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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form  
Return of Organization Exempt From Income Tax**

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

**2012**Open to Public  
InspectionA For the 2012 calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

**SKIM USA**

Number and street (or P.O. box, if mail is not delivered to street address)

**1904 HIGHWAY ONE**

City or town, state or country, and ZIP + 4

**DEWEY BEACH, DE 19971**

D Employer identification number

**51-0393578**

E Telephone number

**302-227-4011**

F Group Exemption

Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶I Website ▶ **SKIMUSA.ORG**J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **48,442.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

1	Contributions, gifts, grants, and similar amounts received	1	18,585.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	29,786.
4	Investment income	4	1.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events not including \$ of contributions	6b	
6c	Less: direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	70.
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	48,442.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	249.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	43,899.
17	<b>Total expenses.</b> Add lines 10 through 16	17	44,148.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,294.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	14,447.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	18,741.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	14,194.	22	18,274.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	253.	24	467.
25 Total assets	14,447.	25	18,741.
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,447.	27	18,741.

**Part III 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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28 CONTESTS: SEE ATTACHED STATEMENT OF CONTESTS, DATES, AND PARTICIPANTS. TOTAL OF 7 CONTESTS WITH 860 CONTESTANTS!**(Grants \$ ) If this amount includes foreign grants, check here ☐ **28a 6,341.****29 SEE SCHEDULE O**(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a 2,000.****30**(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a****31 Other program services** (describe in Schedule O)(Grants \$ ) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses** (add lines 28a through 31a)**32 8,341.****Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
R. HARRY WILSON EXEC DIRECTOR	0.00	0.	0.	0.
GREG KROLczyk DIRECTOR	0.00	0.	0.	0.
MICHAEL A. KANE DIRECTOR	0.00	0.	0.	0.
ED AND JAN HOLT DIRECTOR	0.00	0.	0.	0.
BRICE ROUGHTON DIRECTOR	0.00	0.	0.	0.
FELECIA STRATTON DIRECTOR	0.00	0.	0.	0.
TODD RHOTEN DIRECTOR	0.00	0.	0.	0.
DARRELL O'CONNOR DIRECTOR	0.00	0.	0.	0.
BRIAN EDMONDSON DIRECTOR	0.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

	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		X
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)		X
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)?		X
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	N/A	
c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3) and 501(c)(4) 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	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e 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	X
41 List the states with which a copy of this return is filed	DE	
42a The organization's books are in care of	SKIM USA	
Located at	1904 HIGHWAY ONE, DEWEY BEACH, DE	
Telephone no.	302-227-4011	
ZIP + 4	19971	
b 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)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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	

- 46 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 I

	Yes	No
46		X

**Part VI 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 ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee paid more than \$100,000	(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 other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.  
Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here** ▶ ☐ Yes ☐ No

Signature of officer R. Harry Wilson Date 3-22-14

Type or print name and title R. Harry Wilson Exel. Director

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2012)

## **SKIM USA 2013 SCHEDULE OF EVENTS**

### **NUMBER OF CONTESTANTS**

<b><u>CONTEST</u></b>	<b><u>LOCATION</u></b>	<b><u>DATE</u></b>	<b><u># OF CONTESTANTS</u></b>
Boardwalk Blow Up	Indialantic, FL	Feb. 16 & 17	170
Mr. Surf's Spring Break Skim Jam	Panama City Beach	April 13 & 14	69
South Side Shoot Out	Indian River Inlet, DE	June 1 & 2	125
Sea Bright Skim Bash	Sea Bright, NJ	June 22-23	64
Outer Banks Skim Jam	OBX, NC	July 20 & 21	192
Zap 32 <sup>nd</sup> Amateur World Championships	Dewey Beach, DE	August 10 & 11	156
Sea Bright Skim Bash	Sea Bright, NJ	September 7 & 8	84

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

SKIM USA

Employer identification number  
51-0393578

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST INCOME ON CD

1.

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

LATE FEES

70.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

**DESCRIPTION OF EXPENSES:**

**AMOUNT:**

DEPRECIATION

249.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

ADVERTISING

4,415.

BANK CHARGES

67.

CONTEST EXPENSES

16,034.

CONTEST TEE SHIRTS

5,574.

CREDIT CARD PROCESSING FEE

427.

OFFICE EXPENSE

654.

CONTEST SUPPLIES

135.

POSTAGE AND FREIGHT

474.

PROGRAM EXPENSES

6,341.

SCHOLARSHIP AWARD

2,000.

TRAVEL

5,825.

TROPHIES

1,953.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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TOTAL TO FORM 990-EZ, LINE 16 43,899.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	253.	467.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SKIM USA ASSOCIATION IS A NON-PROFIT, YOUTH FOCUSED, SKIMBOARDING COMPETITION ORGANIZATION. OUR MISSION IS OPERATING A PROGRAM OF SKIMBOARDING COMPETITIONS TO CREATE EXPOSURE TO THE SPORT AND TO RECOGNIZE THE ATHLETIC PROWESS OF TALENTED AND DEDICATED YOUTH ATHLETES. THE SKIM USA COMPETITION PROGRAM SIMPLY PROVIDES A WAY FOR YOUNG PEOPLE TO PARTICIPATE IN A SPORT WHERE THEY CAN DEVELOP SKILLS THEY CAN ENJOY FOR A LIFETIME.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOLARSHIP PROGRAM - TO OFFER FINANCIAL AID TO DESERVING STUDENT SKIMMERS WISHING TO CONTINUE THEIR EDUCATION BEYOND THE SECONDARY SCHOOL LEVEL. THE GRANTS ARE AWARDED BASED ON ACADEMICS AND CITIZENSHIP RATHER THAN ATHLETIC ABILITY. A DETAILED APPLICATION AND LETTERS OF RECOMMENDATION ARE THE MAJOR CRITERIA FOR THE SELECTION COMMITTEE, AND WHILE THERE ARE NO APPLICATION FEES INVOLVED, APPLICANTS MUST BE SKIM USA MEMBERS IN GOOD STANDING.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

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

Schedule O (Form 990 or 990-EZ) (2012)



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

SKIM USA

Employer identification number

51-0393578

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



*Association*  
1904 Coastal Highway, Suite C-7  
Dewey Beach, DE 19971  
Phone# 302-227-4011  
Fax# 302-226-3407

### SKIM USA ASSOCIATION DIRECTORS

R. Harry Wilson 1904 Coastal Hwy, Ste. C-7 Dewey Beach, DE 19971	Executive Director <a href="mailto:harry@deweyvacationrentals.com">harry@deweyvacationrentals.com</a>	302-227-4011 302-226-3407 (Fax)
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Greg Krolczyk 133 5 <sup>th</sup> Avenue Indialantic, FL 32903	Regional Director, NC <a href="mailto:greg@skimcity.com">greg@skimcity.com</a>	321-676-0051 321-243-8287 (Cell) 321-676-7748 (Fax)
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Michael Kane 12 Bassett Avenue Dewey Beach, DE 19971	Regional Director, MD <a href="mailto:Michaelkane911@gmail.com">Michaelkane911@gmail.com</a>	302-226-7636
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Ed & Jan Holt 211 Star Hill Drive Cape Carteret, NC 28584	Regional Directors, NC <a href="mailto:obskim@usa.net">obskim@usa.net</a>	252-393-8875 252-241-3997 (Jan's Cell)
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Brice Roughton 1224 E. Bayshore Drive Virginia Beach, VA 23451	Regional Co-Director VA <a href="mailto:korsource@hotmail.com">korsource@hotmail.com</a>	757-770-4242 3601 Trading Place, Va. Beach, VA 23452 (back up only)
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Felecia Stratton 19 Center Street Sea Bright, NJ 07760	NJ Director <a href="mailto:Felecia@jerseyshoreskimcamp.com">Felecia@jerseyshoreskimcamp.com</a>	732-598-6029
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Todd Rhoten 330 11 <sup>th</sup> Court Vero Beach, FL 32962	Regional Director FL <a href="mailto:skirttin22s@aol.com">skirttin22s@aol.com</a>	772-532-1270
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Darrell O'Connor 1514 Turkey Run Road Wilmington, DE 19803	Regional Director DE <a href="mailto:do1514@aol.com">do1514@aol.com</a>	302-377-6221
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Brian Edmondson 313 Lillian Avenue Virginia Beach, VA 23452	Regional Co-Director VA <a href="mailto:bledmondson@hotmail.com">bledmondson@hotmail.com</a>	757-463-6435 (Home) 757-328-3042 (Cell)
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### SCHOLARSHIP COMMITTEE

Jan Holt  
Greg Krolczyk  
Felecia Stratton

2012 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Convention	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending * Accumulated Depreciation
1	COMPUTER EQUIPMENT	01/01/04	200DB	5.00	HY	17	265.			133.	132.	131.		0.	131.
2	CONTEST EQUIP	05/01/10	200DB	5.00	HY	17	879.				879.	626.		101.	727.
3	CONTEST EQUIP	05/01/12	200DB	5.00	HY	17	463.				463.			148.	148.
* TOTAL 990-EZ PG 1 DEPR							1,607.			133.	1,474.	757.		249.	1,006.

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>SKIM USA</b>	<b>51-0393578</b>
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	<b>1904 HIGHWAY ONE</b>	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>DEWEY BEACH, DE 19971</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SKIM USA**

- The books are in the care of ► **1904 HIGHWAY ONE - DEWEY BEACH, DE 19971**

Telephone No. ► **302-227-4011**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **OCT 1, 2012**, and ending **SEP 30, 2013**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2013)