#### CHANGE IN ACCOUNTING PERIOD

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

2011

Open to Public Inspection

OMB No. 1545-0047

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

JUN 1. 2012 and ending JUN 30. A For the 2011 calendar year, or tax year beginning C Name of organization Check if D Employer identification number Address change SKI FOR LIGHT, INC Name change 51-0175938 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-1455 WEST LAKE STREET 612-827-3232 Amended return City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-MINNEAPOLIS. MN 55408 H(a) Is this a group return pending F Name and address of principal officer: MARION ELMOUIST for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes 4947(a)(1) or 527 ) ◀ (insert no.) If "No." attach a list. (see instructions) J Website: ► WWW.SFL.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ Year of formation: 1975 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: CONDUCT CROSS COUNTRY SKI **Activities & Governance** PROGRAM FOR VISUALLY AND MOBILITY IMPAIRED ADULTS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 24  $\overline{24}$ Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 <u>132</u> Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 68,511. Contributions and grants (Part VIII, line 1h) 505. Revenue Ō. 181,872. Program service revenue (Part VIII, line 2g) 14,941. 903. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,213. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 1,408. 271,537. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Ō. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. <u>0.</u> **b** Total fundraising expenses (Part IX, column (D), line 25) 250,047. 4,200. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 250.047. 4,200. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,490. <2,792. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 455,553. 459,690. 20 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X. line 26) Met 455, 553. 459,690. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature ANNE M. LEDWEIN P00448677 Paid Firm's name CBIZ MHM, LLC 34-1873282 Preparer Firm's EIN Firm's address > 222 SOUTH 9TH STREET, SUITE 1000 Use Only MINNEAPOLIS, MN 55402 Phone no. 612 - 339 - 7811X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Other program services (Describe in Schedule O.)

including grants of \$ 100. Total program service expenses

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) (Revenue \$

# Form 990 (2011) SKI FOR LIGH Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	Λ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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	5		
Ü	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,	Ů		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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	Ů		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		Х
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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		_ <u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	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
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		-22
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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			
	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,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

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## 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			37
	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		X
	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		
	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			37
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			Х
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	000		Х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		-22
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule M	30		Х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		Х
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	Х	

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# Form 990 (2011) SKI FOR LIGHT, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V						
				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable 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	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b				
4a	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		
b If "Yes," enter the name of the foreign country: ►							
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts					
were not tax deductible?							
7 Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7 <u>a</u>		X		
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?						
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, a		7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Discontinuous description and descrip						
_	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.		0-				
	Did the organization make any taxable distributions under section 4966?		9a				
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	100					
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b	_				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	100					
	Gross income from members or shareholders	11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against	110	-				
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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.	120	1				
a Is the organization licensed to issue qualified health plans in more than one state?							
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							
С	Enter the amount of reserves on hand	13c					
	Pid the consciention and its consequence to find a standard to the territory of the territory of the standard to the standard		14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b				
				990	(2011)		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to mile ed, ex, or respective, decerned the endamental seed, proceeded, or analyses in estimated endaments.						
	Check if Schedule O contains a response to any question in this Part VI			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						
	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						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		v				
_	officer, director, trustee, or key employee?	2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6					
7a		70		Х			
<b>b</b>	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		- 22			
b		7b		Х			
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		21			
		8a	Х				
		8b	X				
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD					
3	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 Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13		X			
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 approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		X			
46	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 arrangement with a			v			
	taxable entity during the year?	16a		X			
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166					
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b					
17	List the states with which a copy of this Form 990 is required to be filed ►MN						
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	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, conflict of interest policy, and	d finar	ncial				
	statements available to the public during the tax year.		•				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion:	•				
	DOUG BOOSÉ - 612-827-3232						
	14FF WERE TAKE OFFER MINIERPOLIC NO. FE400						

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	th an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RENEE ABERNATHY	2 00	3,7						0	0	
DIRECTOR	2.00	Х				_		0.	0.	0.
(2) CARA BARNES DIRECTOR	5.00	x						0.	0.	0.
(3) TIM BYAS	3.00	^				-		0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(4) BOB CIVIAK	2.00	<u> </u>				$\vdash$		0.	0.	· ·
DIRECTOR	4.00	x						0.	0.	0.
(5) JULIE COPPENS	4.00	122						0.	0.	<u> </u>
DIRECTOR	5.00	x						0.	0.	0.
(6) WENDY DAVID	1 3133	┢								
DIRECTOR	2.00	x						0.	0.	0.
(7) RICHARD EPSTEIN								-	_	
DIRECTOR	2.00	Х						0.	0.	0.
(8) DAVID FISK										
DIRECTOR	2.00	Х						0.	0.	0.
(9) ROBERT HARTT										
DIRECTOR	2.00	Х						0.	0.	0.
(10) EIVIND HEIBERG										
DIRECTOR	2.00	Х						0.	0.	0.
(11) THERESA MONTANO										
DIRECTOR	2.00	Х						0.	0.	0.
(12) BRENDA SEEGER								_	_	_
DIRECTOR	5.00	Х						0.	0.	0.
(13) BONNIE O'DAY										
DIRECTOR	5.00	Х						0.	0.	0.
(14) LESLIE MACLIN		l								
DIRECTOR	4.00	Х						0.	0.	0.
(15) LAWRENCE POVINELLI		,,							_	_
DIRECTOR (16) WOLLE GOVERNMENT	2.00	Х				<u> </u>	_	0.	0.	0.
(16) HOLLY SCHMALING	2 00	\ \ \ \							0.	^
DIRECTOR	2.00	Х				-	-	0.	0.	0.
(17) PETER SLATIN	5.00	x						0.	0.	0.
DIRECTOR	3.00	ΙΛ						<u> </u>	U •	- 000

132007 01-23-12

Form **990** (2011)

Form 990 (2011) SKI FOR LIGHT, INC 51-0175938 Page 8												
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)	Ė		((	C)			(D)	(E)			(F)
Name and title	Average	(da		Pos	ition	1		Reportable	Reportable		Est	imated
	hours per	box	, unle	ss pe	rson	than is bot	h an	· ·	compensation	1	am	ount of
	week	offic	cer an	d a d	lirecto	or/trus	tee)	from	from related		(	other
	(describe	ector						the	organizations		comp	pensation
	hours for	or director	a			ated		organization	(W-2/1099-MIS	<b>D</b> )		om the
	related organizations	tee	truste			bens		(W-2/1099-MISC)			•	anization
	in Schedule	lal tr	onal		ploye	ee ee						l related
	O)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	nizations
(18) LAURA OFTEDAHL	,	드	드	0	포	Ξē	Œ.			$\dashv$		
DIRECTOR AT LARGE, DIRECTOR	5.00	x		x				0.		0.		0.
(19) JUDITH DIXON	3.00						_			<del>-  </del>		
DIRECTOR AT LARGE, DIRECTOR	5.00	x		Х				0.		0.		0.
(20) LARRY SHOWALTER	3.00						_			<del>-  </del>		
IMMEDT PAST PRES, DIRECTOR	15.00	x		Х				0.		0.		0.
(21) HEATHER HALL	13.00	<u> </u>		^		┢	┢	1		<del>*  </del>		
	5.00	X		X				0.		0.		0.
SECRETARY, DIRECTOR	3.00	^		Λ		_		0.		<del>• •</del>		<u> </u>
(22) SCOTT MCCALL	10 00	7								ا ۸		0
VICE PRESIDENT, DIRECTOR	10.00	X		Х		-		0.		0.		0.
(23) MARION ELMQUIST	20 00	\ <del>,</del>		<b>.</b>						_		0
PRESIDENT, DIRECTOR	20.00	X		Х		-		0.		0.		0.
(24) DOUG BOOSE	15 00	7.		٦,						_		0
TREASURER, DIRECTOR	15.00	Х		Х		_	_	0.		0.		0.
										$\rightarrow$		
1b Sub-total						_		0.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
								0.		0.		0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n							20 1					
compensation from the organization	ot illflited to ti	1056	IISLE	eu ai	DOV	e) wi	10 1	eceived more than \$100	,,000 or reportable	,		0
compensation from the organization												Yes No
2 Did the examination list any former officer	director or tw	ıoto	م اده				۰.	highest companyated a	malayoo on			100 110
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	•	•							х
											3	
4 For any individual listed on line 1a, is the su									the organization			х
and related organizations greater than \$150											4	
5 Did any person listed on line 1a receive or a	-				-			-			_	х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e J i	Or St	JCH	pers	SOII					5	
		al a .a .			4			414 i 1 41	¢100,000 of comm		-4: f.	
1 Complete this table for your five highest co										bensa	ation ir	Om
the organization. Report compensation for	tne calendar y	ear	enai	ng v	vitn	or w	itnii		year.			
<b>(A)</b> Name and business	address	NIC	ONE	7				( <b>B)</b> Description of s	ervices	C	(C	) Isation
- Traine and basiness		11/	)INI					Decomption of a	101 11000		отпрог	
							-					
							$\dashv$					
2 Total number of independent contractors (i	ncluding but n	not li	mita	d to	tho	ا می	ster	d above) who received ~	ore than			
\$100,000 of compensation from the organi	•	iot III	me	u 10		) ()	ادحار	a abovo, who received it	iore triali			

## 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).

comp	plete columns (B), (C), and (D).				
	Check if Schedule O contains a respon:	se to any question in thi	is Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	461.	356.	102.	3
14	Information technology	50.		50.	
15	Royalties				
16	Occupancy	60.	60.		
17	Travel	3,945.		3,797.	148
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	RIDDENRENNET EXPENSE	<316.	> <316.	>	
b					
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,200.	100.	3,949.	151
26	<b>Joint costs.</b> Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-22-12				Form <b>990</b> (2011

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Balance Sheet Part X (A) (B) End of year Beginning of year 60,441. 37,346. 1 Cash - non-interest-bearing 1 109,455. 128,857. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 1,105. 1,105. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 8,305. 0. b Less: accumulated depreciation 10b 10c 292,382. 284,552. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 455,553. 459,690. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses \_\_\_\_\_ 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here 

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 120,835. 124,972. 27 27 Unrestricted net assets 20,958. 20,958. Temporarily restricted net assets 28 28 313,760. 313,760. Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31

> 459,690. Form **990** (2011)

459,690.

32

33

34

455,553.

455,553.

32

33

	MINISTER STATE OF THE STATE OF			ıα	<u> </u>		
Ра	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				X		
		ı			0.0		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,408				
2	Total expenses (must equal Part IX, column (A), line 25)	2		00. 92.>			
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4						
5	5 Other changes in net assets or fund balances (explain in Schedule O)5						
6	$\boldsymbol{j}$						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				Ш		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	ĺ		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
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						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nale Audit					
	Act and OMB Circular A-133?	•	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				
			Form	<b>990</b> (	(2011)		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SKI FOR LIGHT, INC

Employer identification number

51-0175938

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Total

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	97,253.	66,604.	70,415.	68,511.	505.	303,288.
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	97,253.	66,604.	70,415.	68,511.	505.	303,288.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						17,528.
6	Public support. Subtract line 5 from line 4.						285,760.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007 97, 253.	<b>(b)</b> 2008	(c) 2009 70,415.	(d) 2010	(e) 2011	(f) Total 303,288.
7	Amounts from line 4	97,253.	66,604.	70,415.	68,511.	505.	303,288.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4,958.	4,875.	5,676.	6,900.	903.	23,312.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		1,695.	1,590.	1,125.		4,410.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	<b>Total support.</b> Add lines 7 through 10						331,010.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	841,427.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publ						06 00
	Public support percentage for 2011 (I					14	86.33 %
	Public support percentage from 2010					15	84.56 %
16a	33 1/3% support test - 2011. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		·		•		
	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	, check this box a		s <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2011

## 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.)

Section A. Public Support								
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
<b>1</b> 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								
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>b</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								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from line 6.)								
Section B. Total Support		#10000	( ) 0000	( 0 0040	( ) 00//	(0		
Calendar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
9 Amounts from line 6								
dividends, payments received on								
securities loans, rents, royalties								
and income from similar sources								
<b>b</b> Unrelated business taxable income								
(less section 511 taxes) from businesses								
acquired after June 30, 1975								
c Add lines 10a and 10b								
11 Net income from unrelated business activities not included in line 10b,								
whether or not the business is								
regularly carried on								
12 Other income. Do not include gain or loss from the sale of capital								
assets (Explain in Part IV.)								
13 Total support (Add lines 9, 10c, 11, and 12.)								
<b>14</b> First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,		
check this box and stop here						<u></u> ▶□		
Section C. Computation of Publi								
15 Public support percentage for 2011 (lin					15	%		
16 Public support percentage from 2010					16	%		
Section D. Computation of Inves	tment Incom	e Percentage						
17 Investment income percentage for 20					17	%		
18 Investment income percentage from 2	010 Schedule A,	Part III, line 17			18	%		
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	I7 is not		
more than 33 1/3%, check this box an	id <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□		
<b>b 33 1/3% support tests - 2010.</b> If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and		
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶∐		
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	<b>&gt;</b>		

### **SCHEDULE D**

(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.

2011
Open to Public Inspection

Name of the organization

SKI FOR LIGHT. INC

Employer identification number 51 – 0175938

Pai	t I Organizations Maintaining Donor Advised Fi	unds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	organization another to the term of the te	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		. , ,
2	Aggregate contributions to (during year)		_
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writin	I on that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's exclu	_	
6	Did the organization inform all grantees, donors, and donor advisor		
•	for charitable purposes and not for the benefit of the donor or dor		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (c		·
	Preservation of land for public use (e.g., recreation or educa		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified c	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structur	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation easeme	ent is located	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfor		
8	Does each conservation easement reported on line 2(d) above sat	tisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation ea		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes	the organization's accounting for
Dai	conservation easements.  t III Organizations Maintaining Collections of Art	t Historical Treasures or O	thor Similar Assots
Pai	Complete if the organization answered "Yes" to Form 990,	•	tilei Sillilai Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 95		mont and balance shoot works of art
Ia	historical treasures, or other similar assets held for public exhibition		
	the text of the footnote to its financial statements that describes t		ince of public service, provide, in rait xiv,
h	If the organization elected, as permitted under SFAS 116 (ASC 95		t and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, educate		
	relating to these items:	tion, or research in farther ance of pa	bile service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasure		
_	the following amounts required to be reported under SFAS 116 (A		3, provide
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$

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

Schedule D (Form 990) 2011

	t III Organizations Maintaining C	collections of A		easures or Oth	er Simil			nued)			
3	Using the organization's acquisition, accession	on, and other record	is, check any or the	iollowing that are a	signilicant	use of its	Collection	Titems			
	(check all that apply):		□.								
а	Public exhibition	d		hange programs							
b	Scholarly research	е	U Other								
С	Preservation for future generations										
4	Provide a description of the organization's co					ose in Par	t XIV.				
5	During the year, did the organization solicit o						٦				
Da	to be sold to raise funds rather than to be ma						Yes	No_			
Pai	t IV Escrow and Custodial Arrangement of the secretary and Custodial Arrangement of the secretary and		ete if the organizatio	n answered "Yes" to	o Form 990	), Part IV,	ine 9, or				
<del></del>	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi						٦.,	<b></b>			
	on Form 990, Part X?						Yes	└── No			
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:								
							Amount				
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance				1f		_				
	Did the organization include an amount on Fo		21?				Yes	└── No			
	b If "Yes," explain the arrangement in Part XIV.  art V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.										
Pai	t V Endowment Funds. Complete in				1		_				
		(a) Current year	(b) Prior year	`,	(d) Three		(e) ⊦our	years back			
1a	Beginning of year balance	323,387.	340,681.			251,018.					
b	Contributions		6,640.	,		11,823.					
С	Net investment earnings, gains, and losses	7,830.	<8,534.	> 54,995.		46,800.					
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs		15,400.	15,300.		15,500.					
f	Administrative expenses										
g	End of year balance	331,217.	323,387.	340,681.	2	294,141.					
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as:							
а	Board designated or quasi-endowment		_%								
b	Permanent endowment ► 94.73	%									
С	Temporarily restricted endowment	5.27 %									
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organi	zation	_				
	by:							Yes No			
	(i) unrelated organizations						3a(i)	X			
	(ii) related organizations						3a(ii)	X			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?				3b				
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990	), Part X, line 10.								
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	ed	(d) Bool	k value			
		basis (investn	nent) basis	(other) de	epreciation						
1a	Land										
b	Buildings										
С	Leasehold improvements										
	Equipment			8,305.	8,3	05.		0.			
	Other										
	Add lines 1s through 1s (Column (d) must a		V column (D) line 1	0(a) )				0.			

Schedule D (Form 990) 2011

Tart viii investments Strief Securities:	bee rollinggo, rait X, ii	116 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuates of or end-of-year man	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13.		
(a) Description of investment type	(c) Method of val			
(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, lin	e 15.			
(a	a) 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) lin	ne 15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X	ζ, line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote 2. Fin 48 (ASC 740).	ne 25.)			
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote	to the organization's financial	statements that reports the organ	nization's liability for uncerta	in tax positions under

Pa	rt XI	Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finar	icial (	Staten	nen	ts
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							
4		unrealized gains (losses) on investments						
5		ated services and use of facilities						
6		stment expenses						
7		period adjustments						
8		r (Describe in Part XIV.)						
9		adjustments (net). Add lines 4 through 8						
10		ss or (deficit) for the year per audited financial statements. Combine lines 3 an			10			
		Reconciliation of Revenue per Audited Financial Stateme				oer Re	turr	1
1	Total	revenue, gains, and other support per audited financial statements					1	
2		unts included on line 1 but not on Form 990, Part VIII, line 12:						
а		unrealized gains on investments	2a					
b		ated services and use of facilities						
С		overies of prior year grants						
d		r (Describe in Part XIV.)						
e		lines <b>2a</b> through <b>2d</b>					2e	
3		ract line <b>2e</b> from line <b>1</b>					3	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:						
· a		stment expenses not included on Form 990, Part VIII, line 7b	4a					
b		r (Describe in Part XIV.)						
c							4c	
5		revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 12.</i> )					5	
		Reconciliation of Expenses per Audited Financial Statem						ırn
1		expenses and losses per audited financial statements					1	
2		unts included on line 1 but not on Form 990, Part IX, line 25:						
– a		ated services and use of facilities	2a					
b		year adjustments						
c								
d		r losses r (Describe in Part XIV.)	<del></del>					
e		lines 2a through 2d					2e	
3							3	
4		ract line <b>2e</b> from line <b>1</b> unts included on Form 990, Part IX, line 25, but not on line <b>1</b> :						
7		stment expenses not included on Form 990, Part VIII, line 7b	4a					
a h						-		
		r (Describe in Part XIV.)					40	
		lines <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)					4c 5	
		/ Supplemental Information					<u>J</u>	
			II lines 1	la and 4: P	art IV I	lines 1h	and '	2h: Part V line 4: Part
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.								
PART V, LINE 4: EARNINGS FROM THE ENDOWMENT FUND ARE USED TO HELP FUND								
SK	I FO	OR LIGHT PROGRAMS AND KEEP FEES LOW.						

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

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

SKI FOR LIGHT, INC

Employer identification number 51-0175938

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

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

ORGANIZATION BETWEEN THE MEETINGS.

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 POLICY, 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)

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101-23-12

SKI FOR LIGHT, INC	51-0175938
ARE AVAILABLE AT SKI FOR LIGHT'S WEBSITE, WWW.SFL.ORG . F	INANCIAL REPORTS
AND IRS FORM 990'S ARE AVAILABLE UPON REQUEST AND WILL BE	MAILED OR EMAILED
AS APPROPRIATE.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
UNREALIZED GAIN ON INVESTMENTS	6,929.