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990 Form

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Δ	Eor ti	ne 2011 calend	dar year, or tax year beginning 07-01, 2011, and end	dina	06-30, 20 12
		f applicable	C Name of organization Ford K Sayre Memorial Ski Council, Inc.		D Employer identification no
					02-0245359
=		change	Doing Business As	Room/suite	E Telephone number
=	Name o	_		Roonivsuite	(603) 643-2226
=	Initial re		PO Box 471		
=	Termin		City or town, state or country, and ZIP + 4		321,433
Ш	Amend	ed return	Hanover, NH 03755-0471		G Gross receipts \$
Ш	Applica	tion pending	F Name and address of principal officer	H(a) Is this a grou affiliates?	up return for
				-	
<u></u>	Tax-ex		501(c)(3)	H(b) Are all affilia If "No," attac	tes included? Yes No ha list (see instructions)
<u>.</u>	Websit	₩₩₩	.fordsayre.org	H(c) Group exem	ption number
<u>K</u>	Form o	organization X	Corporation Trust Association Other L Year of formation 19	67 M State o	f legal domicile NH
Pa	irt []	Summar			
	1	•	be the organization's mission or most significant activities The Council organ		
		and racı	ng programs for over 500 children in the Upper Valley are	a of Vermon	nt and New
Ĉ (3	Hampshir	е.		
I o	'				
v e	2	Check this b	ox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	of its net assets	
t n	, з	Number of v	oting members of the governing body (Part VI, line 1a)		3 19
l a	1 1	Number of I	ndependent voting members of the governing body (Part VI, line 1b)		4 19
5 C	5	Total number	er of individuals employed in calendar year 2011 (Part V, line 2a)		5 0
& e	' 6	Total number	er of volunteers (estimate if necessary)		6 130
	- 1				7a 0
	-	Net unrelate	d business revenue from Part VIII, column(©) line 12 12 12 14 15 12 15 16 16 16 16 16 16 16 16 16 16 16 16 16		7b 0
	+		9	Prior Year	Current Year
R	8	Contribution	s and grants (Part VIII, line 1h) $ \mathring{\mathcal{G}} $ $ \mathring{\mathcal{N}} $ $ \mathring{\mathcal{N}} $ $ \mathring{\mathcal{G}} $	4.	796 1,361
٧	9		vice revenue (Part VIII, line 2g)	251,	
e n	10	•	ncome (Part VIII, column (A), lines 3, 4, and 7d)		675 1,089
u	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	31	213 19,507
e	12		ie - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	287,	
<u> </u>	13		similar amounts paid (Part IX, column (A), lines 1-3)		201,2,0
,	14		d to or for members (Part IX, column (A), line 4)		
E	15	•	er compensation, employee benefits (Part IX, column (A), lines 5-10)		
р	- 1	•	fundraising fees (Part IX, column (A), line 11e)		0
e n	- 1		ising expenses (Part IX, column (D), line 25) ▶ 0	4.3.2 °	1236
s				273,	
s	17	•	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		
	18	-	ses Add lines 13-17 (must equal Part IX, column (A), line 25)	273,	
_	19	Revenue les	s expenses Subtract line 18 from line 12	<u></u>	715 (3,064)
Net Asse	ts .	Takalanin		gunning of Current Ye	
or Fund	20		(Part X, line 16)	214,	
Bal-	2 '		es (Part X, line 26)		635 200
ance			or fund balances Subtract line 21 from line 20	213,	374 210,310
Pa	rt II		re Block are that I have examined this return, including accompanying schedules and statements, and to the best of my known	dadaa aad bababa	
Unde true,	er penal correct,	and complete Dec	are that I have examined his return, including accompanying scriedules and statements, and to the best of my know aration of preparer (other han afficer) is based on all information of which preparer has any knowledge	wiedge and belier, it is	•
					15 1 0015
~ :-					15 NOV. Q012
Sig			e of officer		Date
He	re		Lindberg, Treasurer	a)	
		Type or	print name and title		
		Print/Type pre	eparer's name Preparer's signature Date	Check	ıf PTIN
Pai	id			self-employed	
	pare	Firm's name	>	Firm's EIN	
	e On		s •	Phone no	
		-			
May	the I	RS discuss this	return with the preparer shown above? (see instructions)		Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

EEA

Pa		Statement of Program Ser					
		Check if Schedule O contains a re	sponse to any q	uestion in this Part III .	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
1		scribe the organization's mission			6	500 -b-1d	
		uncil organizes snowspo			programs for ov	er 500 childre	n in the
	Upper '	Valley area of Vermont	and New Hai	mpshire.			
							
2	Did the o	rganization undertake any significa	ant program serv	ices during the year which	n were not listed on the)	·
		n 990 or 990-EZ?					Yes X No
	•	describe these new services on So					_
3		rganization cease conducting, or r		changes in how it conduct	ts, any program	الم	
	services?	'					Yes 🛛 No
		describe these changes on Sched					
4		the organization's program service					
		Section 501(c)(3) and 501(c)(4)				t the amount of	
	grants an	d allocations to others, the total ex	xpenses, and rev	renue, if any, for each pro	gram service reported		
40	(Code) (Expenses \$	264 761	including grants of \$	<u> </u>	Revenue \$	253,317)
4a		approximately 225 scho				·	
	activi			olunteer instruct			
	partic	ipated in alpine and no	ordic race	programs organize	d by volunteers	and parents.	
						<u> </u>	
						-	
					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
4b	(Code _) (Expenses \$		including grants of \$		Revenue \$)
					· ,=,		

			 		· · · · · · · · · · · · · · · · · · ·	 .	
							
			-				
4c	(Code _) (Expenses \$		including grants of \$ _)(Revenue \$)
							
			-			•	
			 -				
					 -		
			.				
							
					<u>-</u>		
4d	Other pro	ogram services (Describe in Sche	dule O)				*
_	(Expense	•	uding grants of	\$) (Revenue \$)	
4e		ogram service expenses	264,	761			
					EEA		Form 990 (2011)

Form 990 (2011) Ford K Sayre Memorial Ski Council, Inc.

02-0245359

Page 2

Ford K Sayre Memorial Ski Council, Inc. Form 990 (2011) **Checklist of Required Schedules** Partly

	•		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? (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</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		
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			37
_	"Yes," complete Schedule D, Part I	6		X
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		X
8	complete Schedule D, Part III	8		37
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		X
9	X. or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	0		
	complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			_X_
10	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,			<u> </u>
••	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,"		MC2C254	
u	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ļ		_
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b_		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investmetnt, and program service activities outlisde the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		17
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	,,	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	
13	If "Yes," complete Schedule G, Part III	19		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	\vdash	_ <u>x</u> _
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20a	-	X
	11 19 10 mile day are the organization and an area management of the following and the contract of the contrac		لـــــــا	

	990 (2011) Ford K Sayre Memorial Ski Council, Inc. 02-0245	359	<u> </u>	age 4
Pai	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		res	NEO
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	├		_^
22	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			Λ
23	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			
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		^
	Did the organization milest any proceeds of tax exempt sonds beyond a temperary period exception.			<u> </u>
С	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d 250	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
25a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	· · · · · · · · · · · · · · · · · · ·	254		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	256		.,
20	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		.,
0 7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			X
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
28)		÷
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200		- ^~
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	Schedule L, Part IV	28b	.,	1
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	X	-
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		37
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
30	conservation contributions? If "Yes," complete Schedule M	30		37
34	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	_	X
31		24		37
22	Part I	31	_	X
32		22		17
22	complete Schedule N, Part II	32		X
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	-33		X
34		24		.,
25-	IV, and V, line 1	34		X
35a	•	35a		_X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	256		.,
26	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		٠,
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
	EEA	Form	990 (ZU11

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	• •		<u>. LL</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			لــــا
	reportable gaming (gambling) winnings to prize winners?	1c	X	L
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			ļ
b		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country		3,	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		├─
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	c-		
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	e L		
_		6b		, ,
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*		;
а	and services provided to the payor?	7a	***	
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		X
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
С	required to file Form 8282?	7c		v
	If "Yes," indicate the number of Forms 8282 filed during the year	70		X
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	EC	X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
,, B	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		Ká.	
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		***	1
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	~	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	X
0	Section 501(c)(7) organizations. Enter		*	7
a	Initiation fees and capital contributions included on Part VIII, line 12		×	3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ė,	<u>*</u>
1	Section 501(c)(12) organizations. Enter	,	¥,	
a	Gross income from members or shareholders		~-) 5
b	Gross income from other sources (Do not net amounts due or paid to other sources		^	-
	against amounts due or received from them)		, ,~4 ·	
2a	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			
3	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			
С	Enter the amount of reserves on hand		12	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Χ	
Ь	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		٧^	
	If there are material differences in voting rights among members of the governing body, or	٦٠		,
	If the governing body delegated broad authority to an executive committee or similar		×	
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint			
	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,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?	14	L	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ
а	The organization's CEO, Executive Director, or top management official	15a		_X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a				
	with a taxable entity during the year?	16a		X
b				1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Mark Lindberg (603)643-2226 76 Elm Street Norwich, VT 05055			

rm 990 (2011)	Ford K	Sayre	Memorial	Skı	Council,	Inc.	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

02-0245359

Independent Contractors

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	- 1			Reportable	Reportable compensation from	Estimated			
	hours per week	(do no	ot che	ck mo	re th	an one		compensation from	amount of other	
	(describe	box, L	ınless	pers	on is	both an		the	related organizations	compensation
	hours for	office	and	a dire	ctor/	rustee)		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations in Schedule O)	I t d nrur use vtc ueo ueo lr	nr su ts tte	- c e	K e y e m p l o y e e	H omployeest sated	r m e	(W-2/1099-MISC)		organization and related organizations
(1) Bruce Sacerdote										
	2.00	Х		L				(0	0
(2) Dan Haedrich								-		
	2.00	X	<u> </u>					(
(3) Janet Hardy										
Co-Chair and Secretary	2.00	X		X				(
(4) John Connolly	2.00	x								
(5) KJ Dell'Antonia	2.00	Х						(
(6) Lars Blackmore	2.00	Х	_					(
(7) Laura Beliveau	1.00	Х								
(8) Linda Bedford										-
Chair	3.00	X		Х				(0	0
(9) Liz Gray	2.00	Х								
(10)Mark Lindberg										
Treasurer	2.00	Х		x				(l	
(11)Michelle Couture	2.00	X								
(12)Mike Woods	1.00	X								
(13)Petra Taylor	1.00	Х						(
(14)Robert Couture	2.00	Х								

Part VIII	Section A. Officers, Directors, Trustees		yees,	anc			St Con	nper				
•	(A) Name and Title	(B) Average				C) sition			(D) Reportable	(E) Reportable		(F) Estimated
	Name and Title	hours per					han one s both ar	,	compensation	- 1	amount of	
		week (describe					ustee)		from the	related organizations	٥	other ompensation
		hours for	l t d			K	Hce	F	organization (W-2/1099-MISC)	(W-2/1099-MISC)	- 1	from the organization
		related organizations	dur , s e	s u	j f	У	g m p	ι m	(**-271000-181100)		I	and related
		ın Schedule O)	v i c	i t	c	e m	e e o	e			٥	organizations
		0,	d e o	u e t	ř	P	t s e a e					
			a o I r	0		y e	t e		-			
				a		e	d	1				
(15)Stev	e Thoms	 	·	ľ		 					_	
(10)0000		1.00	X						(y y		
(16)Tige:	r Shaw											
		1.00	X	<u> </u>	<u> </u>			<u> </u>	(7		
(17)Tom	Dodds				l							
		2.00	X	-	├	-		┝		,		
(18)Trac	y Walsh	1.00	X	i								
/40\Wi 11	ıam Taylor	1.00	 ^	\vdash	<u> </u>		1			1		
(13)****		1.00	Х									
(20)												
					ļ	1_	ļ	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
(21)												
			<u> </u>	-	-	-	. 	-			_	
(22)									-			
(23)				 	+			 			_	
(==)												
(24)												
		_	ļ	ļ	 	_						
(25)												
1b Sub-	total				.l	<u> </u>	<u> </u>	<u> </u>				
	I from continuation sheets to Part VII, Section			• •								
	I (add lines 1b and 1c)							•	(7	0	0
2 Total	number of individuals (including but not limited	to those liste	ed abo	ve) v	who	rece	eived r	nore	than \$100,000 in			
repor	table compensation from the organization										0	
6 B.14	he organization list any former officer, director o	artructoo ko	v omn	lovo		r bio	shoet c	omo	onested			Yes No
	oyee on line 1a? If "Yes," complete Schedule J										3	MINE.
•	iny individual listed on line 1a, is the sum of rep											2 2 1
	nization and related organizations greater than											
	dual										4	X
	iny person listed on line 1a receive or accrue co							nızatı	ion or individual		3.4	
	ervices rendered to the organization? If "Yes," c	omplete Sch	edule	J tor	suc	n pe	erson	•	<u> </u>	<u> </u>	5	<u> </u>
	B. Independent Contractors plete this table for your five highest compensate	ed independe	nt con	trac	tors	that	receiv	ed r	nore than \$100 00	10 of		
	pensation from the organization Report comper											
year	•				•							
	(A)						-		(B)			(C)
	Name and business address								Description of s	ervices	Com	npensation
												
		··· · · · · · · · · · · · · · · · ·							+			
									 			
		 .							 			
	number of independent contractors (including t				liste	d at	ove) v	vho			12	
recei	ved more than \$100,000 of compensation from	the organiza	tion 🕨	>						_		

Total revieword Total revi	Part \	/111	Statement of Revenue						
Description		1					exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512, 513, or 514
b Membership dues 15 15 16 16 16 16 16 16		1a	Federated campaigns	. 1a			· · · · · · · · · · · · · · · · · · ·		·
Core control c		b		-					
d Related organizations 14		c							
Grays and smillar amounts not included above of All other contributions, gifts, grants, and similar amounts not included above of Noncash contributions received and the Noncash color of Nonc	- 1	ď	•]
F All other contributions, gifts, grants and similar amounts not included above to the format and similar amounts not included above to the format and similar amounts not included above to the format and similar amounts not included above to the format and similar amounts not included above to the format and similar amounts and similar amounts to the format amounts to the f									
and similar amounts not included above 11 1,361 g Noncash contributions included in lines 1a-1f 5 1,361		•		·					
Source S		'		vo 1f	1 361				
No. Total: Add lines 1a-1f	Amounts	_							
Percent Perc		9				1 361			
Program Prog		п	Total. Add lines fa-11			1,301	· · · · · · · · · · · · · · · · · · ·		-
Name		٥-	Manakana anawananta			207 307	207 307		
C C C C C C C C C C						H		·	· -
Reverse of F All other program service revenue. g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 1 (1089) 1	Program		Race proceeds	_	713990	33,012	33,012		
Total		C				-			
3 Investment income (including dividends, interest, and other similar amounts) 1,089 1	Revenue	đ			,				-
3 Investment income (including dividends, interest, and other similar amounts) 1,089 1		е							<u> </u>
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. (i) Real (ii) Personal 6a Gross rents 1,840 b Less rental expenses. c Rental income or (loss) 1,840 d Net rental income or (loss) . 1,840 d Net rental income or (loss) . 1,840 b Less cost or other basis and sales expenses. c Gain or (loss) d Net gain or (loss) d Net gain or (loss) c See Part IV, line 18. a 73,482 b Less direct expenses b 57,157 c Net income or (loss) from fundraising events (not including \$ 50 contributions reported on line 1c) See Part IV, line 19. a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19. a b Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory. Miscellameous Revenue Business Code 11a M1.scellameous 713990 1,342 1,342 b C C						040 010			ļ
and other similar amounts)		g	Total. Add lines 2a-2f			242,319		-	
4 Income from investment of tax-exempt bond proceeds 5 Royalties. (i) Resi (ii) Personal 1,840 b Less rental expenses. c Rental income or (loss). 1,840 d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses. c Gain or (loss) d Net gain or (loss). 8 Gross income from fundraising events (not including 5 of contributions reported on line 1c) v See Part IV, line 18. a T3,482 b Less direct expenses b c Net income or (loss) from fundraising events. See Part IV, line 19. a b Less direct expenses b c Net income or (loss) from gaming activities See Part IV, line 19. a b Less offered expenses b c Net income or (loss) from gaming activities See Part IV, line 19. a b Less offered expenses b c Net income or (loss) from gaming activities lab Less offered expenses a b Less cost of goods sold b c Net income or (loss) from sales of inventory. Miscellaneous Revenue Ruseness Code 11a Miscellaneous 713990 1,342 1,342		3							
5 Royalties.						1,089	1,089	·	
(i) Real		4	Income from investment of tax-exempt	bond prod	ceeds				
6a Gross rents		5							
b Less rental expenses			(1)						
b Less rental expenses		6a	Gross rents	1,840			*	Ž.	, is
d Net rental income or (loss)		b	Less rental expenses			*, *	`		1
7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) e g of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 a b Less direct expenses b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses b C Net income or (loss) from gaming activities See Part IV, line 19 a b Less direct expenses b C Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b Less cost of goods sold b Less cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Previue Business Code 713990 1,342 1,342			• • •						
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses		d	Net rental income or (loss)			1,840	1,840		
assets other than inventory b Less cost or other basis and sales expenses		7a	Gross amount from sales of (i) Se	curities	(ii) Other	- 11.5 Ca	to the following the	No. of the second secon	1 ' " 1
and sales expenses			assets other than inventory		-		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
C Gain or (loss)		b	Less cost or other basis					.*	,
c Gain or (loss)	0		and sales expenses						· · · · · · · · · · · · · · · · · · ·
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	ť	С	Gain or (loss)						
events (not including \$ of contributions reported on line 1c) See Part IV, line 18	h	d	Net gain or (loss)		· · · · · · • <u> </u>				
events (not including \$ of contributions reported on line 1c) See Part IV, line 18	r	8a				í		, ,	
See Part IV, line 18	_		events (not including \$			· I		*	·
See Part IV, line 18			of contributions reported on line 1c)						
C Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19	v		See Part IV, line 18	a			. *	s.	į.
u e Set income or (loss) from fundraising events	_	b	Less direct expenses	b	57,157		7, &		ļ_ '
See Part IV, line 19		С	Net income or (loss) from fundraising e	events .	<u> </u>	16,325			16,325
b Less direct expenses b	е	9a	Gross income from gaming activities					ŕ	
c Net income or (loss) from gaming activities			See Part IV, line 19	а	=				70
10a Gross sales of inventory, less returns and allowances		b	Less direct expenses	b					
returns and allowances		С	Net income or (loss) from gaming active	rities	▶				
returns and allowances		10a	Gross sales of inventory, less				`\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	*^	. 4
C Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11a Miscellaneous 713990 1,342 1,342 b			_ · · · · · · · · · · · · · · · · · · ·	а					'
C Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11a Miscellaneous 713990 1,342 1,342 b		b	Less cost of goods sold	b					
Miscellaneous Revenue Business Code 11a Miscellaneous 713990 1,342 1,342 b C C C C C		l .							
b									
b		11a	Miscellaneous		713990	1,342	1,342		
С									<u> </u>
d All other revenue		c						_	
I U MI UNITE I EVENUE			All other revenue						
e Total. Add lines 11a-11d		i				1,342			
							246,590	(16,325

Ford K Sayre Memorial Ski Council, Inc.

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must complete all correct to complete columns (B), (C), and (D)		mediano masc sompre		
	Check if Schedule O contains a response to any ques	tion in this Part IX		· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			-	
	organizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,	-			
_	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				٠
5	Compensation of current officers, directors,				
•	trustees, and key employees	:			
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				-
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				· .
10	Payroll taxes				
11	Fees for services (non-employees)			***	
	Management				
b	Legal	_			
c	Accounting				
d	Lobbying				_
e	Professional fundraising services See Part IV, line 17.		\$	* *	
f	Investment management fees				·
g	Other				
12	Advertising and promotion				· · · · · · · · · · · · · · · · · · ·
13	Office expenses	1,222		1,222	
14	Information technology				·
15	Royalties				
16	Occupancy	11,502	11,502		
17	Travel	1,041	1,041		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	1,798	1,798		
23	Insurance	36,815	36,815		
24	Other expenses Itemize expenses not covered	`	ı		do
	above (List miscellaneous expenses in line 24e If	3, 8	2.		
	line 24e amount exceeds 10% of line 25, column	3 44	, <i>å</i> :		, , , , , , , , , , , , , , , , , , , ,
	(A) amount, list line 24e expenses on Schedule O)				
а	Coaching	128,762	128,762		
b	Instructor training	21,959	21,959		
C	Vehicle operating costs	13,567	13,567		
d	Race expenses	21,620	21,620		· · · · · · · · · · · · · · · · · · ·
е	· •	29,054	27,697	1,357	
25	Total functional expenses. Add lines 1 through 24e .	267,340	264,761	2,579	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X (A) (B) Beginning of year End of year (16, 233)1 36,817 215,178 2 145,667 2 3 3 4 15,490 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing Α employers and sponsoring organizations of section 501(c)(9) voluntary s s e 7 7 Notes and loans receivable, net t 5,187 4,457 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 23,734 other basis Complete Part VI of Schedule D | 10a 9,877 10c 8,079 b 11 11 12 12 13 13 14 14 15 Other assets See Part IV, line 11.......... 15 214,009 210,510 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 18 18 19 19 20 20 а Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 е 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 635 200 25 635 26 200 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete Ν F lines 27 through 29, and lines 33 and 34. u 27 27 t n 28 28 d 29 29 В s Organizations that do not follow SFAS 117, check here ▶ 🗓 and s a I е complete lines 30 through 34. а 30 30 n Paid-in or capital surplus, or land, building, or equipment fund 31 31 0 е 213,374 Retained earnings, endowment, accumulated income, or other funds 32 210,310 32 213,374 210,310 33 33 214,009 210,510 34 34

Form	990 (2011) Ford K Sayre Memorial Ski Council, Inc.	02-024	5359	P	age 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	· · · · ·	• • • • •	• • •	$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		264,	276
2	Total expenses (must equal Part IX, column (A), line 25)			267,	340
3	Revenue less expenses Subtract line 2 from line 1			(3,	064)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			213,	374
5	Other changes in net assets or fund balances (explain in Schedule O)			<u>.</u>	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	`			
Ū	column (B))	. 6		210,	310
Pai	t XII Financial Statements and Reporting	`			
	Check if Schedule O contains a response to any question in this Part XII				. \sqcap
	Chlock in Ochiocal C Contains and page 1			Yes	No
1	Accounting method used to prepare the Form 990				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in				 ,
	Schedule O		:		*
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
Ī			2c		-
	If the organization changed either its oversight process or selection process during the tax year, explain in				* . ·
	Schedule O				
ч	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
u	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		ľ		,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		7		W AMARINA
-	the Single Audit Act and OMB Circular A-133?		3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		· ·	1	<u> </u>
	the state of the s		3b		
	EEA		Forr	n 990 i	(2011)

•

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► See separate instructions.

2011

OMB No 1545-0047

Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service

02-0245359 Ford K Savre Memorial Ski Council, Inc. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a □ Type I c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(ı) 11g(ii) Provide the following information about the supported organization(s) h (i) Name of supported (u) EIN (III) Type of organization (rv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support col (i) of your above or IRC section governing document? (i) organized in the US? (see instructions)) support? Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

18

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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009(d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received (Do not 1,365 1,900 2,525 2,800 1,362 9,952 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1,900 1,365 2,525 2,800 1,362 9,952 Total. Add lines 1 through 3 The portion of total contributions by each 1 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) Public support. Subtract line 5 from In 4 9,952 Section B. Total Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 Calendar year (or fiscal year beginning in) (e) 2011 (f) Total 1,900 1,365 2,800 2,525 1,362 9,952 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 8,761 3,533 1,660 675 1,089 sources 15,718 Net income from unrelated business 9 activities, whether or not the business is 10 Other income Do not include gain or loss from the sale of capital assets 8,037 19,201 22,670 34,549 19,507 (Explain in Part IV)..... 103,964 Total support. Add lines 7 through 10 . 129,634 11 Gross receipts from related activities, etc (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 7.68 % 6.74 15 % 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

PartW

Ford K Sayre Memorial Ski Council, Inc. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513	· · · · · · · · · · · · · · · · · · ·							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				•				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)								
	Section B. Total Support								
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
9 10a	Amounts from line 6								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
С	Add lines 10a and 10b						-		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				٠				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11, and 12)								
	First five years. If the Form 990 is for the o organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·		th, or fifth tax year	as a section 501(c)(3) 	▶□		
$\overline{}$	ction C. Computation of Public Su			(5)		l de l			
15	Public support percentage for 2011 (line 8, o		-			15	%		
16	Public support percentage from 2010 Sched			• • • • • • • • •	• • • • • • • •	16	%		
	Investment income percentage for 2011 (lin			column (f))		17			
17 18	Investment income percentage for 2011 (iii)					18			
	33 1/3% support tests - 2011. If the organi	zation did not ched	ck the box on line	14, and line 15 is n	nore than 33 1/3%	, and line	-		
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2010. If the organi	zation did not ched	ck a box on line 14	or line 19a, and lii	ne 16 is more than	33 1/3%, and	_		
20	line 18 is not more than 33 1/3%, check this					-			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name o	fithe organization	Chiproyer identification further
For	d K Sayre Memorial Ski Council, Inc.	02-0245359
Par		Accounts. Complete if
V MANAGEMENT	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	-
	Aggregate grants from (during year)	
	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	•
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	Yes No
Par		IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	y important land area
	Protection of natural habitat Preservation of a certified his	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
	structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during
	the tax year	
4	Number of states where property subject to conservation easement is located	•
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	ne year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes
	the organization's accounting for conservation easements	
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service,
	provide the following amounts relating to these items	. .
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	. .
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶s

Sched	ule D (Form 990) 2011 Ford K Sayre Me	morıal Ski C	ouncil,	Inc.			02-02	45359		Page 2
Pai	tilli Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar <i>F</i>	ssets	(contin	ued)
3	Using the organization's acquisition, accession.	, and other records	, check any	of the foll	owing that a	re a sıgı	nificant use of its			
	collection items (check all that apply)									
а	Public exhibition	d 🗌 Lo	an or excha	nge progra	ams					
b	Scholarly research	e Ot	her							
c	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain	how they fu	irther the o	organization'	s exem	ot purpose in			
•	Part XIV		•		Ū		• •			
5	During the year, did the organization solicit or re	eceive donations of	fart histori	cal treasu	res. or other	sımılar				
3	assets to be sold to raise funds rather than to b								Yes	□No
Da	Escrow and Custodial Arra							• • • •		
ra	Part IV, line 9, or reported an amount				anonorda		· 0//// 000,			
10	Is the organization an agent, trustee, custodian				r other asse	ts not			-	
1a									Yes	□No
	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo			• • • • • •		• • • • • • • •			
b	if fes, explain the arrangement in Fait XIV ar	id complete the to	nowing table	•				mount		
						4		anount		
C	Beginning balance									
d	Additions during the year									
е	Distributions during the year						_			
f	Ending balance					11	1			
2a	Did the organization include an amount on Form	m 990, Part X, line	217		• • • • • •		• • • • • • • •		Yes	∐ No
b_	If "Yes," explain the arrangement in Part XIV							_		
Pa	TV Endowment Funds. Complete						r			
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bad	ck (e)	Four years	
1a	Beginning of year balance								<u>-, 200</u>	
b	Contributions								***	J. 14
С	Net investment earnings, gains, and losses							*	, Q .	
d	Grants or scholarships						•			n2 \frac{1}{2}
е	Other expenditures for facilities							<u> </u>	. 1	
	and programs								, " 3	
f	Administrative expenses		ļ					j)	*:	- 1
g	End of year balance			·				**1	*.	2
2	Provide the estimated percentage of the current	t year end balance	(line 1g, co	lumn (a))	held as	•				
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	equal 100%								
3a	Are there endowment funds not in the possessi		tion that are	held and	administered	d for the				
	organization by	•							Yes	No
								[3	Ba(i)	
	(ii) related organizations)	a(ii)	+
b	If "Yes" to 3a(ii), are the related organizations in							· • F	3b	+
4	Describe in Part XIV the intended uses of the o						• • • • • • • •	• •		
	tVI: Land, Buildings, and Equip						- , 			
Га	Description of property	(a) Cost or of			t or other	(c)	Accumulated	(d	Book valu	
	bescription of property	(investr			(other)	١,,,	epréciation	,υ,	, DOOR FEIG	~
1-	Land									
1a	Land	· • •				×*.,	:			
b	Buildings	• •								
С	Leasehold improvements					l		l		

d Equipment

23,734

8,079

8,079

15,655

Part VII	Investments - Other Securities	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-h	eld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
	(b) must equal Form 990, Part X, col (B) line 12)	P	
Part VIII	Investments - Program Related	1. See Form 990, Part X, line 13	<u>.</u>
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			· · · · · · · · · · · · · · · · · · ·
	(b) must equal Form 990, Part X, col (B) line 13)	lung 45	
Part IX	Other Assets. See Form 990, Part X		
		(a) Description	(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	nn (b) must equal Form 990, Part X, col (B) I	ine 15)	
Part X	Other Liabilities. See Form 990, Par		
1.	(a) Description of liability	(b) Book value	2
(1) Federal	income taxes		
(2) Fund	to support Biathlon Program	200	
(3)			
(4)			,
(5)			
(6)			
(7)			٨
(8)			
(9)			*
(10)			
(11)			
Total (Column	(b) must equal Form 990, Part X, col (B) line 25)	▶ 200	
2 FIN 48 (A	SC 740) Footnote In Part XIV provide the te	xt of the footnote to the organization's	financial statements that reports the

Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pac	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part 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 XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
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		
þ	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
nis p	art to provide any additional information		
			
	•		

Ford K Sayre Memorial Ski Council, Inc.

Schedule D (Form 990) 2011

02-0245359

Page 4

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

2011

Open to Public

Department of the Treasury

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

Inspection Internal Revenue Service Employer identification number Name of the organization 02-0245359 Ford K Sayre Memorial Ski Council, Inc. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part ! Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants a Mail solicitations f Solicitation of government grants **b** Internet and email solicitations g Special fundraising events c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (IV) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 2 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

EEA

Part II

		than \$15,000 of fundraising gross receipts greater than	\$5.000			
	Γ—	gross receipto greater than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Skı sale	Golf Tourney	. 1	Add col (a) through
R			(event type)	(event type)	(total number)	col (c))
e v	1	Gross receipts	44,077	16,194	13,211	73,482
e n	2	Less Charitable			,	10,002
u	-	contributions		!		
е	3	Gross income (line 1 minus		 		
	-	line 2)	44,077	16,194	13,211	73,482
D	4	Cash prizes	<u> </u>			
r e	5	Noncash prizes				
c	6	Rent/facility costs		4,861		4,861
E x	7	Food and beverages				
p e n	8	Entertainment,	-			
s e s	9	Other direct expenses	34,206	562	17,528	52,296
	10	Direct expense summary Add line	s 4 through 9 in column (d) 		(57,157)
	11	Net income summary Combine lin	-			16,325
Pa	rt I		organization answered	"Yes" to Form 990, Par	rt IV, line 19, or reported	more
L		than \$15,000 on Form 990)-EZ, line 6a			
e V			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	(a) Bingo	` '	(c) Other gaming	
D	2	Gross revenue	(a) Bingo	` '	(c) Other gaming	
D-rect			(a) Bingo	` '	(c) Other gaming	
D - rect Expe	2	Cash prizes	(a) Bingo	` '	(c) Other gaming	
D - rect Expe	3	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	` '	(c) Other gaming	
D-rect	2	Cash prizes	(a) Bingo Yes % No	` '	(c) Other gaming	
D - rect Expe	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	☐ Yes%	bingo/progressive bingo		
D - rect Expe	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No s 2 through 5 in column (d	bingo/progressive bingo Yes % No		
D - rect Expe	2 3 4 5 6	Cash prizes	Yes % No s 2 through 5 in column (d	bingo/progressive bingo Yes % No		
D - rect Expe	2 3 4 5 6 7 8	Cash prizes	Yes % No s 2 through 5 in column (d	bingo/progressive bingo Yes% No J line 7	Yes % No	col (a) through col (c))
D_rect Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No s 2 through 5 in column (d	bingo/progressive bingo Yes% No J line 7	Yes % No	col (a) through col (c)
D_rect Expenses	2 3 4 5 6 7 8 Era Is	Cash prizes	Yes % No s 2 through 5 in column (d	bingo/progressive bingo Yes% No J line 7	Yes % No	col (a) through col (c)
D_rect Expenses	2 3 4 5 6 7 8 Era Is	Cash prizes	Yes % No s 2 through 5 in column (d	bingo/progressive bingo Yes% No J line 7	Yes % No	col (a) through col (c)
D rect Expenses	2 3 4 5 6 7 8 Er a is	Cash prizes	Yes % No s 2 through 5 in column (d inbine line 1, column d, and ation operates gaming activities in each of	Yes % No J line 7		col (a) through col (c))
D rect Expenses	2 3 4 5 6 7 8 Erra Is	Cash prizes	Yes % No s 2 through 5 in column (d inbine line 1, column d, and ation operates gaming activities in each of	Yes % No J line 7		col (a) through col (c))
D rect Expenses	2 3 4 5 6 7 8 Erra Is	Cash prizes	Yes % No s 2 through 5 in column (d inbine line 1, column d, and ation operates gaming activities in each of	Yes % No J line 7		col (a) through col (c))

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2011



Name of the organization Employer identification number 02-0245359 Ford K Sayre Memorial Ski Council, Inc.

Partil	Excess Benefit Transaction										
_	Complete if the organization answer	ered "Yes"	on Form S	990, Part IV, line 25a	or 25b, or Form 990-	EZ, Pan	t V, lin	e 40b			
1	(a) Name of disqualified person			((b) Description of transaction	n				(c) Corr	_
										Yes	No
(1)		-							-		
(2)											
(3)											ļ
(4)											
(5)		-									ļ <u>.</u>
(6)	the amount of tax imposed on the or			15-1							<u> </u>
under	section 4958 the amount of tax, if any, on line 2, a						▶ 5▶ 5	<u> </u>			·
PartIII	Loans to and/or From Inte				F 000 F7 D		20-				
	Complete if the organization answ				Γ''						
(a)	Name of interested person and purpose	1	to or from anization?	(c) Originat principal amount	(d) Balance due	(e) In d	efault?	by boa	rd or	(g) W agreer	
		То	From			Yes	No	Yes	No	Yes	No
(1)											
(2)			<u> </u>								
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)								<u> </u>			
Total								den.	THE STATE	******	44
Pardille	Grants or Assistance Ber Complete if the organization answ	_									
	(a) Name of interested person	(b) Rel	ationship be	tween interested person and organization	the	(c) Amoun	nt and ty	pe of ass	istance		
(1)							-				
(2)											
(3)						·					
(4)											
(5)											
(6)								-			
(7)											
(8)											
(9)											
(10)											

Schedule L (Form 990 or 990-EZ) 2011

EEA

Schedule L (Form 990 or 990-EZ) 2011 Ford K Sayre Memorial Ski Council, Inc. 02-0245359 Page 2

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

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.

2011

OMB No 1545-0047

Internal Revenue Service Employer identific Name of the organization 02-0245359 Ford K Sayre Memorial Ski Council, Inc. 01. Officer, directors, etc. family relationship (Part VI, line 2) The following members of the Council are married: Michelle and Robert Couture 02. Form 990 governing body review (Part VI, line 11) Copies of the Form 990 are provided to the members of the Council contemporaneously with the filing of the form. 03. Conflict of interest policy compliance (Part VI, line 12c) The Council maintains a conflict of interest policy that is reviewed yearly. Council members are required to inform the governing body of any potential or actual conflicts of interest. 04. Governing documents, etc, available to public (Part VI, line 19) Governing documents are available to the public upon request, through the NH Secretary of State or through the website guidestar.org

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment Department of the Treasury Attach to your tax return. See separate instructions. Sequence No 179 Internal Revenue Service Business or activity to which this form relates Identifying number Name(s) shown on return Ford K Sayre Memorial Ski Counci FORM 990 - 1 02-0245359 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions)............. 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 3 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (b) Cost (business use only) (a) Description of property 6 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction Enter the smaller of line 5 or line 8.......... 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 1,798 MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2011 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery year placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property period service only-see instructions) 19a 3-year property 5-year property b 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs S/L 27 5 yrs MM Residential rental S/L property 27 5 yrs MM S/L ММ Nonresidential real 39 yrs S/L MM S/L property Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs S/L ММ 40 yrs S/L 40-year Summary (See instructions) Part IV Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

23

For assets shown above and placed in service during the current year, enter the

and on the appropriate lines of your return Partnerships and S corporations - see instructions

1,798