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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)

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

2014

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A For the 2014 calendar year, or tax year beginning		10/1/2014	, and ending	9/30/2015
B Check if applicable		C Name of organization		
<input type="checkbox"/> Address change		SKIM USA		
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return		1904 HIGHWAY ONE		
<input type="checkbox"/> Final return/terminated		Room/suite		
<input type="checkbox"/> Amended return			State	ZIP code
<input type="checkbox"/> Application pending		DEWEY BEACH	DE	19971
		Foreign country name	Foreign province/state/county	Foreign postal code

G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ► _____	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ► SKIMUSA.ORG		
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other
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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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 23,895

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

SCANNED JUN 28 2016 Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 21,109
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0	
7a Gross sales of inventory, less returns and allowances	7a 2,786	
b Less cost of goods sold	7b 330	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 2,456	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 23,565	
Expenses	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	13 107
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 23,772
	17 Total expenses. Add lines 10 through 16	17 23,879
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -314
	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 5,960
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 522
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 6,168

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2014)

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14

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	5,232	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	762	24
25	Total assets	5,994	25
26	Total liabilities (describe in Schedule O)	34	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,960	27
			6,168

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 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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 CONTESTS SEE ATTACHED STATEMENT OF CONTESTS, DATES AND PARTICIPANTS TOTAL OF 6 CONTESTS WITH 625 CONTESTANTS

(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	15,947
29				
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30				
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a)			► <input type="checkbox"/>	32 15,947

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	Hr/WK 00	0	0	0
GREG KROLZYK				
DIRECTOR	Hr/WK 00	0	0	0
MICHAEL KANE				
DIRECTOR	Hr/WK 00	0	0	0
ED AND JAN HOLT				
DIRECTOR	Hr/WK 00	0	0	0
BRICE ROUGHTON				
DIRECTOR	Hr/WK 00	0	0	0
FELECIA STRATTON				
DIRECTOR	Hr/WK 00	0	0	0
TODD RHOSEN				
DIRECTOR	Hr/WK 00	0	0	0
DARRELL O'CONNOR				
DIRECTOR	Hr/WK 00	0	0	0
BRIAN EDMONDSON				
DIRECTOR	Hr/WK 00	0	0	0
ERIKA RITZER				
DIRECTOR	Hr/WK 00	0	0	0
	Hr/WK			
	Hr/WK			

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 Schedule O to respond to any question in this Part V

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 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) 34 X

35 a 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 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 35b

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 35c 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 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b X

38 a 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

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ► 40b X

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

c 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 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40b

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

42 a The organization's books are in care of ► SKIM USA Telephone no ► 302-227-4011
Located at ► 1904 HIGHWAY ONE City DEWEY BEACH ST DE ZIP + 4 ► 19971 42b X

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)? If "Yes," enter the name of the foreign country ► 42c X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► 42c X

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 ► 43

44 a 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

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

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 X

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

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
46		

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 Schedule C, Part II

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a 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"

(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 other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
f Total number of other employees paid over \$100,000				

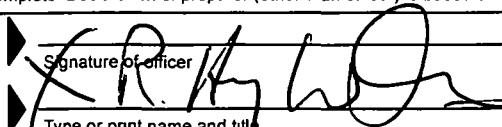
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
f 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 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			Date 5-11-16
	Signature of officer	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name R. Leon Edmondson Jr., CPA	Preparer's signature R. Leon Edmondson Jr., CPA	Date 5/7/2016	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00854000
	Firm's name ► TAXATTHEBEACH, LLC			Firm's EIN ► 26-4534902	
Firm's address ► 2509 Level Loop Road, Virginia Beach, VA 23456			Phone no (757) 426-7600		

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

Yes No

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.

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

OMB No 1545-0047

2014

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Name of the organization

SKIM USA

Employer identification number

51-0393578

Form 990-EZ, Part I, Line 16, Other Expenses Travel 4,193

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 260

Form 990-EZ, Part I, Line 16, Other Expenses ADVERTISING 2,001

Form 990-EZ, Part I, Line 16, Other Expenses BANK CHARGES 60

Form 990-EZ, Part I, Line 16, Other Expenses CONTEST EXPENSES 10,451

Form 990-EZ, Part I, Line 16, Other Expenses CREDIT CARD PROCESSING FEES 387

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 795

Form 990-EZ, Part I, Line 16, Other Expenses OFFICE EXPENSES 295

Form 990-EZ, Part I, Line 16, Other Expenses POSTAGE 32

Form 990-EZ, Part I, Line 16, Other Expenses PROGRAM EXPENDITURES 2,700

Form 990-EZ, Part I, Line 16, Other Expenses REPAIRS AND MAINTENANCE 523

Form 990-EZ, Part I, Line 16, Other Expenses SCHOLARSHIP AWARD 2,000

Form 990-EZ, Part I, Line 16, Other Expenses TAXES 75

Form 990-EZ, Part I, Line 20, Net Assets UNRECOGNIZED PRIOR YEAR REVENUE 522

Form 990-EZ, Part II, Line 24, Other Assets SEE SCHEDULE O Beginning of year 762, End of

year 1,447

Form 990-EZ, Part II, Line 26, Liabilities Beginning of year 34, End of year 55

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

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

SKIM USA

Employer identification number

51-0393578

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, APPLICATNTS

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, 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 PESONAL BENEFIT CONTRACT

Form 990-EZ, Part III, Line 28 CONTESTS SEE ATTACHED STATEMENT OF CONTESTS, DATES, AND

PARTICIPANTS TOTAL OF 6 CONTESTS WITH 625 CONTESTANTS

Form 990-EZ, Part II, Line 24 DESCRIPTION OTHER DEPRECIABLE ASSEST BEG. OF YEAR 762 END OF

YEAR 0