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990

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)

OMB No 1545-0047

2012

Open to Public

Department of the Treasury Inspection The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service , 2012, and ending For the 2012 calendar year, or tax year beginning 07-01 06-30 , 2013 D Employer Identification no. Name of organization Ford K Sayre Memorial Ski Council, Inc. Check if applicable 02-0245359 Address change Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return PO Box 471 (603) 643-2226 Terminated 286,414 City, town or post office, state, and ZIP code Amended return Hanover, NH 03755-0471 Gross receipts Application pending Name and address of principal officer Is this a group return for affiliates? 501(c)(3) 501(c) (527 4947(a)(1) or Tax-exempt status H(b) Are all affiliates included? Y www.fordsayre.org H(c) Group exemption number Form of organization Corporation Trust Association Other L Year of formation 1967 M State of legal domicile Part i Summary Bnefly describe the organization's mission or most significant activities The Council organizes snowsports instruction and racing programs for over 500 children in the Upper Valley area of Vermont and New RevenueSCANNECTivities & gogeratifies Hampshire Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 16 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 1,361 54,443 Program service revenue (Part VIII, line 2g) 242,319 230,702 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 1,089 492 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,507 777 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 264,276 286,414 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses Professional fundraising fees (Part IX, column (A), line 1 e 0 Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f24 267,340 297,679 18 Total expenses Add lines 13-17 (must equal Part IX, color 267,340 297,679 19 Revenue less expenses Subtract line 18 from line 12 (3,064)(11.265) End of Year Beginning of Current Year Assets 20 Total assets (Part X, line 16) 210,510 199,045 21 Total liabilities (Part X, line 26) 200 0 Fund Net 22 Net assets or fund balances. Subtract line 21 from line 20 210,310 199,045 i Part II Signature Block Under penalties of penjury, I declare that I have example of penjury and the last of penjury and the last of the l including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparei affice) is based on all information of which preparer has any knowledge 15 Nov. Q013 Sign Signature of office Here Mark Lindberg, Treas Type or print name and title Date Check Print/Type preparer's name **Paid** self-employed Preparer Firm's name Firm's EIN **Use Only** Firm's address Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Statement of Program Service Accomplishments
Га	<u></u>
_	Check if Schedule O contains a response to any question in this Part III
•	Briefly describe the organization's mission
	The Council organizes snowsports instruction and racing programs for over 500 children in the
	Upper Valley area of Vermont and New Hampshire.
2	Did the organization undertake any significant program services during the year which were not listed on the
4	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	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
7	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	the total expenses, and revenue, if any, for each program service reported
	(Code) (Expenses \$ 288,872 including grants of \$) (Revenue \$ 262,892)
70	Taught approximately 275 school-age children the joys of participating in snowsports
	activities. These were all taught by volunteer instructors. Nearly 275 children participated
	in alpine and nordic race programs organized by volunteers and parents.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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 288,872
EEA	Form 990 (2012)

Form 990 (2012) Ford K Sayre Memorial Ski Council, 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,"			1
	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			.,
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	_4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			İ
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			l
e	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 "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or guasi-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,"	~~	_ `	1
	complete Schedule D, Part VI	11a	Х	ł
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		Χ
C	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		Χ
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
0	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		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		,	
40	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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	l	1	İ
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		Х
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		
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	Į	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	l	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		\dashv	
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		\neg	
-	If "Yes," complete Schedule G, Part III	19	ļ	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV

Checklist of Required Schedules (continued)

Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ employees? If "Yes," complete Schedule J 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 Χ b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C 28c Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Χ 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Χ 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 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 Χ

13a

14a

h

C

14a

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O.

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 16 If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Ŕа Χ Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Nο 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO. Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NH 17 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 made these available. Check all that apply Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 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 7 Gile Drive Unit 1A Hanover, NH 03755

Form 9	മറ /2	Μ1	21

Ford K Sayre Memorial Ski Council, Inc.

02-0245359

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- 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)			(1	C)			(D)	(E)	(F)		
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	office	r and	a dire	ore the	both an trustee)	10	Reportable compensation from related organizations (W-2/1099-MISC)		Estimated amount of other compensation from the organization and related organizations		
	iii te)	dur 1 se vtc 1 et de o u r a o l r	t s ı t t e	C	y e m p l o y e e	g m p l e e o s n y t a e t e d	r e r			Giganizations		
(1) Dave Lindahl	2.00	X		!								
(2) Ethan Frechette	1.00	X										
(3) Heidi Nichols	2.00	Х										
(4) Janet Hardy Chair	3.00	X	 	Х				c	0	00		
(5) Jeff Chu	2.00	Х										
(6) Karen Seltzer	1.00	Х										
(7) Linda Bedford	2.00	Х										
(8) Liz Hackett	1.00	Х										
(9) Mark Lindberg Treasurer	2.00	х		Х				o	0	o_		
(10)Michelle Couture	1.00	Х										
(11)Mike Woods	1.00	Х										
(12)Pam Mobilia Vice Chair and Secretary	2.00	Х		Х				0	0	00		
(13)Peter Milliken	2.00	X										
(14)Robert Couture	1.00	Х										

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	(5)]						ated Employees (1		(F)	
(A)	(B)				C) ation			(D)	(E)	╽.	(F)	_
Name and title	Average hours per	(do not check more than one						Reportable compensation	Reportable compensation from	- I	Estimate amount c	
•	week (list any	1		-		s both ал ustee)	1	from	related		other	
	hours for related	1 t d	T	_	T	Нс в	F	the organization	organizations (W-2/1099-MISC)	~	mpensat from the	
•	organizations	la u i	n r	f	е	ı o m	0	(W-2/1099-MISC)		,	rganızatı	ion
	below dotted	ı s e	t s	1	y e	g mp h p l e e o	m				ind relati ganizatio	
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15)Steve Thoms				T								
	1.00	X										
16)Tiger Shaw			i					-				
•	1.00	X										
17)Tracy Walsh												
-	1.00	X										
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1b Sub-total · · · · · · · · · · · · · · · · · · ·							•				_	
c Total from continuation sheets to Part VII,	Section A .						>					
d Total (add lines 1b and 1c)				• •			▶	0	0			_ 0
2 Total number of individuals (including but not	limited to those liste	ed abo	ve) v	who	rece	eived n	nore	than \$100,000 of				
reportable compensation from the organization	n 🛌					_			0	_	_	_
				_							Yes	No
3 Did the organization list any former officer, di	rector, or trustee, k	ey emp	oloye	e, o	r hig	hest c	omp	ensated			,,	1
employee on line 1a? If "Yes," complete Sche	dule J for such indi	vidual								3	<u> </u>	X
4 For any individual listed on line 1a, is the sum	of reportable comp	ensati	on a	ind c	other	comp	ensa	ation from the		,		
organization and related organizations greate	r than \$150,000? If	"Yes,"	con	nplet	e So	chedul	e J fe	or such				١
ındıvıdual										4		X
5 Did any person listed on line 1a receive or acc	crue compensation	from a	iny u	ınrel	ated	organ	ızati	on or individual				
for services rendered to the organization? If "	Yes," complete Sch	edule .	J for	suc	h pe	rson				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest comp	ensated independe	ent con	trac	tors	that	receiv	ed n	nore than \$100,000	O of			
compensation from the organization Report of	compensation for th	e caler	ndar	yea	r end	ding w	ith oi	r within the organiz	ation's tax			
year												
(A)								(B)			(C)	
Name and business a	nddress							Description of	services	Com	pensatio	nn
		-										
											_	
2 Total number of independent contractors (incl	uding but not limited	d to the	ose l	ıster	d ab	ove) w	ho					
received more than \$100,000 of compensatio			>			•						

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII <u>. .</u> ∏ (A) (B) (C) (D) Unrelated Revenue excluded from tax Total revenue Related or exempt function revenue under sections 512, 513, or 514 1a 43,259 1b Fundraising events 1c 11,184 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 54,443 **Business Code** Program Service Revenue 2a Teaching snowsports 189,532 713990 189,532 b Race proceeds 713990 41,170 41,170 f All other program service revenue 230,702 Investment income (including dividends, interest, and other similar amounts) 492 492 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6a Gross rents **b** Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) (i) Securities (II) Other 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) Other Revenue 8a Gross income from fundraising events (not including \$ 11,184 of contributions reported on line 1c) See Part IV, line 18 **b** Less. direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . b Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a Miscellaneous 713990 777 777 d All other revenue e Total. Add lines 11a-11d 777 12 Total revenue. See instructions 286,414

0

231,971

Part IX

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co				
	Check if Schedule O contains a response to any quest	tion in this Part IX			🛛
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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				2, 11
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salanes 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)				
а	Management				
b	Legal				
С	Accounting	2,763		2,763	
d	Lobbying			,	
0	Professional fundraising services See Part IV, line 17		·		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,087	1,087		-
13	Office expenses	1,334		1,334	
14	Information technology	 ,,			
15	Occupancy				
16	Travel	3,428	3,428	-	
17		1,349	1,349		
18	Payments of travel or entertainment expenses	1			
40	for any federal, state, or local public officials		<u> </u>		
19	Conferences, conventions, and meetings				
20 21	•			_	· · · · · · · · · · · · · · · · · · ·
	Payments to affiliates	0.075	2 075		
22 23	Depreciation, depletion, and amortization	3,075	3,075		
23 24	Other expenses Itemize expenses not covered	34,409	34,409		-
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
_		177 040	177.040		
a		177,240	177,240		
b	Instructor training	6,485	6,485		
c d	Vehicle operating costs	7,887	7,887		
e	Race expenses All other expenses	25,543	25,543	A 710	
9 25	Total functional expenses. Add lines 1 through 24e ·	33,079	28,369	4,710	
<u>25</u> 26	Joint costs. Complete this line only if the	297,679	288,872	8,807	0_
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	10110 ming 001 00-2 (100 300-120)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X

		Check if Schedule O contains a response to any question in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	36,817	1	44,104
	2	Savings and temporary cash investments	145,667	2	91,974
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,490	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			**
	}	4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			, ,
	ļ	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	,	-	
	1	organizations (see instructions) Complete Part II of Schedule L		6	
22	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	4,457	8	6,887
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or)
		other basis. Complete Part VI of Schedule D · · · · 10a 74,810	. AF Y WI	,	en a sens to se
	b	Less accumulated depreciation 10b 18,730	8,079	10c	56,080
	11	Investments - publicly traded securities		11	
	12	Investments - other secunties 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)	210,510	16	199,045
	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	
S	22	Loans and other payables to current and former officers, directors,	,		*
Liabilities		trustees, key employees, highest compensated employees, and			
ap	ļ	disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	 	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X]]	
		of Schedule D	200	25	
	26	Total liabilities. Add lines 17 through 25	200	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ► 🛛 and			
S	1	complete lines 27 through 29, and lines 33 and 34.			-
anc	27	Unrestricted net assets	210,310	27	199,045
3ak	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			!
of		complete lines 30 through 34.			í
Net Assets of Fund Balances	30	Capital stock or trust principal, or current funds		30	· · ·
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	210,310	33	199,045
	34	Total liabilities and net assets/fund balances	210,510	34	199,045
		Total liabilities affit fiet assers/fully haldrides	210,510	1 1	Form 990 (2012)

		2-024	15359	<u> </u>	Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				<u></u>	<u>.□</u>
1	Total revenue (must equal Part VIII, column (A), line 12)			2	86,4	114
2	Total expenses (must equal Part IX, column (A), line 25)			2	97,6	579
3	Revenue less expenses Subtract line 2 from line 1	3			11,2	26 <u>5)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	10,3	310
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1				
	33, column (B))	10		1	99,0)45
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					<u>. 🖳 </u>
					Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				~	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		İ		,	
	Schedule O			_		_
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 separate basis, consolidated basis, or both					1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ĺ	_ '		1
þ	Were the organization's financial statements audited by an independent accountant?		\cdots	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		1			ø
	separate basis, consolidated basis, or both		ļ	,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				,	ĺ .
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ļ		- +4 -	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		ا ۰ ۰ ۰	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					1
	Schedule O			٠,		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	3b		
EEA				Form	990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2012

Open to Public Inspection

Rame	or me	organization ·							Employer	Identification	m namber		
		Sayre Memoria								245359			
Pa	rt i	Reason for P	ublic Charity	Status (All organiz	ations m	ust com	plete thi	s part)	See insti	ructions	·		
The	orgar	nization is not a private	e foundation becau	se it is (For lines 1 throi	ugh 11, che	ck only on	e box)						
1	Ц			sociation of churches de		section 17	70(b)(1)(A)	(i).					
2	Ц	A school described in	n section 170(b)(1)(A)(ii). (Attach Schedul	eE)								
3	Ц		-	vice organization describ									
4	Ц	A medical research of	organization operate	ed in conjunction with a	hospital de	scnbed in s	section 17	0(b)(1)(A)	(iii). Enter	the			
	_	hospital's name, city,											
5	П	•		of a college or universit	y owned or	operated b	by a govern	mental ur	nit describe	d in			
		section 170(b)(1)(A)		•									
6	_		•	governmental unit desci		•							
7	X	-	organization that normally receives a substantial part of its support from a governmental unit or from the general public										
		described in section											
8	Н			170(b)(1)(A)(vi). (Comp									
9	Ц	An organization that	normally receives.	(1) more than 33 1/3% o	of its suppor	t from con	tributions, i	nembersh	np fees, an	d gross			
		-		mpt functions - subject t									
		support from gross in	nvestment income a	and unrelated business t	axable inco	me (less s	section 511	tax) from	businesse	s			
	_			30, 1975 See section 5		•	•						
10	_	-	•	exclusively to test for p	•		• •	•					
11	П	•	•	exclusively for the bene	•				-				
	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												
	\Box	a ∐ Type I	b ∐ Type					d L			onally int	egrated	1
е	П			ganization is not control									
			n managers and otr	ner than one or more pul	oliciy suppo	neo organ	izations de	scnbea in	section 50	9(a)(1)			
		or section 509(a)(2).		to annual to a from the IDC		Tuna I Tu	na II am Tuu						
f				termination from the IRS	inal il is a	Type I, Typ	pe ii, or iy	be iii supp	orang				
~		organization, check to		ation accepted any gift of	r contributi	on from an	v of the					• • •	· · <u>L</u>
g		following persons?	Jo, mas me organiza	ation accepted any gift of	CONTRIDUTE	on nom an	y or title						
		* .	lirectly or indirectly	controls, either alone or	together w	th nersons	described	in (ii) and				Yes	No
		• •	•	ne supported organization	•						11g(ı)	100	110
		(ii) A family member		• • •							11g(ii)		
		• •		n described in (i) or (ii) a	hove?						11g(iii	1	
h				the supported organizati							1.8(<u>'</u>	
	(I) Na	me of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	roanization	(v) Did yo	u notify	(vi) !	s the	(vii) Amo	unt of mo	netary
	(,,	organization	(, 2	(described on lines 1-9	in col (i) lis		the organi	-	organizati	on in ∞l		support	i iciai y
				above or IRC section (see instructions))	governing	locument?	col (i) o	of your port?	(i) organız U	ed in the S ?	1		
				(see manachons))	Yes	No	Yes	No	Yes	No	1		
(A)		<u> </u>		- -	1								
. ,						1			l	}			
(B)					 								•
• •				i		ļ			ļ)]		
(C)											1		
			ľ			1							
(D)						1							
							<u>L</u>						
(E)													
	_										<u> </u>		
-]]]			
Tota		[ļ	İ		

02-0245359

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fèes received (Do not include any "unusual grants")	1,365	2,525	2,800	1,362	43,259	51,311
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,365	2,525	2,800	1,362	43,259	51,311
5	The portion of total contributions by						
	each person (other than a	*	,		,) 1	
	governmental unit or publicly	î			•		
	supported organization) included on		, ,		5		
	line 1 that exceeds 2% of the amount						•
	shown on line 11, column (f)						36,667
6	Public support. Subtract line 5 from line 4 · ·						14,644
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨 👚	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4 · · · · · · · · ·	1,365	2,525	2,800	1,362	43,259	51,311
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,533	1,660	675	1,089	492	7,449
9	Net income from unrelated business activities, whether or not the business is regularly carned on	•					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	19,201	22,670	34,549	19,507	11,962	107,889
11	Total support. Add lines 7 through 10 .	,	3				166,649
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here		<u></u>	, or fifth tax year as	a section 501(c)(3	3) • • • • • • • • • • • • • • • • • • •	▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2012 (line 6, o					14	8.79 %
15	Public support percentage from 2011 Sched						7.68 %
16a	33 1/3% support test - 2012. If the organization						. .
	box and stop here. The organization qualifie		-				· · · · · • ⊔
Ь	33 1/3% support test - 2011. If the organiza						⊾ ⊓
	check this box and stop here. The organiza						🗀
17a	10%-facts-and-circumstances test - 2012						
	10% or more, and if the organization meets Part IV how the organization meets the "fact						
	organization		-	-			▶ □
L	_						
b	10%-facts-and-circumstances test - 2011	-				-	
	15 is 10% or more, and if the organization in Explain in Part IV how the organization mee					v	
							▶ □
18	supported organization					·	
10	instructions						▶ 🏻

Schedule A (Form 990 or 990-EZ) 2012 Ford K Sayre Memorial Ski Council, Inc.

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

• •	•		
(Complete only if	you checked the bo	on line 9 of Part I or if the organization failed to qualify under Pa	art II.
If the organization	n fails to qualify unde	r the tests listed below inlease complete Part II)	

Se	Section A. Public Support												
Cal	endar year (or fiscal-year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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												
C	Add lines 7a and 7b · · · · · · · · ·												
8	Public support (Subtract line 7c from line 6)	, ³ , 3, 4	, ,			3.3							
Se	ction B. Total Support					·							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total						
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·												
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •												
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975												
С	Add lines 10a and 10b · · · · · · · · · · ·					ļ	-						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on · · ·												
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)												
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·												
	First five years. If the Form 990 is for the organization, check this box and stop here	·	. <u></u> <u></u>	, or fifth tax year as	a section 501(c)(3) 	▶ 🛽						
	ction C. Computation of Public Su												
15		•	•	• •	• • • • • • • • •	15	%						
16					• • • • • • • • •	16	%						
	ction D. Computation of Investme					T.4=							
17	Investment income percentage for 2012 (line		=	lumn (f)) · · ·		17	%						
18	Investment income percentage from 2011 Sc			• • • • • • • • •		18	%						
19a	33 1/3% support tests - 2012. If the organized 17 is not more than 33 1/3%, check this box a	ation did not check and stop here. The	the box on line 14 organization qual	, and line 15 is mor ifies as a publicly s	e than 33 1/3%, an upported organizat	id line ion · · · · ·	▶ 🗆						
b	33 1/3% support tests - 2011. If the organizatine 18 is not more than 33 1/3%, check this b						▶ 🗆						
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box an	d see instructions		▶ 🔲						

SCHEDULE D (Form 990)

Department of the Treasury

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 2012

Open to Public

	Internal Revenue Service Attach to Form 990. See separate instructions. Inspection							
Name of the organization		•				Employer identific		
For	d K Savre	e Memorial Ski Coun	cil, Inc.			02-024	5359	
Pa		ations Maintaining Donor Advis		er Similar Funds	or Accou			
	organizat	tion answered "Yes" to Form 990,	Part IV, line 6			-		
			(a) Dono	or advised funds		(b) Funds and o	ther accounts	
1	Total number at er	nd of year						
2	Aggregate contribu	utions to (dunng year)						
3	Aggregate grants t	from (during year)						
4	Aggregate value a	at end of year						
5	Did the organization	on inform all donors and donor advisor	s in writing that the a	ssets held in donor	advised			
	funds are the orga	anization's property, subject to the orga	nızatıon's exclusive l	legal control?			· · · 🗌 Yes	□ No
6	Did the organization	on inform all grantees, donors, and don	ior advisors in writing	g that grant funds ca	n be used			
		purposes and not for the benefit of the						
		ussible private benefit?					· · · 🗌 Yes	☐ No
Pa	rt II Conserv	vation Easements. Complete if the	ne organization a	nswered "Yes" to	Form 990, I	Part IV, line 7.		
1	Purpose(s) of cons	servation easements held by the organ	ization (check all tha	at apply)				
	Preservation of	of land for public use (e g , recreation o	r education)	Preservation of	an historicall	y important land a	rea	
	Protection of n	natural habitat		☐ Preservation of	a certified his	stonc structure		
	☐ Preservation of	of open space						
2	Complete lines 2a	through 2d if the organization held a q	ualified conservation	n contribution in the f	form of a cons	servation		
	easement on the la	ast day of the tax year				<u> </u>		
							ne End of the Ta	x Year
а		onservation easements				2a		
b	_	•				2b		
С.		vation easements on a certified historic		(-)		2c		
d		vation easements included in (c) acqui						
						2d		
3		vation easements modified, transferred	a, released, extinguis	snea, or terminated t	by the organiz	ation during the		
	tax year			. .				
4		where property subject to conservation						
5	-	ition have a written policy regarding the forcement of the conservation easemer	-	, inspection, nanding			· · · 🗌 Yes	Пи
6	*	r hours devoted to monitoring, inspecti					🗀 163	Ü '''
Ü	State and volunteer	Thous devoted to monitoring, inspect	ng, and emorcing co	Misel valion casemer	ns during the	year		
7	Amount of expense	 es incurred in monitoring, inspecting, a	and enforcing conser	nyation easements di	uring the year			
•	► \$	co modified in mornioring, mopeoung, c	ind chiloromy contact	vation cadomonto a	aring the year			
8	· — — —	vation easement reported on line 2(d)	ahove satisfy the red	nuirements of section	n 170(h)(4)(R)		
•	(i) and section 170						· · · Yes	Пи
9	• •	be how the organization reports consei						_
		d include, if applicable, the text of the fo						
	organization's acco	ounting for conservation easements	_					
Pa	rt III Organi	izations Maintaining Collect	ions of Art, His	torical Treasu	res, or Oth	ner Similar As	ssets.	
	Comple	ete if the organization answered "	es" to Form 990,	, Part IV, line 8.				
1a	If the organization	elected, as permitted under SFAS 116	(ASC 958), not to re	eport in its revenue s	statement and	balance sheet		
	works of art, histor	rical treasures, or other similar assets h	neld for public exhibit	tion, education, or re	search in furt	herance of		
	public service, pro-	vide, in Part XIII, the text of the footnot	e to its financial state	ements that describe	es these items	S .		
b	If the organization	elected, as permitted under SFAS 116	(ASC 958), to repor	rt in its revenue state	ement and bal	ance sheet		
	works of art, histor	ncal treasures, or other similar assets h	neld for public exhibit	tion, education, or re	search in furt	herance of		
	public service, pro-	vide the following amounts relating to t	hese items					
	(i) Revenues incl	luded in Form 990, Part VIII, line 1				▶ \$		
		ed 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		Form 990, Part X						

	ule D (Form 990) 2012 Ford K Sayre Memor							02-024			Page 2
Pa	t III Organizations Maintaining Colle	ctions	of Ar	t, Histo	rical Tr	easures, o	r Oth	er Similar As	sets (continu	red)
3	Using the organization's acquisition, accession, and o	ther recor	rds, che	eck any of	he follow	ing that are a s	ignific	ant use of its			
	collection items (check all that apply)										
а	Public exhibition	d 🗌	Loan	or exchan	ge progra	ıms					
b	Scholarly research	θ 🗌	Other	r							
C	Preservation for future generations										
4	Provide a description of the organization's collections	and expla	ain how	they furthe	er the org	anızatıon's exe	mpt pu	ırpose in Part			
	XIII										
5	During the year, did the organization solicit or receive	donations	s of art,	historical	reasures	, or other simila	ar				
	assets to be sold to raise funds rather than to be mail	ntained as	part of	the organ	zation's c	collection?		<u> <u>.</u> <u></u> .</u>	· ·	Yes	□ No
Pa	assets to be sold to raise funds rather than to be main t IV Escrow and Custodial Arranger	nents.	Comp	olete if the	ne orga	nization an	swere	ed "Yes" to For	m 990	, Part	IV,
	line 9, or reported an amount on F	orm 99	0, Pa	rt X, line	21.						
1a	Is the organization an agent, trustee, custodian or oth										
	included on Form 990, Part X?								🗆	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and com	plete the f	followin	g table							
								An	nount		
C	Beginning balance						1	: [
d	Additions during the year							i			
0	Distributions during the year										
f	Ending balance						. 1f			_	
2a	Did the organization include an amount on Form 990,	Part X, iir	ne 21?						[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII Check t										
Pa	t V Endowment Funds. Complete if the	ne organ	nizatio	on answ	ered "Y	es" to Form	990	, Part IV, line	0		
	(a) Current ye	ar	(b) Prior	year	(c) Two years t	ack	(d) Three years back	(e) F	our years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and										
	losses					_					
d	Grants or scholarships							1			
е	Other expenditures for facilities and									-	
	programs			_				_	_L		
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current year	end balan	ice (line	1g, colum	in (a)) hel	ld as				-	
а	Board designated or quasi-endowment	%	6								
b	Permanent endowment > %										
C	Temporanly restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should equal	100%									
3a	Are there endowment funds not in the possession of t	he organi	zation t	hat are he	d and adı	ministered for t	he				
	organization by									Yes	No
	(i) unrelated organizations								. 3a	(i)	
	(ii) related organizations								. 3a((ii)	
b	If "Yes" to 3a(II), are the related organizations listed a	s required	on Sch	nedule R?					. 31	b	I
4	Describe in Part XIII the intended uses of the organization	ation's end	dowme	nt funds							
Pa	t VI Land, Buildings, and Equipment	. See F	orm 9	90, Par	X, line	10.					
	Description of property	(a) Cos	t or other	basis	(b) Cost or	r other basis	(c)	Accumulated	(d) E	Book value	,
	. , , ,	(ır	nvestmen	t)	(0	other)	d	epreciation			
1a	Land				 _						
b	Buildings										
С	Leasehold improvements					- 					
ď	Equipment					74,810		18,730		56	5,080
e	Other										
Total		m 990 P	art Y o	olumn (B)	line 10(c)	11				5.6	080

Schedule D (Form	990) 2012 Ford K S	ayre Memorial Ski Council, ities. See Form 990, Part X, line	Inc. 02-0245359 Page 12.
<u> </u>	(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 (
	ld equity interests		
(3) Other	. ,		
(A)	•		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
) must equal Form 990, Part X, col (B) line 12)	>	
Part VIII	Investments - Program Re	lated. See Form 990, Part X, line	e 13.
	(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)			
(7)			
(8)			
(9)			
(10)			
) must equal Form 990, Part X, col (B) line 13)	>	, , , , ,
Part IX	Other Assets. See Form 990	0, Part X, line 15.	
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		-	
(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col ((B) line 15)	
Part X	Other Liabilities. See Form 9		
1.	(a) Description of liability	(b) Book value	
(1) Federal	ncome taxes		
(2)			
(3)			
(4)			
(5)			7 ·
(6)			
(7)			1
(8)			-
(9)			1
(10)			7
			-
(11)	and and Fee 200 Park and 400 and 500	•	-{
	must equal Form 990, Part X, col (B) line 25)	- 	nancial statements that reports the experience
			nancial statements that reports the organization's
naunity for unc	ertain tax positions under FIN 48 (ASC /	'40) Check here if the text of the footnote I	has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		ule D (Form 990) 2012 Ford K Sayre Memorial Ski Council, Inc.	02-0245359	Page 4
2 Amounts included on hise 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2b Donated services and use of facilities 2b Control of Netro (Describe in Part XIII) 2cd 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d	Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return	
a Net unrealized gains on investments 2a 2b 2c 2c 2d 2d 2d 2d 2d 2d	1	Total revenue, gains, and other support per audited financial statements	1	
b Donated servoces and use of facilities	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
C Recoveres of pnor year grants 2c	а			
d Other (Describe in Part XIII) 2d 2e 3	b	Donated services and use of facilities		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total expenses and losses per adudited financial Statements With Expenses per Return 1 Total expenses and losses per adudited financial Statements With Expenses per Return 1 Total expenses and losses per adudited financial Statements With Expenses per Return 1 Total expenses and losses per adudited financial Statements With Expenses per Return 1 Total expenses and losses per adudited financial Statements With Expenses per Return 1 Total expenses and losses per adudited financial Statements With Expenses per Return 1 Total expenses and losses per adudited financial Statements With Expenses per Return 1 Total expenses and losses per adudited financial Statements With Expenses per Return 1 Total expenses and lines 1 and 4. (Insection of Expenses and lines 1 and 4. (Insection of Expenses and lines 1 and 4. (Insection of Expenses and lines 1 and 4. (Insection of Expenses and lines 2 and 4b. (Insection of Expenses and lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 14 and 4. (Part IV, lines 15 and 4. (Part IV, lines 15 and 4. (Part IV, lines 15 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, lines 16 and 4. (Part IV, line	С	Recovenes of pnor year grants	7	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIIII, line 7b b Other (Describe in Part XIII) c Add lines 4 a and 4b 5 Total revenue Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities c Other losses c Oth	d	Other (Describe in Part XIII)	\neg \mid	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 75 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements	0	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2е	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities c Other losses c Other losses c Other losses c Other losses c Other losses c Other losses c Other losses d Other lossenbe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) Fart XIII Supplemental Information Complete this part to provide the descriptions required for Part III, lines 2d and 4b Also complete this part to provide any additional information.	3	Subtract line 2e from line 1	3	
b Other (Describe in Part XIII) 4b 4c c Add lines 4a and 4b 5 5 Total expense Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 [Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 1	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Fart XII Reconcilitation of Expenses per Audited Financial Statements Per Return 1 Total expenses and loses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 5 Port year adjustments 2 a	b	Other (Describe in Part XIII)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	Pa			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1	Total expenses and losses per audited financial statements	1	
b Pror year adjustments	2			
b Pror year adjustments	а	Donated services and use of facilities		
c Other losses	b		7	
d Other (Describe in Part XIII)	С		7	
e Add lines 2a through 2d	d		7	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Part I information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.	е			
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.	3		3	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.		J I		
b Other (Describe in Part XIII)	а			
to Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.	b		-	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	С		4c	
Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information.	5			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Pa			
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.	Com		nd 2b,	
Information.				
FEA Schedule D (Form 990) 2012				
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FFA Schedule D (Form 990) 2012				
FEA Schedule D (Form 990) 2012				
	EE A		Schedule D. (6	Form 990\ 2012

SÇHEDÙLE G (Form 990 or 990-EZ)

d In-person solicitations

Department of the Treasury

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

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

OMB No 1545-0047 2012

Open to Public Inspection

∏ No

Yes

Internal Revenue Service Employer identification number Name of the organization Ford K Sayre Memorial Ski Council, 02-0245359 Inc Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I 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 a Mail solicitations e Solicitation of non-government grants **b** Internet and email solicitations f Solicitation of government grants c Phone solicitations g

Special fundraising events

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 1 2 3 5 8 10

3	ist all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from egistration or licensing					
_						

	6 Volunteer labor · · · · · · · · · · · · · · · · · · ·
	7 Direct expense summary Add lines 2 through 5 in column (d)
	8 Net gaming income summary Combine line 1, column d, and line 7
9 a b	Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?
10a b	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
EEA	Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization Ford K Sayre Memorial Ski Council, Inc. 02-0245359 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 05. List of other expenses (Part IX, line 24e) \$7265 Awards Bank fees 129 200 Dues Maintenance 163 Misc 3541 Scholarships 3300

Name of the organization			Employer identification number
Ford K Sayre Memorial	Ski Council, Inc.		02-0245359
C Card fees 3581			
Printing 837			
Regis Expense 606			
Equipment 12457			· · · · · · · · · · · · · · · · · · ·
Website Maint 1000			
<u>Total</u> 33079			
			-
	, , , , , , , , , , , , , , , , , , ,		
			
			

Porm 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB N	lo 15	45-0172

2012

Attachment Department of the Treasury Sequence No 179 See separate instructions. ► Attach to your tax return. Internal Revenue Service /991 Name(s) shown on return Business or activity to which this form relates Identifying number FORM 990 -Ford K Savre Memorial Ski Counci 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 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 6 (a) Description of property (b) Cast (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2013 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 during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 1.798 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property) (See instructions) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2012 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation d) Recovery (business/investment use placed in (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 1,277 51,076 20 HY SL20-year property 25-year property 25 yrs S/I 27 5 yrs. MM S/L Residential rental 27 5 yrs MM S/L property MM S/L Nonresidential real 39 yrs MM S/L property Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12-year 12 yrs MM S/L 40 yrs 40-year Summary (See instructions) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 3,075 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the

.