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EXTENDED TO MARCH 15, 2018

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.

OMB No 1545-0047 6 Open to Public

Department of the Treasury

Information about Form 990 and its instructions is at www.lrs.gov/form990. Inspection A For the 2016 calendar year, or tax year beginning MAY 1, 2016 and ending APR 30, 2017 C Name of organization Check if applicable D Employer identification number Address change YOUTH WINTER SPORTS ALLIANCE Name Doing business as 52-2383750]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final P.O. BOX 681698 435-214-0792 City or town, state or province, country, and ZIP or foreign postal code ,416,549. G Gross receipts \$ Amende PARK CITY, UT 84068 H(a) is this a group return Applica-F Name and address of principal officer CARON KEIM Yes X No for subordinates? P.O. BOX 39, PARK CITY, UT H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ➤ YSAPARKCITY.ORG **H(c)** Group exemption number ▶ Association K_Form of organization: X Corporation Trust Other > L Year of formation: 2002 M State of legal domicile: UT Part I Summary Briefly describe the organization's mission or most significant activities SUPPORT AND ENCOURAGE YOUTH PARTICIPATION IN WINTER SPORTS Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 0 4 Activities & 0 Total number of individuals employed in calendar year 2016 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, ine 34 0. 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 782,632 1,035,970. Program service revenue (Part VIII, line 2g) <u>325,732.</u> <u>243,456.</u> 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,847. 26,758. 110,365. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 270,513. 391,724 416,549. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 236,832. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 170,232. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 141,245. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 454,448 389,218. 17 Other expenses (Part IX, column (A), lines-11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Partite Column) (ATLINE 25) 595,693 796,282. 796,031. 620,267. 19 Revenue less expenses. Subtract line 18 from line 12 580 Beginning of Current Year End of Year OCT 0 4 2017 2,411,797. 1,785,518. 20 Total assets (Part X, line 16) 65,019. 21 Total liabilities (Part X, line 26) 59.006. let Ind Net assets or fund balances Subtract line 21 for GROEN. LIT 726,512. 346,778 Part II | Signature Block Under penalties of perjury, 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 prepared tother than officer) is based on all information of which preparer has any knowledge, Signature of officer Sign CARON KEIM PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Paid SCOTT B. LIVINGSTON P01408190 Firm's name LIVINGSTON DAVIS PC 87-0636314 Prenarer Firm's EIN Use Only Firm's address 22 EAST FIRST SOUTH THIRD FLOOR Phone no. 801 - 364 - 7474SALT LAKE CITY, UT 84111 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes- - - No-

632001-11-11-16 - LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

	Check if Schedule O contains a response or note to any line in this Part III		
'n	Briefly describe the organization's mission.		
•	SUPPORT AND ENCOURAGE YOUTH PARTICIPATION IN WINTER SPON	RTS	
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes	; L
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	, [
_	If "Yes," describe these changes on Schedule O		_
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	• •	
	(Code) (Expenses \$ 708,781 · including grants of \$ 236,832 ·) (Revenue)	ue \$	
	SUPPORT TO WINTER SPORTS PROGRAMS		
		·	
			_
4b	(Code) (Expenses \$) (Revent	10 \$	
			
			_
4c	(Code) (Expenses \$ including grants of \$) (Revenu		
			_
4d	Other program services (Describe in Schedule O)		
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 708,781.		
44	rotal program service expenses - / VO , /OI .		

Form 990 (2016) YOUTH WINTER SPORTS ALLIANCE
Part IV Checklist of Required Schedules

			1	•
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	x	ı
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	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, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 -		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ŀ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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	1	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
•	Schedule D, Part III	8	}	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ţ		
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	 		
. •	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable			ĺ
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ		
u	Part VI	11a	ĺ	x
h	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	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		х
а	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	- 10	 	 -
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	110	х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's supplication that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''		
1 &. CI	Schedule D. Parts XI and XII	12a	1	x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		-
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		¥
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	 	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144	 	A.
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	146		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		_
15	·	45		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of pagragate grants or other assistance to	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		v
. 7		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	}	v
	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	100		17
••	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	000	X
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Form 990 (2016) YOUTH WINTER SPORTS ALLIANCE
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? If "Yes," complete			
	Schedule J	23		X
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1	'	
	Schedule K. If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
~	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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			}
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		<u>A</u>
20	instructions for applicable filing thresholds, conditions, and exceptions)			
_		000		X_
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	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		
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	ļ	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	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ļ.—.	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	<u>X</u> _
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
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	ļ	X
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	990	(2016)

14a X 14b

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13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

•	Check of Schoolule O contains a vancence or note to any line in this Bert VI			\mathbf{x}
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			<u> </u>
<u> </u>	tion A. Governing body and Management		Vac	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 15	:[Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	Ϊ		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.] [
ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ή Ι		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ı
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		İ	
	in Schedule O how this was done	12c		X X
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u>
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?			v
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		'	
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		X
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1		
	exempt status with respect to Such arrangements?	16b		
Sec	tion C. Disclosure	TIOD		
17	List the states with which a copy of this Form 990 is required to be filed ▶UT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab		
	for public inspection. Indicate how you made these available. Check all that apply	avanas		
	Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	YOUTH WINTER SPORTS ALLIANCE - 435-214-0792			
	P.O. BOX 681698, PARK CITY, UT 84068			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W2 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Indiwdual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NADIM ABUHAIDAR	0.00	.,								0
BOARD OF TRUSTEES	0 00	X		H				0.	0.	0.
(2) SHANNON B. HAPPE	0.00	7							0	0
BOARD OF TRUSTEES	0.00	X						0.	0.	0.
(3) LARRY COHEN	0.00	x			·			0.	ο.	0
BOARD OF TRUSTEES	0.00	^				-		0.	<u></u>	0.
(4) KRISTEN FLETCHER	0.00	X						0.	0.	0.
BOARD OF TRUSTEES (5) RON STEELE	0.00	^				-		0.		<u> </u>
(5) RON STEELE BOARD OF TRUSTEES	0.00	Х						0.	0.	0.
(6) GREGORY GOLDING	0.00						_	0.		<u></u>
BOARD OF TRUSTEES	0.00	X						0.	0.	0.
(7) ERIC HEIDEN	0.00	-								
BOARD OF TRUSTEES	0.00	x						0.	0.	0.
(8) TRACE WORTHINGTON	0.00									
VICE PRESIDENT	, , ,	x					İ	0.	0.	0.
(9) JAIME PACK	0.00									
BOARD OF TRUSTEES		X						0.	0.	0.
(10) BILL PIDWELL	0.00									
TREASURER		Х						0.	0.	0.
(11) TOM PETTIGREW	0.00									
BOARD OF TRUSTEES		X						0.	0.	0.
(12) RICHARD SHEINBERG	0.00									
SECRETARY		X						0.	0.	0.
(13) AIMEE PRESTON	40.00									
EXECUTIVE DIRECTOR		<u> </u>		X		<u> </u>		67,500.	0.	0.
(14) SCOTT DUBOIS	0.00									
BOARD OF TRUSTEES		<u> </u>	<u> </u>	X			<u>.</u>	0.	0.	0.
(15) CARON KEIM	0.00					Ì			_	_
PRESIDENT		 		Х		<u> </u>	<u> </u>	0.	0.	0.
(16) JODIE ROGERS	0.00	-					1	_	_	_
BOARD OF TRUSTEES		-	<u> </u>					0.	0.	0.
	ļ	1								
			_			<u> </u>	<u> </u>			

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	(A) Name and title	week office (list any hours for		not ci	Position not check more than one unless person is both an er and a director/trustee)		one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	(F) Die Estimated amount o other ons compensation		mated bunt of ther ensation the nization related	
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but in		nose	liste	ed al	DOV	e) wi	No r	67,500. 0. 67,500. eccived more than \$100		0.		0. 0. 0.
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the s	such individual								, ,		3	/es No
5 Sec	and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors	accrue compe	nsat	ion f	rom	any	unr/			dual for services		5	x
1													
2	Total number of independent contractors (\$100,000 of compensation from the organ	-	not li	mite	d to	tho	se li:	stec	d above) who received m	nore than	-	Eorm Q	90 (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 2,500. Membership dues 1b 392,202. Fundraising events 1c d Related organizations 1d Contributions, and Other Simi 12,000 Government grants (contributions) All other contributions, gifts, grants, and 629,268 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 035,970 h Total. Add lines 1a-1f Business Code 156,216. 156,216. 2 a PROGRAM INCOME 611600 Program Service Revenue 87,240 87,240. 611600 SCHOLARSHIP INCOME f All other program service revenue 243,456. g Total, Add lines 2a-2f Investment income (including dividends, interest, and 26,758. 26,758. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 392,202. of including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a 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 b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 96,228 11 a UNREALIZED GAIN INVEST 611600 96,228 14,137 b IN-KIND DONATIONS LESS 611600 All other revenue 110,365 Total. Add lines 11a-11d 380<u>-</u>579 416,549. Total revenue. See instructions.

632009 11-11-16

<u>sect</u>	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			impiete column (A)	X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	236,832.	236,832.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				<u> </u>
3	Grants and other assistance to foreign	•			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	170,232.	170,232.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				···
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	-,,			
9	Other employee benefits				
10	Payroll taxes				<u></u>
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	10,093.		10,093.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	190,908.	190,908.		
12	Advertising and promotion	25,173.		25,173.	
13	Office expenses	48,605.		48,605.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	<u></u>			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,630.		3,630.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	,, <u>_</u>			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	110,809.	110,809.		
_	SCHOLARSHIP EXPENSE	110,609.	110,809.		
b					
C					
d	All other overses				
	All other expenses	796,282.	708,781.	87,501.	0
25	Total functional expenses. Add lines 1 through 24e	130,404.	/00,/01.	01,301.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1,150,900. 222,330. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 14,807. 17,447. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 22,218. 23,901. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 597,593. 2,148,119. 15 Other assets See Part IV, line 11 15 1,785,518. 2,411,797. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 59,006. 17 Accounts payable and accrued expenses 17 65,019 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 59,006. 65,019. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here **X** and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 72,273. 194,758. 27 Unrestricted net assets 27 54,757. 3,902. 28 28 Temporarily restricted net assets 1,599,482. 29 2,148,118. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,346,778. ,726,512 33 33 Total net assets or fund balances 2,411,797. 785,518. Total liabilities and net assets/fund balances 34

Form	990 (2016) YOUTH WINTER SPORTS ALLIANCE	52-23	883750	Pa	ge 12			
Pai	rt XI Reconciliation of Net Assets		<u> </u>					
	Check if Schedule O contains a response or note to any line in this Part XI							
•								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,41		<u>49.</u> 82.			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	3 Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,72	<u>6,5</u>	<u>12.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	2,34	6,7	<u>79.</u>			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>			
				Yes	No			
1	Accounting method used to prepare the Form 990 Cash _X Accrual Other		-		}			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			1			
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis				1			
b	Were the organization's financial statements audited by an independent accountant?		_2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,							
	consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis				1			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt						
	Act and OMB Circular A-133?		_3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2016)

SCHEDULE A

(Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	YOUT	'H WINTER S'	<u>PORTS ALLIAN</u>	CE		İ	52-2383750				
Part I	Reason for Public				ıs part.) Se	e instructions					
The organ	ization is not a private found	dation because it is (For lines 1 through 12, o	check only	one box)						
1 🗀	A church, convention of ch		_	-							
2 🗔	A school described in secti					·/·· 4·/·					
3 🗔	A hospital or a cooperative					ii)					
4						=	er the hospital's name				
7 📖	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5 🗌	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
3 📖											
• 🗀	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).										
6 📙		te, or local government or governmental unit described in section 170(b)(1)(A)(v). On that normally receives a substantial part of its support from a governmental unit or from the general public described in									
7 📖			ntial part of its support i	from a gov	ernmentai	unit or from the gene	rai public described in				
. \Box	section 170(b)(1)(A)(vi). (C										
8	A community trust describe										
9 📖	An agricultural research org				-	_	-				
	or university or a non-land-o	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of the col	lege or				
	university.										
10 X	An organization that norma	- · · · · · · · · · · · · · · · · · · ·	•	-		•	= :				
	activities related to its exen	npt functions - subjec	ct to certain exceptions,	, and (2) no	more tha	n 33 1/3% of its supp	ort from gross investment				
	income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the organizati	on after June 30, 1975				
	See section 509(a)(2). (Con	mplete Part III.)									
11 🖳	An organization organized	and operated exclusi	ively to test for public sa	afety See s	section 50	09(a)(4).					
12	An organization organized	and operated exclusi	ively for the benefit of, to	o perform t	the functio	ons of, or to carry out	the purposes of one or				
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2)	See section 509(a)(3). Check the box in				
	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	iplete line:	s 12e, 12f, and 12g					
а 🗀	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically	by giving				
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of th	e supporting				
	organization You must o	complete Part IV, Se	ections A and B.								
b 🗀	Type II. A supporting org	janization supervised	or controlled in connec	tion with it	s support	ed organization(s), by	having				
	control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the	supported				
	organization(s) You mus	t complete Part IV,	Sections A and C.			-					
С	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with,	and functionally integ	rated with,				
	its supported organizatio	•									
d \square	Type III non-functionally						anization(s)				
	that is not functionally int					• • • •	• •				
	requirement (see instruct	-		•		•					
e 🗀	Check this box if the orga		•	· · · · · · · · · · · · · · · · · · ·			III				
· —	functionally integrated, or					. , , po , , , , po ,, , , , po	***				
f Ente	er the number of supported		g.a.oa oapport		241,011		9				
	vide the following information	•	ed organization(s)				L				
	i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	nization listed ng document?	(v) Amount of monetar	y (vi) Amount of other				
	organization	ļ	(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	ns) support (see instructions)				
			above (see instructions))	1							
UOP C	T.ITBS		7		x	6,011	1.				
	PARK CITY		<u> </u>	 		0,01.	<u> </u>				
UNITE			7		x	52,990	,				
	E SKATING OF			 -		32,330	, , ,				
PARK			7		X	26 371	-				
					^_	26,375	<u> </u>				
	CITY YOUTH		7		₹	10.000	,				
HOCKE		 		 	<u>X</u>	19,908					
	CITY SKI	,	77			40 034	,				
	TION FOUNDATIO	 	7		X	48,838					
Total		<u> </u>			L	236_,832	<u> </u>				

Schedule A (Form 990 or 990-EZ) 2016 YOUTH WINTER SPORTS ALLIANCE

52-2383750 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015, If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2016

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	orott, produce corrig	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	348,427.	470,756.	1009106.			1828289.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf	10,875.	154,951.	175,339.			341,165.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5	359,302.	625,707.	1184445.			2169454.
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b				· · · · -	1	2169454.
_	Public support. (Subtract line 7c from line 6) ction B. Total Support		<u> </u>	1		1	2107454.
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	359,302.			(0) 2010	(6) 2010	2169454.
_	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	333,302.	023,707.	11011101			220320
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11, and 12)	359,302.	625,707.	1184445.			2169454.
	First five years. If the Form 990 is fo				x year as a secti	on 501(c)(3) org	anization,
	check this box and stop here	•					<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13,	column (f))		15	100.00 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	<u> 100.00 %</u>
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and li	
	more than 33 1/3%, check this box a	ind stop here . The	e organization qua	lifies as a publicly s	supported organi	zation	▶ X
1	b 33 1/3% support tests - 2015. If the	organization did r	not check a box or	n line 14 or line 19a	i, and line 16 is m	nore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che		•				
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th			
6320	023 09-21-16				Sc	hedule A (Form	990 or 990-EZ) 2016

Part IV | Supporting Organizations

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

Section	A.	All	Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	i		
	1		
	2		
	3a		
	_3b		
	3c		
	- 55		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	•		
	7		'
	8		
:			
	9a		
	9b		
	9c		
	10a		
	401		
_	10b-		

instructions)

Schedule A (Form 990 or 990-EZ) 2016

Part VI. See instructions

and 4c

8 Breakdown of line 7

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2017. Add lines 3j

Schedule A	(Form 990 or 990-E	Z) 2016 Y	OUTH	WINTER	SPORTS	<u>ALLIANC</u>	E		<u>52-2383</u>	750 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Informatines 1, 2,	ation. Pro	ovide the exp	lanations requal, 9b, 9c, 11a,	ired by Part II, I	ine 10, Part Part IV. Sect	ion B. lines 1	17b; Part III, line and 2. Part IV.	e 12; Section C.
	Section D, lines 5, (See instructions)	6, and 8, a	and Part V	, Section E, li	nes 2, 5, and 6	6 Also complete	e this part fo	r any addition	al information.	
								<u> </u>		
										
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		·		······ ·						
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		-	·-	·						
							- .			
			·=·							
										
										
										

support

12,992.

26,476.

(vi) Amount of

other support

(described on lines 1-10

above)

7

7

(ii) EIN

(iii) Type of organization (iv) is the organization (v) Amount of monetary

listed in your

governing document?

X

Х

Yes

SPEEDSKATING CLUB

WASATCH FREESTYLE

SUMMIT SKI TEAM

PARK CITY

(i) Name of supported

organization

Continuation-Totals-

82,710.

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lss.gov/torm990.

OMB No 1545-0047 2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization YOUTH WINTER S	Employer identification number 52-2383750	
	Advised Funds or Other Similar Fun	
organization answered "Yes" on Form 990, P		are of the outside of the first
organization anoverse 100 cm om 500,1	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	(4)	(2).
2 Aggregate value of contributions to (during year)		
		
3 Aggregate value of grants from (during year)4 Aggregate value at end of year		
5 Did the organization inform all donors and donor adv	usors in writing that the assets held in departed	Lunad funda
are the organization's property, subject to the organi	_	Yes No
6 Did the organization inform all grantees, donors, and	<u> </u>	
for charitable purposes and not for the benefit of the	•	•
impermissible private benefit?	donor or donor advisor, or for any other purpo	Yes No
	of the organization answered "Yes" on Form 99	
Purpose(s) of conservation easements held by the o		0,1 4 (14, 1110)
Preservation of land for public use (e.g., recrea		istorically important land area
Protection of natural habitat	· 	ertified historic structure
Preservation of open space		ortifica filotofic structure
2 Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the fo	rm of a consenvation easement on the last
day of the tax year	a qualified contact validity contribution in the to-	Held at the End of the Tax Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified his	storic structure included in (a)	2c
d Number of conservation easements included in (c) a	• •	
listed in the National Register		2d
3 Number of conservation easements modified, transfe	erred, released, extinguished, or terminated by	<u> </u>
year >	, and a substitution of the substitution of th	and organization, adming the text
4 Number of states where property subject to conserv	ation easement is located	
5 Does the organization have a written policy regarding		_ of
violations, and enforcement of the conservation ease		Yes No
6 Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and enforcing c	onservation easements during the year
>		• •
7 Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing conse	rvation easements during the year
▶\$,
8 Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section 1	70(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?		Yes No
9 In Part XIII, describe how the organization reports co	inservation easements in its revenue and exper	nse statement, and balance sheet, and
include, if applicable, the text of the footnote to the	organization's financial statements that describ	es the organization's accounting for
conservation easements.		
Part III Organizations Maintaining Collect	ions of Art, Historical Treasures, or	Other Similar Assets.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 8	
1a If the organization elected, as permitted under SFAS	i 116 (ASC 958), not to report in its revenue sta	tement and balance sheet works of art,
historical treasures, or other similar assets held for p	ublic exhibition, education, or research in furth	erance of public service, provide, in Part XIII,
the text of the footnote to its financial statements th	at describes these items	
b If the organization elected, as permitted under SFAS	s 116 (ASC 958), to report in its revenue statem	ent and balance sheet works of art, historical
treasures, or other similar assets held for public exhi	bition, education, or research in furtherance of	public service, provide the following amounts
relating to these items		
(i) Revenue included on Form 990, Part VIII, line 1		> \$
(ii) Assets included in Form 990, Part X		> \$
2 If the organization received or held works of art, history	orical treasures, or other similar assets for finan	
the following amounts required to be reported under	SFAS 116 (ASC 958) relating to these items.	
a Revenue included on Form 990, Part VIII, line 1		> \$
b Assets included in Form 990, Part X		\$
LHA For Paperwork Reduction Act Notice, see the Inst	ructions for Form 990.	Schedule D (Form 990) 2016

632051 08-29-16

Sche	dule D (Form 990) 2016 YOUTH WI	NTER SPORT	rs ai	LLIANC	<u>E</u>		_	<u>52-23</u>	83750) <u>P</u> a	age 2
Pai	t III Organizations Maintaining Co	llections of Ar	t, Hist	orical Tr	easures, o	r Other	Simil	ar Asse	ts(contin	ued)	
, з	Using the organization's acquisition, accession	, and other records	s, check	any of the	following that	are a sig	nıfıcant	use of its	collection	ıtem:	s
	(check all that apply)										
а	Public exhibition	d	L	oan or exc	hange prograr	ms					
b	Scholarly research	е		Other							
C	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explain	how th	ey further t	he organizatio	n's exem	npt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit or r	receive donations o	f art, his	storical trea	sures, or othe	r sımılar :	assets			_	
	to be sold to raise funds rather than to be main	ntained as part of th	ne organ	nization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part 3		te if the	organizatio	n answered "\	Yes" on I	Form 990), Part IV,	line 9, or		
	Is the organization an agent, trustee, custodiar	or other intermedi	ary for o	contribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?		·						Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the foll	lowing t	able.							
	•	,	_						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fore	m 990, Part X, line :	21, for e	scrow or cu	ustodial accou	ınt lıabılıt	y?		Yes		No
	If "Yes," explain the arrangement in Part XIII C	· ·					•]
Par							0				
		(a) Current year		rior year	(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses									_	
d	Grants or scholarships						-				
е	Other expenditures for facilities										
	and programs					1					
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	nt vear end balance	e (line 1	a. column (a	a)) held as						
a	Board designated or quasi-endowment	, ,	%	,	-,,						
b	Permanent endowment	%									
c	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c should										
За	Are there endowment funds not in the possess	•	ition tha	it are held a	ınd admınıster	ed for th	e organi	zation			
	by						· · ·		Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the o										
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part IV	/, line 11a S	See Form 990,	, Part X, I	ine 10				
	Description of property	(a) Cost or ot			or other		cumulate	ed	(d) Book	value	<u></u>
		basis (investm			(other)		reciation	- 1			
1a	Land										
	Buildings										
C	Leasehold improvements										
d	Equipment								-		
	Other										
	. Add lines 1a through 1e (Column (d) must equ	ual Form 990. Part	X, colun	nn (B), line 1	10c)			•			0.
	(2)							Schedule	D (Form	990)	

	Complete if the organization answered "Yes" on Form 990), Part IV, II	ne 11e or 11f See For	m 990, Part X, line 25	
1.	(a) Description of liability		(b) Book value		
(1)	Federal income taxes				
(2)					
(3)					
(4)	180				
(5)					
(6)					
(7)_					
(8)			···		
(9)_					
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25)		·····	<u> </u>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

(3) Other (A) (B) (C) (D) (E) (F) (G) (H)

> (1) (2) (3) (4)(5) (6)(7) (8) (9)

(2) (3) (4) (5)(6)(7)(8) (9)

SCHEDULE 0

(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.fs.gov/form990.

OMB No 1545-0047 16 Open to Public Inspection

YOUTH WINTER SPORTS ALLIANCE	52-2383750
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 PRESENTED TO THE BOARD OF DIRECTORS AT GENERAL	MEETING AND ANY
QUESTIONS REGARDING THE FORM 990 WERE ANSWERED.	
FORM 990, PART VI, SECTION C, LINE 19:	
BY REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM EXPENSE:	
PROGRAM SERVICE EXPENSES	179,730.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	179,730.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	11,178.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,178.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	190,908.