th	The state of the s			2000 2000 C	17
	line 6.)						V
Secti	on B. Total Support			· · · · · · · · · · · · · · · · · · ·			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6					11500	11200
10a	Gross income from interest, dividends,				Ì		(, , ,
	payments received on securities loans, rents, royaltles, and income from similar sources.						
b	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses		1	1			
_	acquired after June 30, 1975						
C	Add lines 10a and 10b	<u> </u>					
11	activities not included in line 10b, whether		ļ	1	1		
	or not the business is regularly carried on						
12	Other income. Do not include gain or				<u> </u>		
	loss from the sale of capital assets (Explain in Part VI.)				1		
13	Total support. (Add lines 9, 10c, 11, and 12.)					11500	11500
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			n, or fifth tax y		
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2017 (line						%
16	Public support percentage from 2016 Sci			<u> </u>	<u> </u>	16	<u>%</u>
SACTI	on D. Computation of Investment In						
	Increase and hearth and a second state of the second	11 40- ·	/A / 1		/A\	47	
17 18	Investment income percentage for 2017 (Investment income percentage from 2016)			-			<u>%</u> %

17 is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization 33½% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Jake Kleibs Hockey Foundation	81-1488574
Line 16- Business Credit Card Payments and Reimbursement of 401K for marketing expenses.	