Form 990
Department of the Treasur
Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

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

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



Image: Street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number of street address) Image: Street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number of street address) Image: Street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number of street address) Image: Street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number of street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not delivered to street address) Image: Street (or P.0. box if mail is not address of principal officer. MAR ION Image: Street (or P.0. box if mail is not address of principal officer. MAR	175938 r 827-3232 287,741. eturn Yes X No luded? Yes No list. (see instructions) n number ► A State of legal domicile: MN
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Doing Business As 51-0: Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 612-si Aretime 1455 WEST LAKE STREET 612-si 612-si City or town, state or country, and ZIP + 4 G G cross receipts 5 MINNEAPOLIS, MN 55408 H(a) Is this a group re for affiliates; H(a) Is this a group re for affiliates; I Tax-exempt status: X 501(c)(3) 501(c) ()	r 827-3232 287,741. eturn Yes X No luded? Yes No list. (see instructions) n number ► A State of legal domicile: MN
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Image: City or town, state or country, and ZIP + 4 G Gross receipts \$ Image: City or town, state or country, and ZIP + 4 HINNEAPOLIS, MN 55408 Presenter F Name and address of principal officer. MARION ELMQUIST I Tax-exempt status: IX 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: INWW SFL.ORG H(b) Are all affiliates inclusted in the organization is mission or most significant activities: Part I Summary Part I Summary 1 Breight describe the organization's mission or most significant activities: 2 Check this box 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net as 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 Number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary) 7 Total number of volume (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 1-3) 9 Program service revenue (Part VIII, column (A), lines 1-3) 9 From of organization, dimense for the source (Part VIII, column (A), lines 5-10) 10 Investment income (Part VIII, column (A), lines 1-3)	287,741. eturn Yes X No cluded? Yes No list. (see instructions) n number ► A State of legal domicile: MN
Acplica- pending MINNEAPOLIS, MN 55408 H(a) is this a group re for affiliates; I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 H(b) Are all affiliates; I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 H(c) Group exemption (F No." attach a H(c) Group exemption I website: WWW.SFL.ORG H(c) Group exemption K Form of organization: X Corporation Trust Association Other ► I Briefly describe the organization's mission or most significant activities: CONDUCT CROSS COUNTRY PROGRAM FOR VISUALLY AND MOBILITY IMPAIRED ADULTS. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net as 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 4 Number of individuals employed in calendar year 2011 (Part V, line 2a) 6 6 6 7 ta Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 6 6 Total number of volunteers (estimate if necessary) 7 7 0, 415. 7 7 0, 415. 7 7 0, 415. 9 Program service revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8, 291. 1 1 3 Grants and similar amounts paid (Part XI, column (A), line 13.) 0. 14 Benefits paid to or for members (Part X, column (A), line 11a, 11d, 11f.24e) 0, line 25. 0, 0. 0 15 Salaries, other compensation,	eturn Yes X No Iluded? Yes No list. (see instructions) n number ► A State of legal domicile: MN
Pending F Name and address of principal officer.MARION ELMQUIST for affiliates? I Tax-exempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 J Website: WWW.SFL.ORG H(c) Group exemption H(c) Group exemption K Form of organization: X Corporation Trust Association Other > L Year of formation: 1975 Part I Summary I Briefly describe the organization's mission or most significant activities: CONDUCT CROSS COUNTRY PROGRAM FOR VISUALLY AND MOBILITY IMPAIRED ADULTS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net as 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 4 4 A Number of individuals employed in calendar year 2011 (Part V, line 2a) 5 5 6 Total number of ovolunteers (estimate if necessary) 6 6 7 7 7 7 7 198, 594. 9 Program service revenue (Part VIII, line 1b) 10 Investment income (Part VIII, line 2g) 198, 594. 198, 594. 198, 594. 198, 594. 198, 594. 198, 594. 198, 594. 198, 594.	Yes X No cluded? Yes No list. (see instructions) n number ► A State of legal domicile: MN
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9 Program service revenue (Part VIII, line 2g) 198, 594. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7, 312. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8, 291. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 284, 612. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 0. 16a Professional fundraising fees (Part IX, column (D), line 25) 5,005. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 260,111. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 260,111.	Current Year
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8, 291. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 284, 612. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 5,005. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 260,111. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 260,111.	68,511.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8, 291. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 284, 612. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 5,005. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 260,111. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 260,111.	181,872.
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 5,005. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 260,111. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 260,111.	6,213.
10 Chains and chinar another paid (Fart IX, column (4), line 4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	271,537.
8 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 5,005. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 260,111. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 260,111.	0.
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19 Revenue less expenses. Subtract line 18 from line 12 24,501.	250,047.
bitBeginning of Current Year# # # # # # # # # # # # # # # # # # #	250,047. 21,490.
	250,047. 21,490. End of Year
21Total liabilities (Part X, line 26)0.22Net assets or fund balances. Subtract line 21 from line 20457, 522.	250,047. 21,490. End of Year 455,553.
ZĒ 22 Net assets or fund balances. Subtract line 21 from line 20	250,047. 21,490. End of Year 455,553. 0.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	250,047. 21,490. End of Year 455,553.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	250,047. 21,490. End of Year 455,553. 0. 455,553.
	250,047. 21,490. End of Year 455,553. 0. 455,553.

Sign	Signature of officer		Date	
Here	A 1			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	neck PTIN
Paid	ANNE M. LEDWEIN		if se	If-employed P00448677
Preparer	Firm's name ▶ CBIZ MHM, LLC		Firm's E	IN 34-1873282
Use Only	Firm's address 222 SOUTH 9TH ST	REET, SUITE 1000		
	MINNEAPOLIS, MN	55402	Phone n	o. 612-339-7811
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
				- 000 (001 (1)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2011) SKI FOR LIGHT, INC	51-0175938 _F
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: THE MISSION OF SKI FOR LIGHT IS TO ENHANCE THE QUALITY INDEPENDENCE OF VISUALLY OR MOBILITY IMPAIRED ADULTS	
	OF CROSS-COUNTRY SKIING.	
	Did the exercise time undertake only significant measures couries during the resourchisk were not listed on	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O.	ces?Yes 🖸
4	Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	
	others, the total expenses, and revenue, if any, for each program service reported.	5
4a		Revenue \$ 183,43 ROUGH 12TH IN
	PROVO, UTAH. THE EVENT WAS ATTENDED BY A TOTAL OF 206	PEOPLE, 82
	VISUALLY IMPAIRED, 8 MOBILITY IMPAIRED, 102 GUIDES, A	
	FOR LIGHT TEACHES CROSS COUNTRY SKIING TO PROMOTE HEA	
	CONFIDENCE.	
4b	RIDDERRENNET: EACH YEAR SKI FOR LIGHT SENDS SKIERS AN THE RIDDERRENN, A ANNUAL WEEK-LONG CROSS-COUNTRY SKI	EVENT IN
	NORWAY AFTER WHICH SFL IS PATTERNED. IN MARCH 2012,	
	SENT ONE BLIND SKIER, ONE MOBILITY-IMPAIRED SKIER, AN	D TWO GUIDES TO
	THE RIDDERRENN SKI EVENT IN NORWAY. THIS EVENT INSPRI	ED THE BEGINNING
	OF SKI FOR LIGHT.	
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$
4d	Other program services (Describe in Schedule O.)	
+u	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 223,100.	
00000		Form 990
32002 2-09-		
	2	
51	106 793500 81787K 2011.05000 SKI FOR LIGHT, INC	C 81787

Form 990 (-	LIGH
Part IV	Checklist	of Require	d Sch	edules

SKI FOR LIGHT, INC

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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 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		х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	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		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? 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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		
	complete Schedule G, Part III	19		х
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		

Form **990** (2011)

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SKI FOR LIGHT, INC
 Form 990 (2011)
 SKI FOR LIGHT, INC

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
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 Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		v
~	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			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 entity or family member	07		х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part V, line 2</i>	35b		Х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2011)

132004 01-23-12

Pa				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
-)		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 2h		
		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	44		
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		<u> </u>
Ua	any contributions that were not tax deductible?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand	44.		x
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
d	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

SKI FOR LIGHT, INC

Form 990 (2011)

Form **990** (2011)

51-0175938

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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 if Schedule C) contains a resp	oonse to anv qu	estion in this Part V	

X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24	<u>l</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person? \ldots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			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 a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					37
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	-	v	
a	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 re	ached	at the			v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revent	le Code.)		N	NI
10-	Did the eventiation have lead charters by a filiate O			10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		- 72
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and branches to ensure their operations are consistent with the organization's exempt purposes?			104		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			10b 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			TIA		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	 e to coi	nflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12.0		
Ŭ	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	ot interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.		and a fill			
20	State the name, physical address, and telephone number of the person who possesses the books a DOUG BOOSE - $612-827-3232$	and red	cords of the organiz	ation: 🖡	•	
	1455 WEST LAKE STREET, MINNEAPOLIS, MN 55408					
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Form 990 (2011)	SKI FOR DIGHI, INC	01-01/0920 H	Page I			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employees	s, and Independent Contractors					
Check if Sche	edule O contains a response to any question in this Part VII					
Section A. Officers, Dire	rectors, Trustees, Key Employees, and Highest Compensated Emplo	byees				
1a Complete this table for all	Il persons required to be listed. Report compensation for the calendar year ending	with or within the organization's tax year.				
List all of the organiz	ization's current officers, directors, trustees (whether individuals or orga	nizations) regardless of amount of compensat	ion			

ent 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."

ATZ T

• 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.

TNO

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		l	ai iiZe			npei	Isai			(E)
(A) Name and Title	(B)			(C Posi		ı		(D)	(E)	(F)
Name and The	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(describe	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru:	onal tr		loyee	e comp				and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RENEE ABERNATHY	O)	Ĕ	ŝu	Off	Ke	e H	오			
DIRECTOR	2.00	x						0.	0.	0.
(2) CARA BARNES									•••	
DIRECTOR	5.00	x						0.	0.	0.
(3) SUZANNE BROWN										
DIRECTOR	2.00	X						0.	0.	0.
(4) TIM BYAS										
DIRECTOR	2.00	Х						0.	0.	0.
(5) BOB CIVIAK										
DIRECTOR	4.00	Х						0.	0.	0.
(6) JULIE COPPENS										_
DIRECTOR	5.00	Х						0.	0.	0.
(7) WENDY DAVID										
DIRECTOR	2.00	Х						0.	0.	0.
(8) RICHARD EPSTEIN										
DIRECTOR	2.00	X						0.	0.	0.
(9) DAVID FISK									0	0
DIRECTOR	2.00	X						0.	0.	0.
(10) ANDRES GONZALEZ		37							0	0
DIRECTOR	2.00	X						0.	0.	0.
(11) ROBERT HARTT DIRECTOR	2.00	x						0.	0.	0.
(12) EIVIND HEIBERG	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(13) THERESA MONTANO	2.00								0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(14) BRENDA SEEGER	2000									
DIRECTOR	5.00	x						0.	0.	0.
(15) BONNIE O'DAY										
DIRECTOR	5.00	x						0.	0.	0.
(16) LESLIE MACLIN										
DIRECTOR	4.00	X						0.	0.	0.
(17) LAWRENCE POVINELLI										
DIRECTOR	2.00	Х						0.	0.	0.
132007 01-23-12						_				Form 990 (2011)

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Form 990 (2011) SKI FOR									51-017	593	8	Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	oyee	es, a	nd H	High	iest	Compensated Employ	ees (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F	;)
Name and title	Average	- ام)			ition		one	Reportable	Reportable		Estim	
	hours per	box	not c , unle	ss pe	erson	is bot	th an	compensation	compensation		amou	
	week	offi	cer ar	nd a d	lirecto	or/trus	stee)	from	from related		oth	ner
	(describe	sctor						the	organizations	c	ompei	nsation
	hours for	or director				ted		organization	(W-2/1099-MISC)		from	the
	related	stee o	ustee			ensa		(W-2/1099-MISC)		0	organi	zation
	organizations	al trais	nal tr		lo yee	e e						elated
	in Schedule O)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0	rganiz	ations
(18) BROOK YATES	0,	Ē	ŝ	Ð	Ξ.	Ξ.e	요			+		
DIRECTOR	2.00	x						0.	0			0.
19) HOLLY SCHMALING										+		
DIRECTOR	2.00	x						0.	0			0.
20) PETER SLATIN										-		
DIRECTOR	5.00	x						0.	0			0.
21) LAURA OFTEDAHL										-		
DIRECTOR AT LARGE DIRECTOR	5.00	x		x	1			0.	0			0.
(22) JUDITH DIXON		<u> </u>	-	<u> </u>	\vdash	\vdash		J •				• •
DIRECTOR AT LARGE DIRECTOR	5.00	x		x				0.	0			0.
23) LARRY SHOWALTER	5.00	1	-	<u> </u>	\vdash	\vdash		0.	0			0.
EMMEDT PAST PRES, DIRECTOR	15.00	x		x				0.	0			0.
24) HEATHER HALL	13.00							0.	0	•		••
SECRETARY, DIRECTOR	5.00	v		x				0.	0			0.
25) SCOTT MCCALL	5.00							0.	0	•		0.
	10.00	v		x				0.	0			0.
ICE PRESIDENT, DIRECTOR	10.00			^				0.	0	•		0.
26) MARION ELMQUIST	20.00			x				0.	0			0.
PRESIDENT, DIRECTOR	20.00	A		Δ		Ļ		0.	0			0.
1b Sub-total								0.	0			0.
c Total from continuation sheets to Part V									0			
d Total (add lines 1b and 1c)								0.	_	•		0.
2 Total number of individuals (including but r compensation from the organization ►	not limited to th	nose	liste	ed al	bove	e) wl	ho re	eceived more than \$100),000 of reportable			0
											Ye	-
3 Did the organization list any former officer	. director. or tr	uste	e. ke	ev er	olan	ovee	. or h	nighest compensated e	mplovee on			
line 1a? If "Yes," complete Schedule J for s										3		x
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15										4		x
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con										. 5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	-	-								nsatio	n fror	n
the organization. Report compensation for	the calendar y	/ear	endi	ng v	with	or w	/ithin		year.			
(A) Name and business	address	3.74	~ ***	-				(B) Description of s		C	(C) pensa	tion
	address	N	ONE	5			_	Description of s	services	Com	pensa	tion
							-					
							+					
							T					
2 Total number of independent contractors (including but r	not li	mite	d to	tho	se li	sted	above) who received m	nore than			
\$100,000 of compensation from the organ				0		0						
SEE PART VII, SECTIO		TII	NUZ	AT I	101	N S	SHI	EETS		For	m 99	0 (2011)
32008 01-23-12						0						
61106 793500 81787K	2011	. ∩	5 በ	٥٥	c	8 איז	고	OR LIGHT, IN	JC	۶	178	7K1
	2011		20	20	D D		- -	III II		0.	- , 0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and titl		(B) Average hours			(C Pos	C) ition	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DOUG BOOSE											
TREASURER, DIRECTOR		15.00	X		X				0.	0.	0.
Total to Part VII, Section A, line	e 1c										

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SKI FOR LIGHT, INC

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Pa	rt VII	Statement of Rever	nue					Ŭ
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut	1b 	4,775.				
ontributions nd Other Sir	f g	All other contributions, gifts, gran similar amounts not included abov Noncash contributions included in lines	ts, and ve 1f	63,736. 4,775.	60 511			
<u>a</u> C	h	Total. Add lines 1a-1f			68,511.			
Program Service Revenue	2 a b	PARTICIPANT FEE		Business Code 900099	181,872.	181,872.		
	c d							
Pro	e f	All other program service reve						
		Total. Add lines 2a-2f			181,872.			
	3 4	Investment income (including other similar amounts)	dividends, intere	est, and	6,900.			6,900.
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
	с	Less: rental expenses Rental income or (loss) Net rental income or (loss)		►				
		Gross amount from sales of assets other than inventory	(i) Securities 16,472.	(ii) Other				
	с	Less: cost or other basis and sales expenses Gain or (loss)			0.044			0.044
		Net gain or (loss)		>	8,041.			8,041.
Other Revenue		Gross income from fundraising including \$ 4,7 contributions reported on line Part IV, line 18	75. of 1c). See a	4,775.				
₹		Less: direct expenses		4,775.	0			
		Net income or (loss) from func	-	>	0.			
		Gross income from gaming ac Part IV, line 19 Less: direct expenses	а	1,125.				
		Net income or (loss) from gam		►	1,125.			1,125.
	10 a	Gross sales of inventory, less and allowances	returns a	8,086.				
		Less: cost of goods sold		-	E 000	1 5 6 7		2 5 0 1
ļ	С	Net income or (loss) from sale			5,088.	1,567.		3,521.
ŀ		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	с		<u> </u>					
	d			L				
		Total. Add lines 11a-11d Total revenue. See instructions.			271,537.	183,439.	0.	19,587.
13200 01-23	12 9						•	Form 990 (2011)
01-23	- 12				10			

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

com	Diete Columns (B), (C), and (D).				
	Check if Schedule O contains a respon	se to any question in this			
	not include amounts reported on lines 6b, 8b, 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 governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal	350.		350.	
С	Accounting	4,100.		4,100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	11 025	2 471	0 064	2 400
13	Office expenses	14,835. 619.	2,471.	9,964. 619.	2,400.
14	Information technology			019.	
15	Royalties	735.	735.		
16		13,754.	6,480.	4,669.	2,605.
17 19	Travel	15,754.	0,100.	4,005.	2,005.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	401.	23.	378.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,663.		1,663.	
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 O.)				
а	EVENT HOUSING AND MEALS	168,234.	168,234.		
b	EVENT GROUND TRANSPORTA	18,903.	18,903.		
с	EVENT TRAIL FEES & SKI	17,674.	17,674.		
d	RIDDENRENNET EXPENSE	8,503.	8,503.		
е	All other expenses	276.	77.	199.	
25	Total functional expenses. Add lines 1 through 24e	250,047.	223,100.	21,942.	5,005.
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 Figure if following SOP 98-2 (ASC 958-720)				
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			11		

SKI FOR LIGHT, INC

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Form		(2011) SKI FOR LIGHT,	IN	C		<u>51-</u>	0175938 Page 11
Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			58,364.		60,441.
	2	Savings and temporary cash investments			89,697.	2	109,455.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,057.	4	
	5	Receivables from current and former officers, di					
		employees, and highest compensated employe	es. Cor	nplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sect	tion 50	1(c)(9) voluntary			
ú		employees' beneficiary organizations (see instru	ctions)			6	
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,107.	9	1,105.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		8,305.	•		
	b	Less: accumulated depreciation			0.		0.
	11	Investments - publicly traded securities	306,297.	11	284,552.		
	12	Investments - other securities. See Part IV, line -		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			157 500	15	
	16	Total assets. Add lines 1 through 15 (must equ			457,522.	16	455,553.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19				19		
	20	Tax-exempt bond liabilities		of Cohodula D		20	
ties	21 22	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director highest compensated employees, and disqualifi					
Lia		of Cohodulo I				22	
	23	Secured mortgages and notes payable to unrela				22	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
Ŭ	27	Unrestricted net assets			114,340.		128,666.
3ala	28	Temporarily restricted net assets			36,062.		13,127.
Βpt	29	Permanently restricted net assets			307,120.	29	313,760.
Τu		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🛄 and			
P		complete lines 30 through 34.					
iets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			457,522.		455,553.
	34	Total liabilities and net assets/fund balances	<u></u>		457,522.	34	455,553.
							Form 990 (2011)

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Form	990 (2011) SKI FOR LIGHT, INC	51-0175	5938	Pac	_{je} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>1,5</u> 0,0					
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3		1,4					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,5:					
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>59.</u> >				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	45	5,5	53.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question 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	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х					
b	Were the organization's financial statements audited by an independent accountant?		2b		Х				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a							
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit							
	Act and OMB Circular A-133?		3a		<u>X</u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b						
			Form	990 (2	2011)				

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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.

Internal Reve	enue Service	► At	tach to Form 990 or Fo	orm 990-E	Z. 🕨 See	separate	instructio	ons.			Inspe	ction		
Name of	the organizati	on						E	mployer	identi	ificatio	on nu	mber	
			LIGHT, INC						5	1-0	175	938	5	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins [.]	tructions.						
The orgar	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)							
1 🗌	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)							
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach So	chedule E.)										
3	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).							
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the ho	spital'	s nam	ne,	
	city, and stat													
5 📖	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a govern	mental uni	t describ	oed in				
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)											
6 🔛	A federal, sta	te, or local governm	ent or governmental uni	it describe	d in sectio	n 170(b)(⁻	I)(A)(v).							
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	general	public	: desci	ribed i	in	
	section 170(b)(1)(A)(vi). (Comple	te Part II.)											
8 🛄	A community	r trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)									
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contri	butions, n	nembershi	p fees, a	ind gro	oss rec	eipts	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).													
10	•	•	•	•			• • •	•						
11 📖	-		perated exclusively for the						-				or	
			ations described in secti				2). See see	ction 509(a)(3). Ch	eck th	e box	that		
			organization and compl		•				_	7				
	a 🛄 Type I		• •	с 📖 Тур		-	-		d∟		e III - C			
e 📖			at the organization is not											
_		•	han one or more publicl		•				9(a)(1) or	sectio	on 509	(a)(2).		
f	-		ten determination from		-									
			nis box									•••••	. ட	
g	-		organization accepted a			-					I	N ₂		
		•	lirectly controls, either a	-		-					d ar/i)	Yes	No	
			upported organization?								1g(i) 1∝(∷)		<u> </u>	
			n described in (i) above?								1g(ii)			
h	(iii) A 35% controlled entity of a person described in (i) or (ii) above? [11g(iii)]													
	h Provide the following information about the supported organization(s).													
(1) Nom(ofourported		(iii) Type of	(iv) Is the (organization	(v) Did vo	u notify the	(vi) Is	the		(
• •	e of supported anization	(ii) EIN	organization	r /	sted in your			organizatio	nization in col.		(vii) Amount of support		Л	
org	amzation		(described on lines 1-9 above or IRC section		document?		support?	U.S	.?		օսի	,,,,,		
			(see instructions))	Yes	No	Yes	No	Yes	No					

LHA For Paperwork Reduction Act Notice, see the Instructions for

<u>Total</u>

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

OMB No. 1545-0047

Open to Public

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Schedule A (Form 990 or 990-EZ) 2011 SKI FOR LIGHT, INC

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Part II	Γ
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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	69,919.	97,253.	66,604.	70,415.	68,511.	372,702.
2	Tax revenues levied for the organ-						
	ization'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	69,919.	97,253.	66,604.	70,415.	68,511.	372,702.
	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)						27,700.
6	Public support. Subtract line 5 from line 4.						345,002.
	ction B. Total Support						,
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	69,919.	97,253.	66,604.	70,415.	68,511.	(f) Total 372,702.
	Gross income from interest,	0575250	5772001		, , , 1101		0,2,,020
0	dividends, payments received on						
	securities loans, rents, royalties	7,460.	4,958.	4,875.	5,676.	6,900.	29,869.
•	and income from similar sources	7,400.	4,550.	1,0751	5,070.	0,500.	25,005.
9	Net income from unrelated business						
	activities, whether or not the	1,000.		1,695.	1,590.	1,125.	5,410.
40	business is regularly carried on	1,000.		1,055.	1,550.	1,123.	5,410.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						407,981.
	Total support. Add lines 7 through 10					12 1	,088,657.
	Gross receipts from related activities,		,				,000,057.
13	First five years. If the Form 990 is for	e e			•		
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage				
				- 1			84.56 %
	Public support percentage for 2011 (14 15	00 50
	Public support percentage from 2010						
16a	33 1/3% support test - 2011. If the c	-					
	stop here. The organization qualifies						
D	33 1/3% support test - 2010. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						,
• -	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Scho	aulo A (Lorm 000	or 990-E7) 2011

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				-	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	First five years. If the Form 990 is for	L r the organization	l le firet second thi	I ird fourth or fifth t	tax vear as a socti	$\frac{1}{2}$	I
.7	check this box and stop here	-			•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2011 (column (f))		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20		•			17	%
							% %
	Investment income percentage from 2 33 1/3% support tests - 2011. If the						
199							
h	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the						
u							
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	T UIU HUL CHECK A		a, ULISD, CHECKI			
13202	23 01-24-12			16	30		0 01 990-EZJ 2011
461	L106 793500 81787K	20	11.05000		IGHT, INC		81787K1

16461106 793500 81787K

2011.05000 SKI FOR LIGHT, INC

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						

SKI FOR LIGHT,

527 political organization	
501(c)(3) exempt private foundation	

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

INC

General Rule

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B	(Form	990,	990-EZ,	or 990-	PF) (2011)
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Name of organization

SKI FOR LIGHT, INC

Employer identification number

51-0175938

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
123452 01-23	-12 1 c		990, 990-EZ, or 990-PF) (2011)

2011.05000 SKI FOR LIGHT, INC

Employer identification number

51-0175938

SKI FOR LIGHT, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- =		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$chedule B (Form 0	990, 990-EZ, or 990-PF)
23453 01-23-12	19		, 390-EZ, Of 990-PF)

	Jse duplicate copies of Part III if addition		7), (8), or (10) organizations that total more than \$1,000 s completing Part III, enter he year. (Enter this information once.) \$
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. irom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. irom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

Nam	e of the organization SKI FOR LIGHT,INC				Employer identification number 51-0175938
Pa		Funds or (Other Similar Fund	ls or A	
1 4	organization answered "Yes" to Form 990, Part IV, line 6.				counts. Complete li tile
			or advised funds	(۲) Funds and other accounts
4	Total number at and of year	(u) Done		(~	
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3 4	Aggregate grants from (during year)Aggregate value at end of year				
4 5	Did the organization inform all donors and donor advisors in writi	ing that the	essets hold in denor adv	iood fund	10
5	are the organization's property, subject to the organization's exc	•			
6	Did the organization inform all grantees, donors, and donor advis				
0	for charitable purposes and not for the benefit of the donor or do				
	impermissible private benefit?		,		
Par					
1	Purpose(s) of conservation easements held by the organization (r arc iv, i	
•	Preservation of land for public use (e.g., recreation or educ			istorically	/ important land area
	Protection of natural habitat		\square Preservation of a ce		
	Preservation of open space	L		runcu me	
2	Complete lines 2a through 2d if the organization held a qualified	conservatio	a contribution in the form	n of a co	nservation easement on the last
-	day of the tax year.	conscivation			iscivation cascinent on the last
	day of the tax year.			Г	Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements			F	2b
c	Number of conservation easements on a certified historic structu			Г	2c
d	Number of conservation easements included in (c) acquired after			r	
u	listed in the National Register				2d
3	Number of conservation easements modified, transferred, releas				
Ū	year	oou, oxungun		ie ergan	
4	Number of states where property subject to conservation easer	nent is locate	d 🕨		
5	Does the organization have a written policy regarding the periodi			f	
-	violations, and enforcement of the conservation easements it ho		,,		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and				
7	Amount of expenses incurred in monitoring, inspecting, and enfo				
8	Does each conservation easement reported on line 2(d) above sa				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIV, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organization		•		
	conservation easements.			Ū.	
Pa	t III Organizations Maintaining Collections of A	rt, Histori	cal Treasures, or (Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 990	D, Part IV, line	e 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to r	eport in its revenue state	ement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, educatio	on, or research in further	ance of p	oublic service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes	s these items			
b	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to repo	t in its revenue stateme	nt and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educated	ation, or rese	earch in furtherance of p	ublic ser	vice, provide the following amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$
2	If the organization received or held works of art, historical treasu	ires, or other	similar assets for financ	ial gain, p	
	the following amounts required to be reported under SFAS 116 (
а	Revenues included in Form 990, Part VIII, line 1				► \$
b	Assets included in Form 990, Part X				► \$
	For Paperwork Reduction Act Notice, see the Instructions fo	or Form 990.			Schedule D (Form 990) 2011
13205 01-23-	12				
		21	_		

16461106 793500 81787к

2011.05000 SKI FOR LIGHT, INC



Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) is Using the organization accussion, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Check all that apply): Provide a description of hurre generations Provide a description of hurre generations's collections and explain how they further the organization's exempt purpose in Part XIV. Provide a description of the organization solic or receive domained as part of the organization collection? Yes No Part V Escrow and Custodial Arrangements. Complete if the organization collection? Yes No b if 'Yes,' explain the arrangement in Part XIV and complete the following table: Amount Check and during the year Its the organization and agent, fuside, used at the organization answered 'Yes' to Form 900, Part X, Ine 9, or response an amount on Form 900, Part X, Ine 21? If 'Yes,' explain the arrangement in Part XIV Part V Ending balance If organization include an amount on Form 900, Part X, Ine 21? Yes Yes, acplain the arrangement in Part XIV. Part V is coclean the arrangement in Part XIV. Part V is a coclean to accurate the organization answered 'Yes' to Form 900, Part IV, line 10. If organization anound on Form 900, Part X, Ine 21. <li< th=""><th></th><th></th><th>LIGHT, INC</th><th></th><th></th><th></th><th></th><th></th><th>8 Page 2</th></li<>			LIGHT, INC						8 Page 2
clock at that apply:	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	Ir Asse	ts (conti	inued)
a Public exhibition d □ can or exchange programs b Scholarly research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant u	ise of its o	collectio	n items
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 Duing the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be solid to raise hunds arther than to be maintained as part of the organization answered "Yes" to Form 990, Part XV. No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XV. No 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV. No b If 'Yes, "explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 4.00 d Additions during the year 16 c Bit 'Yes', explain the arrangement in Part XIV. Part XIV. Part W Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. Part Y Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. Part W Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. Part W Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. <									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Excrement addition of form 990, Part X, line 21. To solve organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. To solve organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No 18 Is the organization include an amount on Form 990, Part X, line 21? Yes No 0 bit TV'ss, "explain the arrangement in Part XIV. To dim organization include an amount on Form 990, Part X, line 21? Yes No 0 bit Tryss, "explain the arrangement in Part XIV. End to organization include an amount on Form 990, Part X, line 21? Yes No 19 To dim organization include an amount on Form 990, Part X, line 21? Yes No No 10 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. To din the structure yeare to balaxit (ye) Four year	а		d		hange programs				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization's collection and the organization scollection? Part W Escrew and Custodial Arrangements. Complete it the organization answered "Yes" to Form 980, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, line 21. 15 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, line 21. 16 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, line 21. 16 Id description of the organization answered "Yes" to Form 980, Part X, line 21. 17 Yes, "soplain the arrangement in Part XIV. Part V Endowment Funds. Complete the following table: (a) Current Year (b) Prior year (c) (live years back (d) Three	b		е	U Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21. Is the organization angent. Insuee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIV and complete the following table: Intermediation angent. Intermediation angent. Intermediation angent. Intermediation angent. No b If "Yes," explain the arrangement in Part XIV and complete the following table: Intermediation and the part of the organization answered "Yes" to Form 990, Part IV, line 10. Intermediation and the arrangement in Part XIV. Part V Endomment In Part XIV. Intermediation answered "Yes" to Form 990, Part IV, line 10. Intermediation and the arrangement in Part XIV. Part V Endomment In Part XIV. Inte organization angent in Part XIV. Intermediation and the arrangement in Part XIV. Part V Endomment In Part XIV. Inte organization angent in Part XIV. Inte organization angent in Part XIV. Part V Endomment Intermediation as exered "Yes" to Form 990, Part IV, line 10. Intermediat	С	-							
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance 1d Id Id Id a bit the organization include an amount on Form 990, Part X, line 21? Ives No No b If 'Yes,' explain the arrangement in Part XIV. Part VV Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. If Yes No b Contributions 6 (Adv on Yes' to Form 990, Part IV, line 10. Intervent (attrangement in Part XIV. Intervent (attrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. Intervent (attrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. Intervent year bance <t< th=""><th>4</th><th></th><th></th><th></th><th></th><th></th><th>se in Part</th><th>t XIV.</th><th></th></t<>	4						se in Part	t XIV.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Imagenet in Part XIV and complete the following table:	5							Ъ	
reported an amount on Form 990, Part X, line 21. Image: transmission of the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: transmission of the organization in the organization and organization form 990, Part X, line 21. If the organization during the year 1d Image: transmission of the organization include an amount on Form 990, Part X, line 21? Image: transmission of the organization include an amount on Form 990, Part X, line 21? Image: transmission of the organization include an amount on Form 990, Part X, line 21? Image: transmission of the organization include an amount on Form 990, Part X, line 21? Image: transmission of the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Image: transmission of the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (d) Three years back is a different organization answered "Yes" to Form 990, Part IV, line 10. Image: transmission of the organization answered "Yes" to Form 990, Part IV, line 10. Control torus of the failties and programs (a) Current year (b) Prior year (c) Two years back is (d) Three years back is a different organization and programs (a) Current year (b) Prior year (c) Two years back is (d) Three years back is a different organization and programs (a) Current year (b) Prior year (c) Two years back is (d) Form years back is a different organization and programs </th <th>Des</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th><u></u></th> <th></th> <th></th>	Des						<u></u>		
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Image: State	Par			ete if the organizatio	n answered "Yes" to	o Form 990,	Part IV, I	ine 9, or	
on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21? Image: the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. f a Beginning of year balance (a) Current year a Ot the organization include an amount on Form 990, Part X, line 21? Image: the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. (a) Current year (b) Phiror year (c) Phiror year (c) OTwo years back (c) Three years back (c) four years back is a 282, 774. b Contributions 6, 640, 6, 445, 11, 823, 31, 700. c Net investment earnings, gains, and losses (c), 514, 54, 955, 146, 800, 15, 500, 15, 800, 140, 401, 530, 15, 500, 15, 800, 140, 401, 530, 15, 500, 15, 800, 140, 401, 530, 15, 500, 15, 800, 140, 401, 530, 15, 500, 15, 800, 140, 401, 500, 15, 500, 15, 800, 140, 401, 500, 15, 500, 15, 800, 140, 401, 500, 15, 500, 15, 800, 140, 401, 500, 15, 800, 140, 401, 500, 15, 800, 140, 401, 400, 681, 294, 141, 251, 018, 140, 140, 140, 140, 140, 140, 140, 140				· · · · · · · · · · · · · · · · · · ·		the sheet set			
b If "Yes," explain the arrangement in Part XIV and complete the following table:	та								
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21? If If 2 Did the organization include an amount on Form 990, Part X, line 21? If If 2 Did the organization include an amount on Form 990, Part X, line 21? If If 2 Did the organization include an amount on Form 990, Part X, line 21? If If If 2 Did the organization include an amount on Form 990, Part X, line 21? If If If 3 Did TrYes, "explain the arrangement in Part XIV. If If If If 4 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (a) Four years back 4 Contributions 6, 640.5 118, 823.3 131, 700. If 5 Contributions 6, 640.5 115, 200.1 15, 800.1 If 9 Ch of year balance 323, 387.1 340, 681.294, 141.251, 018.1 If If 9 Porinare redowneent thout on	L						······ L	J ¥es	
c Beginning balance 1c 1d d Additions during the year 1d 1d Distributions during the year 1e 1f 2a Distributions during the year 1f Yes No b If 'yes,'' cyclain the arrangement in Part XV. Yes No Yes No b f'yes,'' cyclain the arrangement in Part XV. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part V, line 10. Yes No b Contributions 6,640, 661, 294,141, 251,018, 328,774, Gold Three years back (e) Four years back (e)	D	If Yes," explain the arrangement in Part XIV	and complete the to	lowing table:				Amount	L
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21? Yes Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Pror year (c) Ture years back (d) Fur years back 1a Beginning of year balance (a) Current year (b) Pror year (c) Ture years back (d) Fur years back 1a Beginning of year balance (a) Current year (b) Pror year (c) Ture years back (d) Fur years back 1a Grants or scholarships 6, 640. 6, 845. 11, 823. 31, 700. c Other expenditures for facilities 15, 400. 15, 300. 15, 500. 15, 800. and programs 15, 400. 15, 300. 15, 500. 15, 800. 16 g End of year balance 97. 0.2 % % % % Pervide the estimated percentage of the current year end balance (line 1g, column (a)) held as: aadeignated or quasi-endowment (P 2.9.8 % c Temporarity restricted endowment (P 97. 0.2 % %	•	Paginning balance				10		Amoun	
e Distributions during the year 1e 1 Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Ves No Did the organization include an amount on Form 990, Part X, line 21? Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 6.640. 6.845. 11.823. 31.700. c Not investment earnings, gains, and losses <8.534. 54.995. 46.800. <93.656.> d Grants or scholarships 15.400. 15.300. 15.800. 15.800. e Other expenditures for facilities 323.387. 340.681. 294.141. 251.018. g End of year balance 15.400. 15.300. 15.800. 15.800. f Administrative expenses 2.9.8 % 54.945. 46.800. 323.387. g End of year balance 97.02 % % <									
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No b If *Yes, 'explain the arrangement in Part XV. Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Twe years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Twe years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Twe years back (d) Three years back (e) Four years back c Grants or scholarships (c) Adv, 681, 294, 141, 253, 031, 700, c Add ninistrative expenses 15, 400, 15, 300, 15, 500, 15, 800, . .<									
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b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 5 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (a) Current year (b) Prior year (c) Two years back	2a							Yes	No
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Image: transmission of year balance (a) Current year (b) Prior year (c) Two years back <				swered "Yes" to Fo	rm 990, Part IV, line	10.			
1a Beginning of year balance 340, 681. 294, 141. 251, 018. 328, 774. b Contributions 6, 640. 6, 845. 11, 823. 31, 700. c Net investment earnings, gains, and losses d Grants or scholarships						1	ars back	(e) Four	years back
c Net investment earnings, gains, and losses <8,534. 54,995. 46,800. <93,656. d Grants or scholarships e Other expenditures for facilities and programs 15,400. 15,300. 15,500. 15,800. f Administrative expenses 323,387. 340,681. 294,141. 251,018. g End of year balance 323,387. 340,681. 294,141. 251,018. g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 97.02 % b Permanent endowment ▶ 97.02 % % Mo 3a(i) X i) unrelated organizations 2.98 % % Mo 3a(i) X (i) unrelated organizations 3a(ii) X 3a(ii) X 3a(ii) X (i) unrelated organizations Istended uses of the organization's endowment funds. 3a(ii) X 3a(ii) X 9 f*Yes* to 3a(ii), are the related organization's endowment funds. See Form 990, Part X, line 10. <th>1a</th> <th>Beginning of year balance</th> <th>340,681.</th> <th></th> <th>251,018.</th> <th>32</th> <th>28,774.</th> <th></th> <th></th>	1a	Beginning of year balance	340,681.		251,018.	32	28,774.		
c Net investment earnings, gains, and losses <8, 534. > 54, 995. 46, 800. <93, 656. > d Grants or scholarships e Other expenditures for facilities and programs 15, 400. 15, 300. 15, 500. 15, 800.	b	Contributions	6,640.	6,845.	11,823.	. 3	31,700.		
e Other expenditures for facilities and programs 15,400. 15,300. 15,500. 15,800. f Administrative expenses 323,387. 340,681. 294,141. 251,018. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 97.02 % % c Temporarily restricted endowment ▶ 2.98 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3a(ii) X 4 Describe in Part XIV the intended uses of the organization's endowment funds. Image: second construction of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 Land Image: second cost or other basis (investment) Image: second cost or other basis (other) (c) Accumulated depreciation (d) Book value <th></th> <th></th> <th><8,534.</th> <th>→ 54,995.</th> <th>46,800.</th> <th><</th> <th>93,656.</th> <th>></th> <th></th>			<8,534.	→ 54,995.	46,800.	<	93,656.	>	
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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% d Are there endowment Image of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% f Permanent endowment ▶% d Permonent image of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% f Permonent image of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% f Permonent image of the organization image of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations iii related organizations iiisted as required on Schedule R? 4 Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) depreciation	f	Administrative expenses							
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % d Equipment % multiple	g	End of year balance	323,387.	340,681.	294,141.	25	51,018.		
b Permanent endowment ▶ 97.02 % c Temporarily restricted endowment ▶ 2.98 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation Ia Land b Buildings c Leasehold improvements d Equipment 8 , 305 · 8 , 305 · 0 · e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:				
c Temporarily restricted endowment ▶ 2.98 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation depreciation 1a Land b Buildings (d) Book value b Buildings (d) Book value (d) Book value depreciation (d) Equipment (e) Other (f) Equipment 				_%					
The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value basis (investment) b Buildings c Leasehold improvements d Equipment 8 , 305 8 , 305 0. e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) Vesticate Addition and the possession of the organization (b) for the form 990, Part X, column (B), line 10(c).) Vesticate Addition and the possession of the organization of									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(i) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	С	Temporarily restricted endowment	<u>2.98 %</u>						
by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) Ves No 3a(i) X 3a(i) X 3a(ii) X 3b - (C) Accumulated depreciation (d) Book value (d) Book value 0. 0.			-						
(i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organiza	ation	г	
(i) related organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.		-							
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4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land									A
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b							3b	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4								
basis (investment) basis (other) depreciation 1a Land	Fai			· · · · · · · · · · · · · · · · · · ·	an athan (a)				
1a Land		Description of property	.,				2	(a) Bool	k value
b Buildings	1-	Land				-problation			
c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) • 0.									
d Equipment 8,305. 0. e Other							<u> </u>		
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ● 0.					8.305.	8 30	15.		0 -
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					-,	0,00			••
				X column (R) line 1	0(c))				0.
	1010		e 000, r urt.	, 50.0 (2),10 1	- (-///	S	chedule	D (Form	

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Schedule D	(Form 990) 2011

Schedule D (Form 990) 2011 SKI FOR LIGHT, INC Part VII Investments - Other Securities. See Form 990. Part X, line 12

81787K1

(a) Description of security or category			(c) Method of valua	tion:
(including name of security)	(b) Book value	с	ost or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
()				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)		ـــــــــــــــــــــــــــــــــــــ		
Part VIII Investments - Program Related. Se			(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	с	ost or end-of-year mar	
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	15			
, , ,	Description			(b) Book value
(1)	-			
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line				
Part X Other Liabilities. See Form 990, Part X, I	ine 25.			
1. (a) Description of liability		(b) Book value	_	
(1) Federal income taxes			-	
(2) (3)			-	
(4)			-	
(5)			-	
(6)				
(7)				
(8)				
(9)			-	
<u>(10)</u>			-	
(11) Total. (Column (b) must equal Form 990, Part X, col (B) line	25)			
Total. (Column (b) must equal Form 990, Part X, col (b) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	the organization's financia	statements that reports the orga	anization's liability for uncertai	n tax positions under
132053 01-23-12				edule D (Form 990) 2011
		23		-

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Sche	dule D (Form 990) 2011 SKI FOR LIGHT, INC			51-0175	938 Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Fi	inancial Sta		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				
Pa	t XII Reconciliation of Revenue per Audited Financial Stater	ments With R	evenue per	Return	
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:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	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:				
а	· · · · · · · · · · · · · · · · · · ·				
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	rt XIII Reconciliation of Expenses per Audited Financial State				
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				
b	Prior year adjustments	2b			
	Other losses				
d	Other (Describe in Part XIV.)				
е	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:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			. 4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			. 5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa				
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co				
PA	RT V, LINE 4: EARNINGS FROM THE ENDOWMENT	FUND AR.	E USED T	О НЕГЬ Р	UND

SKI FOR LIGHT PROGRAMS AND KEEP FEES LOW.

Schedule D (Form 990) 2011

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24 2011.05000 SKI FOR LIGHT, INC SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.



Employer identification number 51 - 0175938

FORM 990, PART VI, SECTION A, LINE 1: THE FULL BOARD OF DIRECTORS MEETS

INC

QUARTERLY. THE EXECUTIVE COMMITTEE MANAGES THE DAY TO DAY BUSINESS OF THE

ORGANIZATION IN BETWEEN THE MEETINGS.

SKI FOR LIGHT,

FORM 990, PART VI, SECTION A, LINE 2: ROBERT HARTT, DIRECTOR, AND BONNIE O'DAY, DIRECTOR - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: INFORMATION FOR THE FORM 990 IS GATHERED BY THE SFL TREASURER WITH INPUT FROM THE PRESIDENT AND MANY OTHER BOARD MEMBERS. CERTAIN PORTIONS ARE REVIEWED BY THE PRESIDENT AND THE CHAIR OF THE BUDGET AND FINANCE COMMITTEE. AFTER THE FORM 990 IS ASSEMBLED BY THE ACCOUNTANTS AND PRIOR TO SUBMITTING THE FORM TO THE IRS, A DRAFT COPY IN PDF FORMAT IS MADE AVAILABLE TO THE BOARD ON THE SFL WEBSITE FOR REVIEW. WITHOUT ASSISTANCE THIS FORMAT IS NOT ACCESSIBLE TO THE HALF OF THE BOARD THAT IS BLIND.

FORM 990, PART VI, SECTION B, LINE 12C: SFL MONITORS ADHERENCE TO THE POLICY BY REVIEWING THE POLICY AT EACH BOARD MEETING AND ASKING MEMBERS IF THEY ARE AWARE OF ANY NEW POTENTIAL CONFLICTS OF INTEREST. IN ADDITION, THE EXECUTIVE COMMITTEE EXAMINES EACH SITUATION WHICH COULD CONCEIVABLY INVOLVE A CONFLICT AND DETERMINES THE SITUATION BEFORE AUTHORIZING PROJECTS. THE INDIVIDUAL WITH THE CONFLICT IS ASKED TO LEAVE THE ROOM AND IS NOT ALLOWED TO VOTE ON THE ISSUE.

FORM 990, PART VI, SECTION	C, LINE 19: SKI FOR LIGHT	INC.'S BYLAWS,		
ARTICLES OF INCORPORATION,	CONFLICT OF INTEREST POLIC	Y, AND ANNUAL REPORT		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)				
	25			
16461106 793500 81787к	2011.05000 SKI FOR LIGHT,	INC 81787K1		

Name of the organization SKI FOR LIGHT, INC	Employer identification numb 51-0175938
ARE AVAILABLE AT SKI FOR LIGHT'S WEBSITE, WWW.SFL.ORG .	FINANCIAL REPORTS
AND IRS FORM 990'S ARE AVAILABLE UPON REQUEST AND WILL 1	BE MAILED OR EMAILE
AS APPROPRIATE.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
UNREALIZED LOSS ON INVESTMENTS	-23,459
132212)1-23-12 Scl	hedule O (Form 990 or 990-EZ) (20
26 61106 793500 81787K 2011.05000 SKI FOR LIGHT, IN	