

			** PUBLIC DISCLOSURE COPY **			OMD No. 1545 0047			
Form 990 Return of Organization Exempt From In Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce					OMB No. 1545-0047				
Form JJU		30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		ons)	<u> </u>			
		of the Treasury enue Service	 Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the late 	-		Open to Public Inspection			
-					9	mepeetien			
Вс	heck if	C Name o	f organization	D Employer identi		n number			
	Addr		FOR LIGUE INC						
	chan Name	9	FOR LIGHT, INC.	51_0	017	5938			
	chan Initia returr		and street (or P.O. box if mail is not delivered to street address) Room/sui						
	Final Final	1/55	WEST LAKE STREET			7-3232			
	termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		368,688.			
	Amer returr		EAPOLIS, MN 55408	H(a) Is this a group	return				
	Appli tion pend		nd address of principal officer: MARION ELMQUIST	for subordinate	es?	Yes X No			
		SAME	AS C ABOVE	H(b) Are all subordinates	include	d? Yes No			
		empt status:				(see instructions)			
		ite: 🕨 WWW .		H(c) Group exempt					
	orm o I rt I	f organization: [Summary	X Corporation Trust Association Other ▶ L Ye	ar of formation: 1975	M Sta	te of legal domicile: MLN			
10			e the organization's mission or most significant activities: CONDUCT C	יסחפפ מחוזאיייסע	ע מע				
e	1		FOR VISUALLY AND MOBILITY IMPAIRED ADD			<u>.</u>			
Governance	2				eente				
verr	2								
Go	4		• •	<u>25</u> 25					
	5		lependent voting members of the governing body (Part VI, line 1b)		_	0			
itie	6		of volunteers (estimate if necessary)			166			
Activities &			d business revenue from Part VIII, column (C), line 12		-	0.			
Ă			business taxable income from Form 990-T, line 38			0.			
			,	Prior Year		Current Year			
6	8	Contributions	and grants (Part VIII, line 1h)	97,120	•	92,553.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	245,419	•	228,568.			
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	15,150		18,749.			
В	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,053		5,215.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	364,742		345,085.			
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.		0.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	-	0.			
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.		0.			
sue			undraising fees (Part IX, column (A), line 11e)	0.	•	0.			
Expenses			ing expenses (Part IX, column (D), line 25) 6 , 926 .		-	202 421			
-	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	370,534		323,431.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	370,534 -5,792		<u>323,431.</u> 21,654.			
- s	19	Revenue less	expenses. Subtract line 18 from line 12						
its o ance	20	Total apoata (Beginning of Current Year 472,518		End of Year 501,263.			
Asse Balá	20 21	Total assets (F		0		0.			
Net Assets or -und Balances	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	472,518	-	501,263.			
	rt II	Signature		_/_/010	- 1				
Unde	er pen		I declare that I have examined this return, including accompanying schedules and state	ments, and to the best of n	ny knov	wledge and belief, it is			
			Declaration of preparer (other than officer) is based on all information of which prepar		-	- /			
				-					

Sign	Signature of officer		Date						
Here									
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Dat	e Check PTIN						
Paid	BRUCE THIEL		self-employed P00526510						
Preparer	Firm's name 🕒 CBIZ MHM, LLC		Firm's EIN 34 -1873282						
Use Only	Firm's address 222 SOUTH 9TH ST	REET, SUITE 1000							
MINNEAPOLIS, MN 55402 Phone no.612-339-7811									
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)								
			- 000						

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form	990 (2018) SKI FOR LIGHT, INC. 51-0175938 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF SKI FOR LIGHT IS TO ENHANCE THE QUALITY OF LIFE AND
	INDEPENDENCE OF VISUALLY OR MOBILITY IMPAIRED ADULTS THROUGH A PROGRAM
	OF CROSS-COUNTRY SKIING.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ? Yes X No
2	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
<u> </u>	revenue, if any, for each program service reported.
4a	(Code:) (Expenses $273,537$. including grants of $230,460$.) (Revenue $230,460$.)
	THE ANNUAL SKI FOR LIGHT EVENT WAS HELD FROM SUNDAY, JANUARY 27 TO
	SUNDAY FEBRUARY 3, 2019 AT SNOW MOUNTAIN RANCH NEAR GRANBY, COLORADO.
	THE EVENT WAS ATTENDED BY 132 GUIDES, 110 VISUALLY IMPAIRED
	PARTICIPANTS, 6 MOBILITY IMPAIRED PARTICIPANTS AND 23 OTHER VOLUNTEERS.
4b	(Code:) (Expenses \$10,793. including grants of \$) (Revenue \$)
	RIDDERRENN: IN MARCH OF 2019 SKI FOR LIGHT SENT TWO SKIERS AND TWO
	GUIDES TO THE WEEKLONG NORWEGIAN CROSS-COUNTRY SKI EVENT AFTER WHICH
	SKI FOR LIGHT WAS PATTERNED.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (,), (,), (,), (,), (,), (,), (,), (,), (,), (
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 284,330.
	Form 990 (2018)
832002	12-31-18
	2

2018.04030 SKI FOR LIGHT, INC. 81787K_1

Form	990	(201	8
	330	1201	0

 Form 990 (2018)
 SKI FOR LIGHT, INC.

 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)?			
	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		<u> </u>
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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 and XII	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 and XII 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	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			
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
832003	12-31-18	Form	990	(2018)

12031028 143399 81787K

3 2018.04030 SKI FOR LIGHT, INC.

Form	990	(2018)	
	330	(2010)	

Form	990 (2018) SKI FOR LIGHT, INC. 51-0175	938	Р	age 4
	continuea)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x
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	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		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II 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, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line 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	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
00000	(gambling) winnings to prize winners?	1c	990	<u> </u> (2018)
832004	↓ 12-31-18 Δ	Form	550	,∠υ ιδ)

2018.04030 SKI FOR LIGHT, INC. 81787K_1

	990 (2018) SKI FOR LIGHT, INC. 51-0175 tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	938	P	_{age} 5
Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)			
•			Yes	No
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			
	, , , , ,	01-		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)	3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	30		
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 forcing country (such as a back account account account or other financial account)?	4a		x
Ь	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		- 23
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		x
	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 transaction?	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			
u	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	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	1.0		
•	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
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 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	

Form **990** (2018)

832005 12-31-18

Form 990	(2018)
----------	--------

120

51-0175938 Page 6

 Form 990 (2018)
 SKI FOR LIGHT, INC.
 51-0175938
 Page

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

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	1 a		25			
	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 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			r	2	X	L
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervisio	on 🛛			
	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 9	90 was	filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		Х
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 ap	point c	one or				
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
а	The governing body?	-	-		8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	X	
ົ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Codo)	<u></u> 1			
		veriue	<u>5008.)</u>			Yes	No
)2	Did the organization have local chapters, branches, or affiliates?			ſ	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				iva	├── ┤	
IJ		•	-		10b		
1~			filing the			x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Delore	= ming the		11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				40-	x	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			ſ	12a	A X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				.,	
	in Schedule O how this was done				12c	X	
3	Did the organization have a written whistleblower policy?				13	X	
4	Did the organization have a written document retention and destruction policy?			r	14	X	
5	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	\mid	X
b	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).						
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	articipatior	ı I			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MN						
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, an	d 990-	(Section	501(c)(3)s	only) ;	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.				.,		
	X Own website Another's website X Upon request Other (explain	in Sch	edule ()				
)	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	olicy, and t	financ	ial	
-	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's boo	ke and	records				
0	BRENDA SEEGER - 612-827-3232	ns al iù	1001US	-			
	1455 WEST LAKE STREET, MINNEAPOLIS, MN 55408						
	· · · · ·				Form	9 90	(204
2006	6 12-31-18 6				Form	550	(201
LC	28 143399 81787K 2018.04030 SKI FOR 1	LIGH	IT, IN	IC.		81	78

Form 990 (2	D18) SKI FOR LIGHT, INC.	51-0175938	Page 7						
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

									(E)	(F)
(A)	(B) (C) Average Position					n		(D)	(ב) Reportable	(F) Estimated
Name and Title	Average hours per		not c	heck	more	than o		Reportable compensation	amount of	
	week					s botł or/trus		from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				Ð		organization	(W-2/1099-MISC)	from the
	related	se or	stee			nsate		(W-2/1099-MISC)	(organization
	organizations	trust	al tru		yee	ampe				and related
	below	idual	In stit utio nal tru stee	ъ	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key (High	Former			
(1) RENEE ABERNATHY	3.00									
DIRECTOR		х						0.	0.	0.
(2) DEDE CHINLUND	3.00									
DIRECTOR		х						0.	0.	0.
(3) ROBERT CIVIAK	3.00									
DIRECTOR		х						0.	0.	0.
(4) JULIE COPPENS	4.00									
DIRECTOR		х						0.	0.	0.
(5) WENDY DAVID	3.00									
DIRECTOR		х						0.	0.	0.
(6) JOHN ELLIOTT	3.00								•••	
DIRECTOR		х						0.	0.	0.
(7) KRISTA ERICKSON	5.00								••	
DIRECTOR		х						0.	0.	0.
(8) MICHAEL EVELO	3.00									
DIRECTOR		х						0.	0.	0.
(9) ANDREA GODDARD	4.00									
DIRECTOR		х						0.	0.	0.
(10) NICOLE HALEY	3.00									
DIRECTOR	5.00	x						0.	0.	0.
(11) MELINDA HOLLANDS	4.00									
DIRECTOR	4.00	x						0.	0.	0.
(12) LESLIE MACLIN	3.00	23								
DIRECTOR	5.00	x						0.	0.	0.
(13) RICHARD MILSTEADT	4.00	23								
DIRECTOR		x						0.	0.	0.
(14) LAURA OFTEDAHL	4.00			-		-		0.	U •	
DIRECTOR		x						0.	0.	0.
(15) LINDA PEDERSON	2.00			-		-		0.	U •	<u></u>
DIRECTOR	2.00	х						0.	0.	0.
(16) LARRY SHOWALTER	12.00			-				0.	0.	0.
DIRECTOR	12.00	x						0.	0.	0.
(17) DAVID WILKINSON	1.00	^		-	-		-	U•	0.	U•
DIRECTOR	<u> </u>	x						0.	0.	0.
832007 12-31-18	1	Λ						I 0.	0.	Form 990 (2018)

7

832007 12-31-18

2018.04030 SKI FOR LIGHT, INC.

SKI FOR LIGHT, INC.

51-0175938 Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B) ((C)			(D)	(E)			(F)	
Name and title	Average	(do not check more than one					one	Reportable	Reportable		Est	timate	d
	hours per	box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation			ount o	of
	week (list any			uau		1/1/1/1/1/1/1		- from					
	hours for	directo				_		the organization	organizations (W-2/1099-MISC	a		om the	
	related	ee or i	stee			nsated		(W-2/1099-MISC)	(11 2) 1000 1000	′		anizati	
	organizations	truste	lal tru		yee	ompei		(•	l relate	
	below	Individual trustee or director	Institutional trustee	Cer	key employee	Highest compensated employee	Former				orga	nizatio	ons
	line)	lndi	Inst	Officer	Key	High	Forr			\rightarrow			
(18) KAREN WOOD	2.00												•
DIRECTOR		Х						0.).			0.
(19) SCOTT MCCALL	4.00												•
IMMEDIATE PAST PRESIDENT	_ 00	X		Х				0.	(ו.			0.
(20) NANCY MILSTEADT	5.00												•
DIRECTOR AT LARGE	4 0 0	X		Х				0.	l	ו.			0.
(21) AMY BRANNAN	4.00												•
DIRECTOR AT LARGE	15 00	Х		Х				0.	() .			0.
(22) BRENDA SEEGER	15.00												•
TREASURER	10.00	Х		Х				0.	() .			0.
(23) JUDITH DIXON	10.00	37		37									0
SECRETARY	10.00	Х		Х				0.	().			0.
(24) TIM MCCORCLE	10.00	37		77				0					0
VICE-PRESIDENT	15.00	Х		Х				0.	l	<u>) </u>			0.
(25) MARION ELMQUIST PRESIDENT	15.00	х		х				0.	(b.			0
PRESIDENT		Λ		Δ				0.		·			0.
								0.	(.			0.
1b Sub-total								0.		5.			0.
c Total from continuation sheets to Part VI								0.		5.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not provide the second secon								• •		<u>, • </u>			<u> </u>
compensation from the organization		056	11510	u al	JUVE	<i>y</i> wii	016	eceived more than \$100,					0
												Yes	No
3 Did the organization list any former officer,	director or tri	ister	- ke	v en	nnlo		or	highest compensated er	nnlovee on	Г			
line 1a? If "Yes," complete Schedule J for si										- 1	3		х
4 For any individual listed on line 1a, is the su										· F			
and related organizations greater than \$150											4		х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	•							•		[5		Х
Section B. Independent Contractors			01 00	<u></u>		0.11							
1 Complete this table for your five highest co	npensated ind	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of compe	nsati	ion fro	m	
the organization. Report compensation for t	-	-											
(A)								(B)			(C)	
Name and business	address	NC	ONE	3				Description of s	ervices	Co	omper	satior	1
2 Total number of independent contractors (ir \$100,000 of compensation from the organized		ot lin	nited	l to i	thos (ted	above) who received mo	ore than				

Form **990** (2018)

832008 12-31-18

	Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
1 a	a Federated campaigns	1a					
b	Membership dues	1b					
	Fundraising events		7,270.				
	d Related organizations						
е	e Government grants (contribut	ions) 1e					
f	All other contributions, gifts, grar	nts, and					
	similar amounts not included abo	ve 1f	85,283.				
g	Noncash contributions included in lines		11,269.				
h	• Total. Add lines 1a-1f		►	92,553.			
			Business Code				
2 a	A PARTICIPANT FEE	S	900099	228,568.	228,568.		
b	b						
с	>						
d	b						
е							
f	All other program service reve	enue					
	g Total. Add lines 2a-2f			228,568.			
3	Investment income (including			-			
	other similar amounts)			7,199.			7,19
4	Income from investment of ta			-			
5	Royalties						
	,	(i) Real	(ii) Personal				
6 a	a Gross rents		(
	b Less: rental expenses						
	Rental income or (loss)						
	b Net rental income or (loss)						
	a Gross amount from sales of	(i) Securities	(ii) Other				
, .	assets other than inventory	24,678.					
Ь	Less: cost or other basis						
		13 128.					
~	and sales expenses Gain or (loss)	11 550					
ں م	d Net gain or (loss)	11,550.		11,550.			11,55
				11,550.			11,35
0 0	a Gross income from fundraisin including \$ 7,2						
	contributions reported on line						
	•	,	7,270.				
	Part IV, line 18		7,270.				
	Less: direct expenses			0.			
	Net income or (loss) from fund	-		0.			
эa	a Gross income from gaming ad						
	Part IV, line 19						
	Less: direct expenses						
	Net income or (loss) from gan		▶				
то а	a Gross sales of inventory, less		9 4 2 0				
-	and allowances		8,420.				
	Less: cost of goods sold		3,205.	E 01E	1 000		2 20
С	Net income or (loss) from sale			5,215.	1,892.		3,32
	Miscellaneous Revenu		Business Code				
11 a							
b	٥						
С							
	d All other revenue						
е	e Total. Add lines 11a-11d		🕨				
				345,085.	230,460.	0.	22,07

12031028 143399 81787K

9

2018.04030 SKI FOR LIGHT, INC.

Form 990 (2018) SKI FOR
Part VIII Statement of Revenue SKI FOR LIGHT, INC.

⁸¹⁷⁸⁷K_1

Form 990 (20	018)
--------------	------

SKI FOR LIGHT, INC. 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).

	Check if Schedule O contains a respons 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
a	Management				
b	Legal	50.		50.	
с	Accounting	5,325.		5,325.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,975.		3,975.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	500.	500.		
3	Office expenses	16,238.	5,093.	9,185.	1,960
4	Information technology	680.		680.	
5	Royalties				
6		1,975.			1,975
7	Travel	1,975.			1,975
8	Payments of travel or entertainment expenses				
^	for any federal, state, or local public officials Conferences, conventions, and meetings	16,465.	5,037.	11,428.	
9 0	· · · · · · · · · · · · · · · · · · ·	10,405.	5,057.		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1,532.		1,532.	
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)				
а	amount, list line 24e expenses on Schedule 0.)	208,125.	208,125.		
b	EVENT TRAIL FEES & OTHE	42,581.	42,581.		
c	EVENT GROUND TRANSPORTA	12,201.	12,201.		
d	RIDDERRENNET TEAM EXPEN	10,793.	10,793.		
	All other expenses	2,991.			2,991
5	Total functional expenses. Add lines 1 through 24e	323,431.	284,330.	32,175.	6,926
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)				

2018.04030 SKI FOR LIGHT, INC.

10

Form 990 (
Part X	Balance Sheet

SKI FOR LIGHT, INC.

		Check if Schedule O contains a response or note to any line in this Part X		·····	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	15,837.	1	29,924.
	2	Savings and temporary cash investments	49,724.	2	64,739.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ß		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥ ∣	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,000.	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	396,957.	11	406,600
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	472,518.	16	501,263
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
o	22	Loans and other payables to current and former officers, directors, trustees,			
itie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ן ב	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	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗵 and			
s		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	75,563.	27	94,664.
ala	28	Temporarily restricted net assets	52,136.	28	406,599
9	29	Permanently restricted net assets	344,819.	29	0 .
<u>5</u>		Organizations that do not follow SFAS 117 (ASC 958), check here			
2		and complete lines 30 through 34.			
ŝt	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	472,518.	33	501,263.
	34	Total liabilities and net assets/fund balances	472,518.	34	501,263. Form 990 (2018

Form **990** (2018)

832011 12-31-18

	1990 (2018) SKI FOR LIGHT, INC.	51-017	5938	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	345		
2	Total expenses (must equal Part IX, column (A), line 25)	2	323	3,43	<u>31.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	472		
5	Net unrealized gains (losses) on investments	5	7	<u>, 09</u>	91.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	501	.,20	<u>53.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	440 /	2010

Form **990** (2018)

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
	550		550 LZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name	Name of the organization Employer identification number								
-			FOR LIGHT,						1-0175938
Par	tl	Reason for Public (Charity Status	All organizations must co	omplete th	is part.) Se	ee instructions	3.	
The o	rgani	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of chu	urches, or associatio	on of churches described	in sectio	on 170(b)(*	1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
_		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
_		university:							
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from c	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
_		See section 509(a)(2). (Cor	• •						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	-						Check the box in
		lines 12a through 12d that	•••			-		-	
а		Type I. A supporting orga	-	-	•	-			
		the supported organization		• • • •	majority o	of the direc	ctors or truste	es of the su	upporting
		organization. You must c	-						
b		Type II. A supporting org							
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	organization(s). You mus	-						
С		Type III functionally inte						ly integrate	ed with,
		its supported organization							
d		Type III non-functionally						-	
		that is not functionally int	0	• •	•		•	an attentiv	/eness
		requirement (see instructi	,	•					
е		Check this box if the orga					Туре I, Туре	II, Type III	
_		functionally integrated, or		nally integrated supportion	ng organiz	ation.			
		r the number of supported c	•						
g		vide the following information Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization	(1) 211	(described on lines 1-10	in your governi	ing document?	support (see in	,	support (see instructions)
		.		above (see instructions))	Yes	NO			
Total									
	D	en emuerle De duction Act N		Letions for Form 000 or	000 57		L. Coha	duda A (Eau	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990 EZ) 2018 SKI FOR LIGHT, INC.

51-0175938 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	80,824.	84,703.	97,439.	97,120.	92,553.	452,639.
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	80,824.	84,703.	97,439.	97,120.	92,553.	452,639.
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)						57,690.
6	Public support. Subtract line 5 from line 4.						394,949.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	80,824.	84,703.	97,439.	97,120.	92,553.	452,639.
8							
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	13,987.	11,649.	6,787.	6,855.	7,199.	46,477.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						499,116.
	Gross receipts from related activities,	etc. (see instructio	ins)			12 1	,102,607.
	First five years. If the Form 990 is for	•	,	d. fourth. or fifth ta	x vear as a sectior		<u> </u>
	organization, check this box and stop	e e			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2018 (li	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	79.13 %
	Public support percentage from 2017		•			15	79.10 %
	33 1/3% support test - 2018. If the c					ore, check this bo	k and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"			-			
b	10% -facts-and-circumstances test	•	• •	,	•		
	more, and if the organization meets th	•					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•	-			
				, <u>,</u> , c , c		edule A (Form 990	

832022 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 SKI FOR LIGHT, INC.

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

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

Sei	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here	<u></u>					
Se	ction C. Computation of Publi	c Support Per	centage			,,	
15	Public support percentage for 2018 (li	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
19 a	a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶□]
k	33 1/3% support tests - 2017. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	tructions	
8320	23 10-11-18				Sch	edule A (Form 990) or 990-EZ) 2018
			15				

12031028 143399 81787K

2018.04030 SKI FOR LIGHT, INC.

81787K_1

1

Yes No

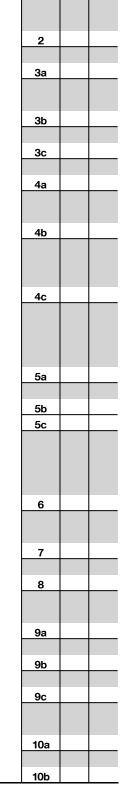
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

832024 10-11-18



Schedule A (Form 990 or 990-EZ) 2018

2018.04030 SKI FOR LIGHT, INC.

16

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	uctions)		
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9		0-EZ)	2018

12031028 143399 81787K

2018.04030 SKI FOR LIGHT, INC. 81787K_1

17

	(Form 990 or 990-EZ) 2018						
Part V	Type III Non-Function	nally	Integra	ated 509(a)(3) Suppo	rting Organiza	ations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	-

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 SKI FOR LIGHT, INC.

Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Part VI Supplemental Information	
Schedule A (Form 990 or 990-EZ) 2018 SKI FOR LIGHT, IN	c.

line 1; Part IV, Section D, lines 2 and 3; Pa Section D, lines 5, 6, and 8; and Part V, S (See instructions.)	Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)	
332028 10-11-18	Schedule A (Form 990 or 990-EZ) 201

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

51-017593	8
-----------	---

SKI	FOR	LIGHT,	INC.

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	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.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the parts unless the total contributions totaling the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the parts when the p

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Page 2

51-0175938

SKI FOR LIGHT, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$6,780.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$ <u>5,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

22 2018.04030 SKI FOR LIGHT, INC.

12031028 143399 81787K

823452 11-08-18

Name of organization

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. rom 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
		\$	

12031028 143399 81787K

2018.04030 SKI FOR LIGHT, INC.

Page **4**

ame of organization		Employer identification numbe
KI FOR LIGHT, INC.		51-0175938
	a) through (e) and the following line entri charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
a) No. from (b) Purpose of gift Part I	(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 (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		
	(e) Transfer of gift	
Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from (b) Purpose of gift Part I	(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 (b) Purpose of gift Part I	(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
11-08-18		Schedule B (Form 990, 990-EZ, or 990-PF) (20

12031028 143399 81787K

24 2018.04030 SKI FOR LIGHT, INC. 81787K_1

SC	SCHEDULE D Supplemental Financial Statements					OMB No. 1	545-0047	
	n 990)	Complete if the orga	anization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12			20	18	
	ment of the Treasury		Attach to Form 990.			Open t Inspec	o Public	;
-	mal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					•		
Nam	e of the organization	SKI FOR LIGHT, INC.			Employer i 51	-0175		ber
Pa	rt I Organiza	itions Maintaining Donor Advised		or Acc				
		n answered "Yes" on Form 990, Part IV, lin						
		, ,	(a) Donor advised funds	(b) Funds and	other acco	unts	
1	Total number at en	ld of year						
2		contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4	Aggregate value at	end of year						
5	Did the organizatio	n inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds	S ,			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		l	Yes		No
6	•	n inform all grantees, donors, and donor a						
		oses and not for the benefit of the donor o	r donor advisor, or for any other purpose of	conferrir	ng			
Do	impermissible priva					Yes		No
Pa		ation Easements. Complete if the org		Part IV, I	ine 7.			
1		ervation easements held by the organizatio						
		of land for public use (e.g., recreation or e	·	,	•			
		f natural habitat	Preservation of a cert	ified his	toric structur	e		
•		of open space						
2	•	through 2d if the organization held a qualif	led conservation contribution in the form of	of a con				
-	day of the tax year			-		t the End of t	ne lax y	ear
a L					2a			
b	•		at us included in (a)	Г	2b 2c			
С А		vation easements on a certified historic stru vation easements included in (c) acquired a			20			
d					2d			
3		al Register /ation easements modified, transferred, rele				the tax		
3	year ►	allon easements mounieu, transieneu, rei	eased, extinguished, or terminated by the	organiz	ation during	ITTE LAX		
4		where property subject to conservation eas	ement is located					
5		tion have a written policy regarding the per						
-	6	procement of the conservation easements it			[Yes		No
6		r hours devoted to monitoring, inspecting,				during the v	/ear	
	•	с, т. с,						
7	Amount of expense	 es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion ease	ements durin	g the year		
	▶\$							
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i))			
	and section 170(h)	(4)(B)(ii)?			[Yes		No
9	In Part XIII, describ	e how the organization reports conservation	on easements in its revenue and expense s	stateme	ent, and balar	nce sheet, a	and	
	include, if applicab	le, the text of the footnote to the organizat	ion's financial statements that describes t	he orga	nization's ac	counting fo	r	
	conservation easer					-		
Pa		tions Maintaining Collections of		her Si	milar Asse	ets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.					
1 a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and	l balance she	et works of	art,	
	historical treasures	s, or other similar assets held for public exh	ibition, education, or research in furtherar	nce of p	ublic service,	provide, in	Part XII	l,
		note to its financial statements that describ						
b	-	elected, as permitted under SFAS 116 (AS						
		similar assets held for public exhibition, ec	lucation, or research in furtherance of pub	olic servi	ice, provide t	he following	g amoun	nts
	relating to these ite							
		ded on Form 990, Part VIII, line 1			► \$			
~	.,				▶ \$			
2	•	received or held works of art, historical trea		gaın, pi	rovide			
	-	Ints required to be reported under SFAS 1						
		on Form 990, Part VIII, line 1						
		Form 990, Part X			► \$		0001 0	010
	For Paperwork Re 1 10-29-18	eduction Act Notice, see the Instructions	101 101111 390.		Sched	ule D (Forn	1 990) 2	U IÖ

25			
2018.04030	SKI	FOR	Ι

Sche		LIGHT, INC				51-01			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that are a s	ignificant ι	use of its c	ollection	items	;
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	f art, historical trea	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" or	n Form 990), Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia						_	_	_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:						
							Amoun	t	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance				1 f				
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •		Yes		No
_	If "Yes," explain the arrangement in Part XIII.						<u></u>		
Par	't V Endowment Funds. Complete i						() 5		
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four		
	Beginning of year balance	396,957.	384,038.	,		1 650			286.
	Contributions	2,200.	8,300.	,		<u> 1,650.</u> -641.			325.
	Net investment earnings, gains, and losses	25,818.	29,212.	39,197.		-041.		5,	979.
	Grants or scholarships								
е	Other expenditures for facilities	14,400.	20,600.	19 000		19 000		20	000
	and programs	3,975.	3,993.	· · · · · · · · · · · · · · · · · · ·		19,000.		20,	000.
	Administrative expenses	406,600.	396,957.	, ,	3	<u>4,400.</u> 359,132.		381	591.
-	End of year balance [Provide the estimated percentage of the curr		,	· ·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		501,	
2		ent year end balance	%	I) Helu as.					
	Board designated or quasi-endowment ► Permanent endowment ► 85.35	%	_70						
	Temporarily restricted endowment \blacktriangleright 1								
C	The percentages on lines 2a, 2b, and 2c shows $2 = 10^{-10}$								
20	Are there endowment funds not in the posses		ion that are hold a	ad administored for t	ao organiz	ation			
Ja	by:	ssion of the organizat			le organiza	ation	l	Yes	No
	(i) unrelated organizations						3a(i)	103	X
	(ii) related organizations						3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	line 10.				
	Description of property	(a) Cost or ot			Accumulate	ed	(d) Boo	k valu	e
_		basis (investm	• •		preciation				
1 a	Land								
b	Buildings								
с	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e		(. column (B). line 1	0c.)	<u></u>				0.
						Schedule	D (Forn	n 990)	2018

832052 10-29-18

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 SKI FOR LIGHT, INC.		51-0175938 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expen	ises per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	. 2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

EARNINGS FROM THE ENDOWMENT FUND ARE USED TO HELP FUND SKI FOR LIGHT

PROGRAMS AND KEEP FEES LOW.

832054 10-29-18

(Form 990)	Complete if		n answered "Yes" on Form 990, Part Attach to Form 990.	IV, line 14b, 15, or 16.	2018
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fc	prm990 for instructions and the lates	t information.	Open to Public Inspection
Name of the organization					identification number
SKI FOR LIGHT,	INC.			51-01	75938
		ctivities Out	side the United States. Compl	lete if the organization answ	vered "Yes" on
Form 990, Part					
-	-		ds to substantiate the amount of its gra the selection criteria used to award the		Yes No
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistar	ce outside the
	The following Parl	t I, line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		(e) If activity listed in is a program servic	e, expenditures for and investments
EUROPE	0	0	PROGRAM SERVICES	RIDDERRENN CROSS-COU SKI EVENT	INTRY 10,793.
3 a Subtotal	0	0			10,793.
b Total from continuation sheets to Part I	1	0			0.
c Totals (add lines 3a and 3b)	0	0			10,793.

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2018

OMB No. 1545-0047

832071 10-31-18

SCHEDULE F

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Schedule F (Form 990) 2018

Part II

	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
ſ									
Ľ	2 Enter total number of	recipient organizatior	ns listed above that are r	ecognized as charities by the f	oreign country, i	recognized as tax-exe	empt		I
	by the IRS, or for whic	h the grantee or cou	nsel has provided a sect	ion 501(c)(3) equivalency letter					
	3 Enter total number of	other organizations o	or entities				►		

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Page 2

Schedule F (Form 990) 2018

SKI FOR LIGHT, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	dditional space is needed	l.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

31

51-0175938

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2018

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

832075 10-31-18 31028 143399 81787K	33 2018 04020 GVT	FOR LIGHT, INC.	1016 F (Form 990) 2013 81785
832075 10-31-18		Scher	lule F (Form 990) 201

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. ▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number

OMB No. 1545-0047

51-0175938

FORM 990, PART VI, SECTION A, LINE 2:

SKI FOR LIGHT,

NANCY MCKINNEY MILSTEADT, DIRECTOR AT LARGE AND RICH MILSTEADT, DIRECTOR

INC.

FAMILY RELATIONSHIP

WENDY DAVID, DIRECTOR AND LARRY SHOWALTER, DIRECTOR FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11B:

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 ARE AVAILABLE AT SKI FOR LIGHT'S WEBSITE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211 10-10-18
 Schedule O (Form 990 or 990-EZ) (2018)

34

Name of the organization SKI FOR LIGHT, INC.							Employer identification 51-0175938			
- WWW.SFL.ORG.	FINAN	CIAL RE	PORTS	AND	IRS	FORM	990's	ARE	AVAILABLE	UPON

REQUEST AND WILL BE MAILED OR EMAILED AS APPROPRIATE.

FORM 990, PART XII, LINE 2C:

Schedule O (Form 990 or 990-EZ) (2018)

THE ORGANIZATION'S PROCESSES FOR OVERSIGHT OF THE COMPILATION AND

SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED.

Schedule O (Form 990 or 990-EZ) (2018)

832212 10-10-18