- Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

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BAA For Privacy Act and Paperwork Reduction Act Notice, see the se

m 990 (2009) Brevard Amateur Ice Hockey			59-3	46966	51		Page
art III Statement of Program Service Accomplishing Briefly describe the organization's mission	ments						
Briefly describe the organization's mission To promote interest in youth ice hockey the game, sportsmanship and competitiver	. To impr ness.	ove ice hockey	_skills,	<u>know</u>	1edg	e_of	E
2 Did the organization undertake any significant program services	the year	which were not listed	on the prior				
Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O					Yes	X	No
Did the organization cease conducting, or make significant char If 'Yes,' describe these changes on Schedule O	nges in how it co	onducts, any program	services?		Yes	Χ	No
Describe the exempt purpose achievements for each of the orga and 501(c)(4) organizations and section 4947(a)(1) trusts are re expenses, and revenue, if any, for each program service reporte	equired to report	largest program serve the amount of grants	ces by expen and allocatio	ses Se ns to ot	ction 5 hers, t	501(c) he tota	(3) al
a (Code) (Expenses \$36,522. includ Promotion and development of youth ice b	hockey.	\$	_) (Revenue	\$)
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b (Code 777)) (Expenses \$ includ	ung grants of	;) (Revenue	\$			
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d Other program services (Describe in Schedule O)							

Form 990 (2009) Brevard Amateur Ice Hockey Part IV Checklist of Required Schedules

1 441				
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
۰2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	_4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		x
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	₩ * ¶ ¶ \$`\$		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
(Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			17 3 - 4
•	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 	4 " 4 4 4 " 4 14	S. J. w	
1	 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX 			9 ja 10 ji
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			· *
1	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 	n ng	jn ¥ ži ₩	×,
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes.' complete Schedule D, Parts XI, XII, and XIII	12		x
12,	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			۸. د
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

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Par	t IV Checklist of Required Schedules (continued)	r		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
Ż2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		<u>x</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25Ь		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	16		, ³ , 4
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33_		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	 	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	 	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37_		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		x
BAA		Form	990	(2009)

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Form 990 (2009) Brevard Amateur Ice Hockey	59-3469661 Page
Part V Statements Regarding Other IRS Filings and Tax Con	npliance
	Yes No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Tra Information Returns Enter -0- if not applicable	ansmittal of U S
, b Enter the number of Forms W-2G included in line 1a Enter -0- if not applic	able 1b 0
c Did the organization comply with backup withholding rules for reportable pa (gambling) winnings to prize winners?	ayments to vendors and reportable gaming
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, calendar year ending with or within the year covered by this return	, filed for the 2a 0
2b If at least one is reported on line 2a, did the organization file all required fe	
Note. If the sum of lines 1a and 2a is greater than 250, you may be require	
3a Did the organization have unrelated business gross income of \$1,000 or mo this return?	<u>3aX</u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation	on in Schedule Q
4a At any time during the calendar year, did the organization have an interest financial account in a foreign country (such as a bank account, securities and account in a foreign country (such as a bank account, securities and account in a foreign country (such as a bank account, securities and account in a foreign country (such as a bank account, securities and account in a foreign country (such as a bank account, securities and account in a foreign country (such as a bank account, securities and account in a foreign country (such as a bank account, securities and account in a foreign country (such as a bank account, securities and account in a foreign country (such as a bank account, securities and account in a foreign country (such as a bank account, securities and account is a foreign country (such as a bank account, securities and account is a foreign country (such as a bank account, securities and account is a foreign country (such as a bank account, securities and account is a foreign country (such as a bank account, securities and account is a foreign country (such as a bank account, securities and account is a foreign country (such as a bank account, securities and account is a foreign country (such as a bank account is a	ccount, or other financial account)?
b If 'Yes,' enter the name of the foreign country	
See the instructions for exceptions and filing requirements for Form TD F 9 Financial Accounts	" [*] « •
5a Was the organization a party to a prohibited tax shelter transaction at any t	
b Did any taxable party notify the organization that it was or is a party to a pr	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure b Tax Shelter Transaction?	by Tax-Exempt Entity Regarding Prohibited 5c
6a Does the organization have annual gross receipts that are normally greater solicit any contributions that were not tax deductible?	than \$100,000, and did the organization 6a X
b If 'Yes,' did the organization include with every solicitation an express state deductible?	ement that such contributions or gifts were not
7 Organizations that may receive deductible contributions under section 17	'0(c).
a Did the organization receive a payment in excess of \$75 made partly as a c provided to the payor?	contribution and partly for goods and services
b If 'Yes,' did the organization notify the donor of the value of the goods or se	ervices provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible persor Form 8282?	7c
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d
e Did the organization, during the year, receive any funds, directly or indirect benefit contract?	ly, to pay premiums on a personal 7e
${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, o	
g For all contributions of qualified intellectual property, did the organization fi	
h For contributions of cars, boats, airplanes, and other vehicles, did the organ	
8 Sponsoring organizations maintaining donor advised funds and section 5 supporting organization, or a donor advised fund maintained by a sponsorir holdings at any time during the year?	509(a)(3) supporting organizations. Did the ng organization, have excess business
9 Sponsoring organizations maintaining donor advised funds.	
a Did the organization make any taxable distributions under section 4966?	9a
b Did the organization make any distribution to a donor, donor advisor, or rela	ated person? 9b
10 Section 501(c)(7) organizations. Enter	
a Initiation fees and capital contributions included on Part VIII, line 12	10a 0. 🕅 👘
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of c	club facilities
11 Section 501(c)(12) organizations. Enter	
a Gross income from other members or shareholders	11a
b Gross income from other sources (Do not net amounts due or paid to other amounts due or received from them)	11b
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing F	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during	g the year 12b
BAA	Form 990 (2009

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Form 990 (2009) Brevard Amateur Ice Hockey

Part VI

59-3469661

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.

Section A. Governing Body and Management			
· · · · · · · · · · · · · · · · · · ·		Yes	No
1a Enter the number of voting members of the governing body 1a	5		
b Enter the number of voting members that are independent 1b			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a officer, director, trustee or key employee?	any other		_x_
3 Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors or trustees, or key employees to a management company or other person?	supervision 3		x
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	- ·	_X_
5 Did the organization become aware during the year of a material diversion of the organization's assets?	_5		Х
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members or governing body?	of the 7a		x
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during th the following	ne year by		, j
a The governing body?	8a		X
b Each committee with authority to act on behalf of the governing body?	8b		Х
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	d at the 9		х
Section B. Policies (This Section B requests information about policies not required by the Revenue Code)	he Internal		
		Yes	No
10 a Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters and branches to ensure their operations are consistent with those of the organization?	, affiliates.		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			X
11 ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See Sche	edule O 🖉 🧷	, <u>*</u>	
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give to conflicts?	rise		}

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers of key employees of the organization

If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed > None

18	Section 6104 requires an organization to make its	Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public
	inspection. Indicate how you make these available	Check all that apply
	Own website Another's website	Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Randy Eastman 720 Roy Wall Blvd. Rockledge, FL 32955 321-504-7500

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15a 15b

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Form 990	(2009)	Brevard	Amateur	Ice	Hockey	

59-3469661 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.

• 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 See instructions for definition of 'key employees'

• 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 the organization did not compensate any current officer, director, or trustee

(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours		tion (hat app	íy)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
Come I O'Noil				<u> </u>		<u> </u>				
Gary J. O'Neil President	О							0.	0.	0.
Don Cassario								0.	0.	<u> </u>
Vice President	0							0.	0.	0.
Randy_Eastman										0.
Treasurer	0							0.	0.	0.
Jennifer Schneider										
Secretary	0			ļ		ļ		0.	0.	0.
Richard Ninko										
Director	0					}		0.	0.	0.
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Form 990 (2009) Brevard Amateur Ice Hocke	ey								59-346966	
Part VII Section A. Officers, Directors, Trus	tees, ł	۲ey	En	npio	oye	es,	and	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (chec				Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	(W 2/1099 MISC)	compensation from the organization and related organizations
	<u> </u>	<u> </u>								
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						<u> </u>	<u> </u>			
1 b Total							•	0.	0.	0.
2 Total number of individuals (including but not limite from the organization ► 0	d to the	ose li	isteo	d ab	ove) wn	o re	ceived more than	\$100,000 in report	able compensation
from the organization > 0										Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such a 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Science in the organization of the organization? 	portable han \$15	e co 50,00 satio	mpe 00?	ensa If ') om	ation Y <i>es'</i> anv	i and <i>con</i>	i oth <i>iplet</i>	ner compensation te Schedule J for	from such	3 3 4 5 X
Section B. Independent Contractors					_ <u>_</u>				h	
 Complete this table for your five highest compensation from the organization 	ted inde	epen	aen	ιco	ntra	ctors	s tha	at received more		
(A)								(8))	(C) Compensation
Name and business address	SS							Description	of Services	Compensation
					_					
								L		,
2 Total number of independent contractors (including		t lım	ıted	to t	hos	e lis	ted a	above) who receiv	ved more than	·
\$100,000 in compensation from the organization ► BAA	<u> </u>									Form 990 (2009

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Form 990 (2009) Brevard Amateur Ice Hockey Part VIII Statement of Revenue

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	•	5 5 4 8 7	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns1 ab Membership dues1 bc Fundraising events1 cd Related organizations1 de Government grants (contributions)1 ef All other contributions, gifts, grants, and similar amounts not included above1 fg Noncash contribus included in Ins 1a-1f\$h Total. Add lines 1a-1f\$					
SERVICE REVENUE	2a Dues and Sponsorships b c d	Business Code	21,015.	21,015.		
PROGRAM	ef All other program service revenue g Total. Add lines 2a-2f	•	21,015.			
	 Investment income (including dividends other similar amounts) Income from investment of tax-exempt Royalties 	•				
	Ga Gross Rents Ga Cross rental expenses C Rental income or (loss) d Net rental income or (loss)	(II) Personal				
	7 a Gross amount from sales of assets other than inventory (i) Securities b Less cost or other basis and sales expenses	(II) Other				
	c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events	•	a dina dhe dan she dhe he Tarihi tarihi dhe dhe dhe	k side data in da sha	le de de de de sera	
OTHER REVENUE	(not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising e					
	 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 	>				
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold t c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue 11a Miscellaneous Income b c c	Business Code	to the second se			- Å
BAA	d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	•	21,015.	21,015.	0.	0 . Form 990 (2009

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Form 990 (2009) Brevard Amateur Ice Hockey Part IX Statement of Functional Expenses

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All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). **(D)** Fundraising (B) (C) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 1 line 21 Grants and other assistance to individuals in the U S $\,$ See Part IV, line 22 $\,$ 2 Grants and other assistance to governments, ĵ, 3 ş organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 2 Ì 4 Benefits paid to or for members * Compensation of current officers, directors, 5 0. 0 0 0 trustees, and key employees Compensation not included above, to 6 disqualified persons (as defined under section 4958(f)(1) and persons described in 0. 0 0 0 section 4958(c)(3)(B) 7 Other salaries and wages. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 8 Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying * * * * * 1 1 e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment 18 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 Other expenses Itemize expenses not 24 covered above (Expenses grouped together and labeled miscellaneous may not exceed 4 5% of total expenses shown on line 25 ĥ, .3. below) 36,522 36,522 a Youth Hockey Expenses b d f All other expenses 0. 0. 36,522 36,522. 25 Total functional expenses Add lines 1 through 24f 26 Joint costs. Check here ► [] If following SOP 98-2 Complete this line only if the organization reported in column (B) joint

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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costs from a combined educational campaign and fundraising solicitation

Form 990 (2009) Brevard Amateur Ice Hockey Part X Balance Sheet

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Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		35,063.	1	2,142.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))		ن الله الله الم 14	An and a set
A S S E T S		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
Š	9	Prepaid expenses and deferred charges		1,959.	9	
	10 a	Land, buildings, and equipment cost or other basis	10a	A A A A A A	* 1	
		Complete Part VI of Schedule D				
	b	Less accumulated depreciation	106		10 c	
	11	Investments – publicly-traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	37,022.	16	2,142.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
Å	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
L L	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per	stees, key employees, sons Complete Part II			
Ţ		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
N E T		Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34.	X and complete lines	11111		
ASS	27	Unrestricted net assets		37,022.	27	2,142.
Ę	28	Temporarily restricted net assets			28	
Ē T S	29	Permanently restricted net assets			29	
PR F.		Organizations that do not follow SFAS 117, check he lines 30 through 34.	re ► and complete			
FUZD	30	Capital stock or trust principal, or current funds		µan manan 188 maa a 188 maa a 188 maa a	30	
	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31	
Ę	32	Retained earnings, endowment, accumulated income,			32	
BALAZCES	33	Total net assets or fund balances		37,022.	33	2,142.
Ë	34	Total liabilities and net assets/fund balances		37,022.	34	2,142.

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Form 990 (2009) Brevard Amateur Ice Hockey	59-3469661	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 🔀 Cash 🗌 Accrual 🗌 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain In Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	21		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit, 20		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	in (*		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both		·	
Separate basis Consolidated basis Both consolidated and separate basis		1.2.1	· .
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit		

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Form 990 (2009)

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SCHEDULE O	Supplemental Information to Form 9	Supplemental Information to Form 990		
(Form 990)			2009	
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific q Form 990 or to provide any additional informatior	Open to Public Inspection		
Name of the organization Breva Assoc	ard Amateur Ice Hockey ciation, Inc.	Employer ident	fication number 561	
Form 990, Part VI,	, Line 11 - Form 990 Review Process		· - - - - - -	
No review was	or will be conducted.			

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Schedule O (Form 990) 2009

Name of the organization Brevard Amateur Ice Hockey	Employer identification number
Association, Inc.	59-3469661
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Federal Supplemental Information

Brevard Amateur Ice Hockey Association, Inc. Page 1

59-3469661

Brevard Amateur Ice Hockey Association, Inc. 59-3469661

Form 990, Page 10, Part IX, Line 24a Other Expenses

Youth Hockey Expenses include registration fees, tournament fees, uniform expenses, ice rink fees, coaching fees, awards and trophies, hockey supplies and other miscellaneous hockey expenses.