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DAA

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016
Open to Public Inspection

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

<u>4</u> _	For th	e 2016 c	calendar year, or tax year beginning)	<u> 1 / OT/ TO</u>	<u>, and ending</u> U	6/30/	L /						
В	Check if a	policable	C Name of organization United St	ates of	America Sno	wboard		D Employe	r identification number				
\neg	Address c		and Frees					Ī					
	Addiess C	arange	Doing business as	<u> </u>	1401011			22 ^	260250				
X	Name cha	ange		orad to otroot aid			Daine (a.uta		<u>368259</u>				
司	1-4-1-4-		Number and street (or P O box if mail is not delived.	ered to street add	ress)		Room/suite	800-404-9213					
	Initial retu		PO Box 15500					800-	404-9213				
	Final retui terminated		City or town state or province, country, and ZIP of	or foreign postal co	ode			1					
\neg			South Lake Tahoe	CA 96151	L			G Gross rec	eipts 1,883,624				
	Amended	retum	F Name and address of principal officer										
7	Annlicatio	n pending	• •				H(a) is this a gr	roup return for s	subordinates? Yes X No				
	Аррисацо	ni pending	Miah Wheeler				''	•					
							H(b) Are all su	bordinates inc	luded? Yes No				
							If "No	," attach a list	(see instructions)				
	Toy over	mpt status	X 501(c)(3) 501(c) ()	(insert no)	4947(a)(1) or	527	1						
<u> </u>				(IIISelt flo)	4847(a)(1) OI	327	-		_				
	Website	► W	ww.usasa.org				H(c) Group ex						
۲.	Form of o	organization	X Corporation Trust Association	Other -		L Y	ear of formation 1	<u>988</u>	M State of legal domicile CA				
P	art I	Su	ımmary						-				
·			escribe the organization's mission or mos	t overeficant as	etnution:								
•	1 1 5												
Activities & Governance	1		acilitate fun and fair		-			_					
ĕ		attr	act snowboarders and fr	eeskıers	, promote t	heir de	evelopme	nt, pro	ovide				
Ĕ		attract snowboarders and freeskiers, promote their development, provide member education and influence the future of our sport.											
ž	١	member education and influence the luture of our sport. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets											
ŏ	1				•	more than a	25% of its net	assets	_				
≎ಶ	1 8	Number (of voting members of the governing body	(Part VI, line	1a)			3	9				
es	4 1	Number o	of independent voting members of the go	verning body	(Part VI, line 1b)			4	9				
₽	1		nber of individuals employed in calendar	• .	• • •			5	2				
€.	1		• •										
Ą	6 1	Total nun	nber of volunteers (estimate if necessary		6	50							
	7a1	Total unr	elated business revenue from Part VIII, c		7a	0							
	h h	Vet unrel	lated business taxable income from Form	990-T line 3	4			7b					
		tot unio	atou buomese taxable mounte mem i em		<u>. </u>		Prior Ye		Current Year				
	ا . ر	8 Contributions and grants (Part VIII, line 1h)							617,777				
ä	1	1						8,865					
Revenue	9 Program service revenue (Part VIII, line 2g)						1,19	4,342	<u>1,263,987</u>				
Š	10 1	nvestme	nt income (Part VIII, column (A), lines 3,	s 3, 4, and 7d 6d, 8c, 9c, 10c and 11e) 1 5 2017 equal Part V/B column (A), line 12)				99	107				
œ	111 0	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8					7,985	1,753				
						' <u>'</u> 22]⊦		1,291	1,883,624				
			enue – add lines 8 through 11 (must equa	. ((100-1	1,03	1, 231					
	13 (Grants ar	nd similar amounts paid (Part IX, column	(A), lines 1-3	TOTAL BANK	1157			0				
	14 E	Benefits (paid to or for members (Part IX, column (A), line 4)	D. CADISTANT W			Ì	0				
w	1		other compensation, employee benefits			Charles Control	10	8,115	146,267				
¿Ęxpenses	10 5				iii (A), iiiies 5—10)	- t		<u> </u>					
Ë	16a		onal fundraising fees (Part IX, column (A)										
<u>ē</u> :	‡: b⊺	Fotal fund	draising expenses (Part IX, column (D), li	ine 25) 🟲		0 L	, ,						
Ŵ.	P 17 C	Other exi	penses (Part IX, column (A), lines 11a-11	1d. 11f-24e)			1.76	5,622	1,789,680				
	40.7		enses Add lines 13–17 (must equal Part	•	A) line 25)			3,737	1,935,947				
Œ	ء مد ا				.,,c 20)	}		2,446	-52,323				
<u></u>		Revenue	less expenses. Subtract line 18 from line	9 12									
Net Assets:or Fund Ratances	4	_				-	Beginning of Cu		End of Year				
8 c	g 20 T		ets (Part X, line 16)			<u> </u>	18	=	<u>127,705</u>				
<u> </u>	21 7	Total liab	ulities (Part X, line 26)				i	8,027	6,443				
ਭੂ≘	22 N	Vet asset	ts or fund balances Subtract line 21 from	line 20		Г	17	3,585	121,262				
_	art II				 			37000					
_			gnature Block										
			perjury, I declare that I have examined this re						ny knowledge and belief, it is				
tr	ue, corre	ect, and c	omplete Declaration of preparer (other than o	officer) is based	on all information of	which prepar	er has any knov	wiedge					
Ì			1011110										
ے ۔	~~	<u> </u>	ignature of affice	-8/-\				Date					
	gn	,	\mathcal{A}					Dato	11-9-17				
He	re	L _	<u>Brian Wilson</u>			<u>Treas</u>	<u>urer</u>		<u> </u>				
		🚩 📆	ype or print name and title		·				_ _				
_		Print/Typ	e preparer's name	Preparer's signa	ature		Date	Check	X if PTIN				
Pai	d] ' -					₾"				
		Shawna			c Laughlin		110/20	/17 self-em					
	parer	Fırm's na	<u>me ▶ Shawna Mc Lauc</u>	<u>qhlin E</u>	A MSBA (ac	<u>cy)</u>		Firm's EIN	68-0484040				
Js	e Only		PO Box 1919					-					
		Commission and		96793			l.	Obono co	808-419-6064				
_							1	Phone no					
_			ss this return with the preparer shown abo		ructions)				X Yes No				
For	Panery	vork Red	uction Act Notice, see the separate instruc	tions.					Form 990 (2016)				

Form 990 (2016) United States of America Snowboard 33-0368259	Page 2
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission	
To facilitate fun and fair events for all ages across the count attract snowboarders and freeskiers, promote their development, member education and influence the future of our sport.	
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 X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code)(Expenses \$ 714,723 including grants of \$) (Revenue \$ Regional Series - The USASA competitors totaling over 5,000 qua USASA National Championships by becoming members and competing local USASA Regional Series sanctioned events held throughout t across the nation. There are 31 regional series throughout the which began in 1988. USASA offers free skiers and snowboarder ages of 7 to 70 for men, women, boys and girls to compete again in their age groups.	in their he year nation from
4b (Code)(Expenses \$ 517,149 including grants of \$) (Revenue \$ Nationals - The United States Snowboard Association holds the l freeski/snowboard national championship competition in the US w 1,460 invited/qualified amateur competitors. USASA distributed scholarships this year to qualified athletes who demonstrated a well as athleticism.	itĥ over over 75
4c (Code)(Expenses \$ 44,080 including grants of \$) (Revenue \$ Trainers' Division - USASA offers training, continuing education certification for coaches, judging, and technical supervisors wo USASA for its membership year round. USASA acknowledged over 2 or renewing judges certifications as well as 500 new coaching certifications this year.	ithin the
4d Other program services (Describe in Schedule O)	
(Expenses \$ 47,622 including grants of \$) (Revenue \$ 4e Total program service expenses ▶ 1,323,574	
Te Total program service expenses F 1, 323, 314	

	n 990 (2016) United States of America Snowboard 33-0368259		P	age
<u>P</u>	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	i		
	complete Schedule A	1	X	L
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	L	X
4	Section 501(c)(3) organizations. 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	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 98-197 If "Yes," complete Schedule C,			ı
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	- 1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		 	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			i
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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,	4 1 4 4		ļ, —
	VII, VIII, IX, or X as applicable	· " . "	New	St. of St
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1		
	complete Schedule D, Part VI	11a	Χ	
b	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		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	·	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			Г
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	_17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х

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

	m 990 (2016) United States of America Snowboard 33-0368259		P	age
<u> </u>	art IV. Checklist of Required Schedules (continued)		Voc	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1,63	X
	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			厂
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Í	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			T
	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			\Box
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ŀ	
	employees? If "Yes," complete Schedule J	23	L	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		ł	1
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	Ĺ	$oldsymbol{ol}}}}}}}}}}}}}}}}}$
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	<u> </u>	X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		}	1
	If "Yes," complete Schedule L, Part I	25b	L	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		ł	1
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	-
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		- 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	***-	1.	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ł	ĺ	1
	Schedule L, Part IV	28b	<u> </u>	X
С			ĺ	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ļ	ļ	
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		l	
	Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	}
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	١
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III.	1	1	١
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b				j
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1	I	i

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37

Part VI

related organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

13c

14a

14b

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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

PO Box 1550

Linda Neil

DAA

South Lake Tahoe

96151

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Form 990 (2016)	United	States	\circ f	America	Snowhoard	33-0368259

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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 W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

 $|\overline{X}|$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos sheck ess pe	erson	than o	n an	(0) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)Greg Flowers	0.00										
Series Director Rep	0.00	X			ĺ		1	o	0	0	
(2) KC Gandee											
Coaches' Rep	0.00	x			•			0	0	0	
(3) Justin Reiter	<u> </u>	 ^`	\vdash	_	\vdash				<u>_</u>	<u>_</u>	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00	l		ļ	Į						
Rider Representative	0.00	<u>X</u>	L		L_			0	0	0	
(4)Lizzy Beerman		Π									
	0.00		ļ	}	}						
Rider Representative	0.00	X	├		<u> </u>	H	<u> </u>	0	0	0	
(5)Miah Wheeler	0.00		İ]	Ì						
President	0.00	1		X	}			0	0	0	
(6) Bob Basil	<u> </u>	t	1	 ^`		\Box	_		<u>_</u>	<u>-</u>	
	0.00		İ		İ						
Vice President	0.00	<u> </u>		X	<u> </u>			0	0	0	
(7)Kim Raymer		-	l	ļ	ļ		ļ				
II Duanidant	0.00		ĺ	ļ.,	ĺ						
Vice President (8) Scott Sawyer	0.00	╁╌	├	X	├─	\vdash	┝─	0	0	0	
(6)3COCC Sawyer	0.00		ŀ				ŀ	;			
Secretary	0.00	Į.	ĺ	X	ĺ		l	0	0	0	
(9)Brian Wilson											
	0.00	1	•		•		ŀ)			
Treasurer	0.00	↓_	 	X	╙	Ш	_	0	0	0	
(10)											
(11)		-	-		-						
DAA		<u></u>	<u> </u>		_		L_			Form 990 (2016)	

Form 990 (2016) United States of America Snowboard 33-0368259

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) Revenue (A) Total revenue excluded from tax under sections 512-514 exempt function revenue revenue 1a Federated campaigns 1a 551,761 b Membership dues 1b c Fundraising events 1c 1d d Related organizations Program Service Revenue and Other Sim e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 66,016 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Busn Code 645,824 645,824 2a Nationals 587,801 587,801 b Regional Series Trainers' Division 30,362 30,362 C d f All other program service revenue 1,263,987 g Total. Add lines 2a-2f Investment income (including dividends, interest, 107 107 and other similar amounts) Income from investment of tax-exempt bond proceed Royalties (i) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets other than invento b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b b Less direct expenses ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a 453 1,453 Commissions b 300 300 Sale of Mailing List c All other revenue Total. Add lines 11a-11d 753

1,883,624

1,263,987

1,860

0

Total revenue. See instructions.

<u> </u>	Check if Schedule O contains a res			<u> </u>	X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			For company and a company of the com	4
	and domestic governments. See Part IV, line 21			A property of the second secon	٠, ;
2	Grants and other assistance to domestic	j		4 - 4 - 4	-
	individuals See Part IV, line 22				1 1
3	Grants and other assistance to foreign				() · , · · ,
	organizations, foreign governments, and foreign	1			5 7 m-1 / ₀
	individuals See Part IV, lines 15 and 16			John And 10 10 10 10 10 10 10 10 10 10 10 10 10	
4	Benefits paid to or for members	<u></u>		1	, >1 31
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	127,783		127,783	'
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,457		9,457	
10	Payroli taxes	9,027		9,027	
11	Fees for services (non-employees)				
а	Management]			II
b	Legal				 _
c	Accounting	7,065		7,065	
d	Lobbying			17000	
e	Professional fundraising services See Part IV, line 1	7	48.0 3 -0		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule O)	30,100	1,500	28,600	
12	Advertising and promotion	6,441	6,441	20,000	
13				20 510	
	Office expenses	30,136	1,618	28,518	
14	Information technology	154,035		154,035	
15	Royalties				
16	Occupancy	107 707	70 250	00.055	
17	Travel	107,707	79,352	28,355	
18	Payments of travel or entertainment expense	}		·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		· · · · · · · · · · · · · · · · · · ·		
21	Payments to affiliates			<u></u>	
22	Depreciation, depletion, and amortization	5,004	5,004		··
23	Insurance	187,982	, , , , , , , , , , , , , , , , , , , 	187 , 982	,
24	Other expenses Itemize expenses not covered	ر موسعی برخهای است استان ایران استان ایران		The state of the s	•
	above (List miscellaneous expenses in line 24e If	an ingkamunian ing managan pin digitah pin matapan bapa garanggapag in ing Nasa - in tha maganggapa sapananan ba garanganangga	grand of an interpretation in the figure g to interpretation in the figure grand property into the second	mandarin dipungan and sayah di dan mandarin and sayah dipungan and sayah di dan mandarin and sayah dipungan and sayah dipungan and sayah dipungan and sayah dipungan and sayah dipungan and	
	line 24e amount exceeds 10% of line 25, column	de and process accesses and page of the fighter as action to the second age of the second access to the second acc	and the second of the second o	The state of the s	
	(A) amount, list line 24e expenses on Schedule O)	La garantera estador es de caractera en la como como de la como della como de la	- motorous of the same of the	1	
а	Event fees	589,039	589,039		
b	Staff pay	200,023	200,023		
С	Nationals Event Facility	100,000	100,000		
d	Supplies	56,028	56,028		
е	All other expenses	316,120	284,569	31,551	
	Total functional expenses Add lines 1 through 24e	1,935,947	1,323,574	612,373	·
26	Joint costs. Complete this line only if the			<u> </u>	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 166,972 116. Cash-non-interest bearing 1 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 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 instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 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 971 b Less accumulated depreciation 10b 123,494 14,640 Investments—publicly traded securities 11 11 investments—other secunties See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 181 612 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 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 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 8,027 of Schedule D 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. 173,585 27 121,262 Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 585 33 33 Total net assets or fund balances 612 Total liabilities and net assets/fund balances

Forn	<u> 1990(2016) United States of America Snowboard 33-0368259</u>			Pa	<u>ge 12</u>
Pe	nt XII Reconciliation of Net Assets				
	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	1,88	33,	<u>624</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,93	35,	947
3	Revenue less expenses. Subtract line 2 from line 1	3			323
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17	73,	585
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	12	21,	<u> 262</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990			[' '	, v 545
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		75		1 1
	Schedule O		" F ₂₀	(, ~	} ; ;
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		是" "	٠, ٠	1
	reviewed on a separate basis, consolidated basis, or both		المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة المنطقة		- '.
	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			•	4
	separate basis, consolidated basis, or both		1,5.3		
	Separate basis Consolidated basis Both consolidated and separate basis		3×3, 25	-	7
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1 1		İ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			;	4 ~
	Schedule O.		***	- 1 -	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				j
	the Single Audit Act and OMB Circular A-133?		3a		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u>L</u>
			Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

2016
Open to Public

Inspection

Name of the organization

United States of America Snowboard and Freeski Association

Employer Identification number 33-0368259

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (I) Name of supported (v) Amount of monetary (vi) Amount of (II) EIN (III) Type of organization (described on lines 1-10 organization listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Part II 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.)

Sec	tion A. Public Support	in ialis to quali	ly under the te	sts listed belo	w, piease con	piete i ait iii.	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Obic	nour year (or its ear year seguring it)	(4) 2012	(5) 2515	(6) 2014	(4) 2013	(2) 20 10	(i) 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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount		Service of the servic			- 3	
	shown on line 11, column (f)	The second secon	- and a step of the step of th		A	· · · · · · · · · · · · · · · · · · ·	
6	Public support. Subtract line 5 from line 4	- 3	المُحَدِّة عَمَّةً الْمُحَدِّةِ عَمَّةً الْمُحَدِّةً الْمُحَدِّةً الْمُحَدِّةً الْمُحَدِّةً الْمُحَدِّةً المُح	1 - 1 - 1 - 1			
	tion B. Total Support			() 2011	40.0045	() aava T	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		 		 	├ ──	
8	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		i	·			
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			() 4 - () - E	€± % ;;;::	, 1	
12	Gross receipts from related activities, etc	(see instructions)			12	
13	First five years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop he						>
Sec	tion C. Computation of Public S	Support Perce	entage	·			
14	Public support percentage for 2016 (line	6, column (f) divid	ed by line 11, colu	mn (f))		14	%
15	Public support percentage from 2015 Sci					15	%_
16a					ıs 33 1/3% or mor	e, check this	
	box and stop here. The organization qua	•					▶ []
b	33 1/3% support test—2015. If the orga				ne 15 is 33 1/3% o	r more, check	. 🗀
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization mee			•	•	•	
	Part VI how the organization meets the "I	acts-and-circums	ances" test. The c	organization qualif	iles as a publicly s	upported	. [
	organization	045 1641-		h - h	. 40- 401 - 4-		
D	10%-facts-and-circumstances test—2	-				•	
	15 is 10% or more, and if the organization				•		
	Explain in Part VI how the organization in	ieets the "facts-an	o-circumstances"	test the organiza	ation qualifies as a	publicly	<u> </u>
40	supported organization			105 47 - 47	also also de la		▶ []
18	Private foundation. If the organization of	iid not check a bo	k on line 13, 16a, 1	юр, 1/a, or 17b,	cneck this box and	see	• [
	instructions						▶ [_
					S	chedule A (Form 99	0 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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.)

Sec	tion A. Public Support						
Caler	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")	559,915	880,989	506,552	628,865	617,777	3,194,098
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	753,099	669,790	1,247,740	1,194,342	1,263,987	5,128,958
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,313,014	1,550,779	1,754,292	1,823,207	1,881,764	8,323,056
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	** ** *		gr / han / kg/	77 75 7 7	- , - ,	
8	Public support. (Subtract line 7c from line 6)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 4			94 / F	8,323,056
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	1,313,014	1,550,779	1,754,292	1,823,207	1,881,764	8,323,056
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	143	81	52	99	107	482
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	143	81	52	99	107	482
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	582	634	1,158	6,985	753	10,112
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)	1,313,739	1,551,494	1,755,502	1,830,291	1,882,624	8,333,650
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					<u> </u>
Sec	tion C. Computation of Public S	Support Perce	entage	 			
15	Public support percentage for 2016 (line			ımn (f))		15	99.87%
16_	Public support percentage from 2015 Scl					16	99.87%
	tion D. Computation of Investm						
17	Investment income percentage for 2016	•		13, column (f))		17	<u>%</u>
18 195	Investment income percentage from 2015			ina 14 and line 41	in man than 22	1/3% and line	
19a	33 1/3% support tests—2016. If the org	box and stop here	. The organization	n qualifies as a pu	blicly supported o	rganization	▶ X
b	33 1/3% support tests—2015. If the org line 18 is not more than 33 1/3%, check t						'
20	Private foundation. If the organization of	lid not check a bo	x on line 14, 19a,	or 19b, check this	box and see instr	uctions	. ▶ 🗌

*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)
- B 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.
- 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)

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	_ <u> </u>	Yes	No
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ν	100	Or 990-	F7) 2016

Schedule A (Form 990 or 990-EZ) 2016 United States of America Si			259 Page 6					
Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting O								
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI)See								
instructions. All other Type III non-functionally integrated supporting organizations m	ust co	omplete Sections A throug						
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)						
1 Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2							
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3	4							
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or								
collection of gross income or for management, conservation, or	}							
maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8							
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
Aggregate fair market value of all non-exempt-use assets (see		والمراجع المتكاملة المتكاملة المتكاملة المتكاملة المتكاملة المتكاملة المتكاملة المتكاملة المتكاملة المتكاملة ا	and to pake yell a					
instructions for short tax year or assets held for part of year)			-3.					
a Average monthly value of secunties	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c							
d Total (add lines 1a, 1b, and 1c)	1d							
			E per on Sur / g 					
factors (explain in detail in Part VI)			of the second se					
2 Acquisition indebtedness applicable to non-exempt-use assets	2							
3 Subtract line 2 from line 1d	3							
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,								
see instructions)	4		ı					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	· · · · · · · · · · · · · · · · · · ·						
6 Multiply line 5 by .035	6	·						
7 Recoveries of prior-year distributions	7							
8 Minimum Asset Amount (add line 7 to line 6)	8							
Section C - Distributable Amount			Current Year					
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2 Enter 85% of line 1	2							
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	- appear and a series of the s						
4 Enter greater of line 2 or line 3.	4	Armyon - or the same of the sa						
5 Income tax imposed in prior year	5	Additional to the second of th						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>	and the proof of the proof						
emergency temporary reduction (see instructions)	6	The state of the s						
7 Check here if the current year is the organization's first as a non-functionally integrated			on (see					

instructions)

	ole A (Form 990 or 990-EZ) 2016 United States of	America Snowl	<u>ooard 33-0368</u>	259 Page 7
<u>Par</u>	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpos	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organi	zation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	,		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	 	110 2010	Amount for 2010
	Underdistributions, if any, for years prior to 2016			, , , ,
2	(reasonable cause required-explain in Part VI) See			
	instructions	. , ,		, i
3	Excess distributions carryover, if any, to 2016	. ,	1	,, ,
a		-, ',	,	11 " " " " " " " " " " " " " " " " " "
b	, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (111 12
С	From 2013		", #	<u></u>
d	From 2014	3 3 mm to 4 to 4 to 4 to 4 to 4 to 4 to 4 t	- · · · · · · · · · · · · · · · · · · ·	5/20 / 1 / 1
е	From 2015	, , , , , , , , , , , , , , , , , ,	, , ,	
f	Total of lines 3a through e			in it says
q	Applied to underdistributions of prior years	n		7 10
	Applied to 2016 distributable amount	- 1.		
i	Carryover from 2011 not applied (see instructions)	1, 1	, ,	, ,
	Remainder Subtract lines 3g, 3h, and 3i from 3f			,
4	Distributions for 2016 from	, ,		
	Section D, line 7. \$, , , , , , , , , , , , , , , , , , , ,	- 1	
	Applied to underdistributions of prior years	,	-	
	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			.1
	any Subtract lines 3g and 4a from line 2 For result			1
	greater than zero, explain in Part VI See instructions	'		
6	Remaining underdistributions for 2016 Subtract lines 3h		 	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
-	and 4c			
8	Breakdown of line 7			<u> </u>
				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016 United States of America Snowboard 33-0368259

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.irs.gov/form990.

OMB No 1545-0047 16

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name	of the organization		Employer Identificatio	n number
U.	nited States of America Snowboard			
_a	nd_Freeski_Association		33-036825	9
Pa	art I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts.	
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at end of year			
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 advisors in writing the	nat the assets held in donor advised		
	funds are the organization's property, subject to the organization's ex	-		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	n writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose		Π. Π.
_	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.	Form 000 Port IV line 7		
	Complete if the organization answered "Yes" or			
1	Purpose(s) of conservation easements held by the organization (chec	```'		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	•	
	Protection of natural habitat	Preservation of a certified histor	ic structure	
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified cons	apportune annihilation in the form of a con-		
2	easement on the last day of the tax year	servation contribution in the form of a con		End of the Tax Year
а	Total number of conservation easements		2a	End of the Fax real
b			2b	
c		cluded in (a)	2c	
	Number of conservation easements included in (c) acquired after 8/1	• •	1	
٠,	historic structure listed in the National Register	7750, and not on a	2d	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organ		
•	tax year ▶			
4	Number of states where property subject to conservation easement is	s located >		
5	Does the organization have a written policy regarding the periodic mo			
	violations, and enforcement of the conservation easements it holds?	, , , , , , , , , , , , , , , , , , ,		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservatio	n easements during	the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	olations, and enforcing conservation eas	sements during the	year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(f	B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation ease	ments in its revenue and expense stater	ment, and	
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements tha	at describes the	
_	organization's accounting for conservation easements	. 10:		
Pa	Int III Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or	t, Historical Treasures, or Oth	ier Similar Ass	ets.
				
та	If the organization elected, as permitted under SFAS 116 (ASC 958),	•		
	works of art, historical treasures, or other similar assets held for public source, provide in Part XIII, the text of the features to its financial.			
	public service, provide, in Part XIII, the text of the footnote to its finan			
D	If the organization elected, as permitted under SFAS 116 (ASC 958), works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items	c exhibition, education, or research in id	naiciance 01	
			▶ ¢	
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		~ 3	
2	If the organization received or held works of art, historical treasures, or	or other similar assets for financial coin	nrovide the	• • •
-	following amounts required to be reported under SFAS 116 (ASC 958		provide life	
2	Revenue included on Form 990, Part VIII, line 1	r, researing to tricate itellia.	▶ \$	
a 5	Accepts and under the Form 900. Part Y		. .	• • •

Sche	dule D (Form 990) 2016 United S	States of A	merica Sn	owboard	33-0	3682	59	Page 2
	rt III⊒ Organizations Maintain							sets (continued)
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other reco	rds, check any of the	he following th	at are a sig	gnificant	use of its	
а	Public exhibition	ď 🗌	Loan or exchange	programs				
b	Scholarly research	e 🗌	Other					
C	Preservation for future generations							
4	Provide a description of the organization's XIII	collections and expl	ain how they furthe	r the organizat	ion's exem	npt purp	ose in Part	
5	During the year, did the organization solic	it or receive donation	s of art, historical ti	reasures, or ot	her sımilar			
	assets to be sold to raise funds rather tha							Yes No
Pa	rt IV Escrow and Custodial A							-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, trustee, cust	odian or other interm	ediary for contribut	ons or other a	ssets not			
included on Form 990, Part X?							Yes No	
b	If "Yes," explain the arrangement in Part >	(III and complete the	following table					
								Amount
c	Beginning balance						1c	
d	Additions during the year						1d	
e	Distributions during the year						1e	
f	Ending balance						1f	
	Did the organization include an amount or							Yes No
	If "Yes," explain the arrangement in Part X	(III Check here if the	explanation has be	een provided o	n Part XIII			
_{}∞} P,a	rt V Endowment Funds.							
	Complete if the organizat	ion answered "Ye	es" on Form 99	<u>0, Part IV, i</u>	ine 10.			
		(a) Current year	(b) Pnor year	(c) Two ye	ears back	(d) Th	ree years back	(e) Four years back
1a	Beginning of year balance	L	ļ			 		ļ
b	Contributions		ļ					
C	Net investment earnings, gains, and		ļ	}]]
	losses	·				 		
	Grants or scholarships					 		
е	Other expenditures for facilities and					1		[
	programs					 		
	Administrative expenses		ļ					<u> </u>
_	•		<u> </u>					l
2	Provide the estimated percentage of the c	•	nce (line 1g, columi	n (a)) held as				
	Board designated or quasi-endowment	%						
	Permanent endowment > %	•						
С	Temporarily restricted endowment ▶	%						
2-	The percentages on lines 2a, 2b, and 2c s	•		d and adam		_		
Ja	Are there endowment funds not in the pos	ssession of the organi	ization that are neit	a and administ	ered for the	е		Vac No
	organization by							Yes No
	(i) unrelated organizations							3a(i)
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organ	nizatione lietod se roa	uurad on Schedule	D2	•			3a(ii) 3b
	Describe in Part XIII the intended uses of		•	ΙΧ.				[<u>30</u>]
	urt VI Land, Buildings, and Ed		acomicin luilus,					
	Complete if the organizat		es" on Form 99	0. Part IV	ne 11a	See F	orm 990 F	Part X. line 10
	Description of property	(a) Cost or other		or other basis		\ccumulate		(d) Book value
		(investment)		(other)		epreciation	l.	. , = -
1a	Land				324.		-31 -	··
	Buildings							
	Leasehold improvements		1]			
_	Equipment			9,814		2	, 434	7,380
	Other			125,157		121	060	4,097
	I. Add lines 1a through 1e. (Column (d) mu	st equal Form 990, P	art X, column (B), l				•	11,477

Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV		0 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	n (b) must equal Form 990, Part X, col_(B) line 12)▶			-,
Part VIII	Investments—Program Related.		<u></u>	
I dit viii	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(-)	(=, ====	Cost or end-of-year	
(1)				
(2)	 			
(3)				
(4)				<u> </u>
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col_(B) line 13)▶			, t t t t
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990	0, Part X, line 15.
	(a) Description			(b) Book value
_(1)				(3,53333
/01				(-)
(2)				
(3)				
(3)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	(h) must equal Form 200. Part V. cal. (R) line 15.)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col (B) line 15)		•	
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.	on Form 990 Part IV		
(3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV,		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" line 25.			
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of hability	on Form 990, Part IV		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of hability Income taxes	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Credi	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes it card liabilities	(b) Book value 4 , 641		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Credi (3) Payro	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of hability Income taxes	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Credi (3) Payro (4)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes it card liabilities	(b) Book value 4 , 641		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Credi (3) Payro (4) (5)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes it card liabilities	(b) Book value 4 , 641		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Credi (3) Payro (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes it card liabilities	(b) Book value 4 , 641		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Credi (3) Payro (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes it card liabilities	(b) Book value 4 , 641		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Credi (3) Payro (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes it card liabilities	(b) Book value 4 , 641		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Credi (3) Payro (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes it card liabilities coll liabilities	(b) Book value 4 , 641	line 11e or 11f. See Fo	
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) Credi (3) Payro (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liability Income taxes it card liabilities	(b) Book value 4,641 1,802	line 11e or 11f. See Fo	orm 990, Part X,

Sche	dule D (Form 990) 2016 United States of America St	nowboard 33	-0368259	Page 4
	irt XI Reconciliation of Revenue per Audited Financial Sta	tements With Re	evenue per Return.	
200	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•	***	
a	Net unrealized gains (losses) on investments	2a	1.2,1	
b	Donated services and use of facilities	2b		
c	Recovenes of prior year grants	2c	773	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		77. 42.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		. 5	
Pa	irt XII Reconciliation of Expenses per Audited Financial St	atements With E	xpenses per Return.	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 1	2a	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		* * *	
а	Donated services and use of facilities	2a	* *	
b	Prior year adjustments	2b		
С	Other losses	2c	3	
d	Other (Describe in Part XIII)	2d	^A ~~	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	, ,	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		. 5	
<u>"</u> Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV lines 1b and 2b, Part V, line 4; Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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. Inspection

Open to Public

Name of the organization United States of America Snowboard and Freeski Association

Employer identification number 33-0368259

Form 990, Part III, Line 4d - All Other Accomplishment Fall Summit

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Copies of the Form 990 are provided to the Board for review before they are signed and filed.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All documents are available upon request.

Form 990, Part IX, Line 24e - Other Expenses Description

	Program	Service	Mgt & Gener	al	Fundraisin	g
Open Class	awards				-	
	\$	47,543	\$	0	\$	0
Medals, bib	s, plaqu	es				
	\$	38,372	\$	0	\$	0
Clinician pay						
	\$	33,086	\$	0	\$	0
Pictures an	d videos	_				
	\$	31,028	\$	0	\$	0
Medals						
	\$	27,072	\$	0	\$	0
Menu items						
•	\$.	16,000	\$	0	\$.	Ò

Schedule O (Form 990 or 990-EZ) (i Name of the organization	Page 2				
<u>United States of</u>	America Snowbo	ard		33-0368259	
On hill/off hill	supplies				
\$	12,682	\$ _	0	\$	0
Injury refunds					
\$	12,460	\$	0	\$	0
Membership expens	se				
\$	0	\$	11,593	\$	0
Supplies - Membe	rship				
\$	0	\$	11,051	\$	0
Prizes/awards					
\$	10,041	\$	0	\$	0
Regional bibs					
\$	7,971	\$	0	\$	0
Arm bands/t-shirt	ts				
\$	7,268	\$	0	\$	0
Refund-online eve	ent fees				
\$	6,420	\$	0	\$	0
Supplies					
\$	5,589	\$	0	\$	0
Fees	-	•			
\$	4,850	\$	0	\$	0
Background check		-		-	
\$	4,029	\$	0	\$	0
Event expenses .					
\$	3,636	\$	0	\$	0
Storage				-	
\$	0	\$	3,509	\$	0
Bank charges					

Schedule O (Form 990 Name of the organization	or 990-EZ) (20	16)			Employer identification	Page 2
·		America Snowbo	ard		33-0368259	number
	\$	0	\$	3,466	\$	0
Meals and			,	0, 100	•	·
nearb and	\$	3,167	\$	0	\$	0
G1 ' '		3,107	Ş	U	੨	U
Clinic exp						
	\$	3,132	\$	0	\$	0
Radios			-			
	\$	2,800	\$	0	\$	0
Event fees			-			
	\$	1,685	\$	0	\$	0
Awards						
	\$	1,171	\$	0	\$	0
Wire trans	fer fee					
	\$	1,000	\$	0	\$	0
Awards/pri	zes					
_	\$	1,000	\$	0	\$	0
Membership		,				
	\$	0	\$	995	\$	0
Trainer di		Ŭ	7	330	Y	Ü
rrainer dr		075	^	0	^	0
	\$	975	\$	0	\$	0
Series exp						
	\$	625	\$	0_	\$. Ö
Payroll se	rvice fe	ees				
	\$	0	\$	474	\$. 0
Filing fee	s					
	\$.	0	\$.	463	\$	Ò
Gifts					<u>.</u>	-
	\$	329	\$	0	\$.	0
					Page 2 of 3	3
	\$ 	329	\$ 	0	Page 2 of 3	

Schedule O (Form	990 or	990-EZ)	(2016)
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Schedule O (Form 990 o	or 990-EZ) (20	16)				Page 2
Name of the organization					Employer identification i	number
United Stat	es of i	<u>America Snowbo</u>	ard		33-0368259	
Gifts						
	\$	327	\$	0	\$	0
Office/comp	outer s	upplies				
	\$	147	\$	0	\$	0
Shipping ar	nd posta	age				
	\$	102	\$	0	\$	0
Gifts						
	\$	62	. \$	0	\$	0
Total						
	\$	284,569	\$	31,551	\$	0

A0761128

Certificate of Amendment of Articles of Incorporation

C1440733

FILED
Secretary of State
State of California

℃ SEP 2 3 2014

The undersigned certify that:

- 1. They are the President and the Secretary, respectively, of the United States of America Snowboard Association, a California corporation.
- 2. Article 1: Name: of the Articles of Incorporation of this corporation is amended to read as follows:

The name of this corporation is United States of America Snowboard and Freeski Association.

3. Article II, Paragraph B, of the Articles of Incorporation of this corporation is amended to read as follows:

The specific purpose of this corporation is to encourage and support the development of the sport of snowboarding and free skiing by all persons, regardless of race, sex, religious creed, color, natural origin or ancestry, and to improve and advance amateur snowboarding and free skiing in all of its forms.

- 4. The foregoing amendment of Articles of Incorporation has been duly approved by the Board of Directors.
- 5. The foregoing amendment of Articles has been duly approved by the required vote of the members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: 08.28.2014

Michael Mallon, President

Robb Monnaville, Secretary