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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)

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

OMB No 1545-0047

	For the	2009 calend	dar year, o	or tax year begins	ning Jul 1	, 20	09, and	endin	g Jun	30		, 2010		
		applicable		C Name of organiza		· · · · · · · · · · · · · · · · · · ·	· ·		-		er Ider	itification Nu	mber	
	Addr	ress change	Please use IRS label	Alaska Rur	al Rehabil:	itation Co	rpora	tion		92-	0022	2244		
	Nam	ne change	or print or type.		et (or PO box if mail is			Room/si		E Telepho				-
	Ħ	al return	l See	248 E. Dah	lia Avenue					l (an	71 -	745-339	an .	
	-	nination	Instruc- tions	City, town or cour		St	ate ZIP c	ode + 4		150	' /	743 33.		
	\vdash	ended return	1 110113	Palmer	•			645				- 220	050	
	Ħ		E Name of	and address of principa	l officer	A	N 99		H(a) Is this	G Gross r a group retur			\neg	
	Аррі	lication pending	1	•			7 TZ 00	- 1		affiliates inc		imates.	Yes Yes	X No
	T			llagher 490 N. N	·		AK 99	034		attach a list		structions)	les	□ мо
<u> </u>		exempt statu		(c) (4)◀	(insert no)	4947(a)(1) or	52							
<u>J</u>		site: ► N/						•		exemption n				
K		of organization	X Corpora	ation Trust	Association Oth	ner ►	L Year of	Format	ion 193	5 M s	State of	legal domicil	e AK	
Pa	rt l	Summa												
				ganization's mission			Agric	ulti	u <u>ral S</u>	ervice		_		
e e	<u> 1</u>	Provide _	<u>loans</u>	for agricu	ltural pur	<u>poses</u>			_ _			 -		
Activities & Governance	_	. – – – – -	 -			- -								
je i		. – – – - -							- -			- -		
Ĝ		Check this bo)X •	if the organization	n discontinued its	operations or dis	sposed o	of more	e than 25°	% of its as		10		
প্ত				bers of the govern t voting members			o 1b)				3	4		
ë				yees (Part V, line		body (Part VI, III	ie ib)				5	8		
ξ				eers (estimate if r							6	0		
Ä				ousiness revenue		olumn (C) ine 12					7 a	ļ		0.
				taxable income f							7 b	 		
					,				В	rior Year		 	ent Ye	
	8 0	Contributions	<u>F</u>		500.	Curi	ent re	ar						
Revenue			-	ue (Part VIII, line	•					189,8		 	206	090.
Ver		_		-	•	7d)				29,8				960.
æ	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									23/			101	500.
				nes-8-through_1_1_			line 12)		-	221,1	88.		220.	050.
									1		500.	 		0001
		Grants and similar amounts bard (Rant X) column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)									,,,,	 		
				sation jemployee			114,0)11		120	411.			
963	16 - 5	Profoccional	11001100	g fees (Part IX, c		111,011.			123,	411.				
Expenses			- 11 1	1	1071				ļ					
Ä			- 11:	nses (Part IX, colu	i 4.** 4.0			0.	·					
	17 C	Other expens	es (Part.)	X, column (A), lin	es 11a-11d, 11f-2	24f)				85,7	712.		99,	978.
J J	18 T	Total expense	es Add III	nes 13-17 (must e	qual Part IX, colu	ımn (A), line 25)				201,2	223.	<u></u>	229,	389.
→	19 F	Revenue less	expense	s Subtract line 18	from line 12					19,9	965.		-9,	339.
Not Assets or Fund Balancos									Begir	nning of Y	'ear	End	of Yea	ar
	20 T	Total assets	(Part X, III	ne 16)						,770,8				544.
AAB	21 T	Total habilitie	s (Part X,	, lıne 26)						2,1	92.			233.
٤٤	22 N	Net assets or	fund bala	ances Subtract lir	ne 21 from line 20)			4	,768,6	550.	4.	759.	311.
Pa	rt II	Signat	ure Blo	ck						, , .			,	
1		Under penaltie	es of periury.	I declare that I have ex	samined this return, inc	cluding accompanying	schedules	and stat	ements, and	to the best of	of my kr	nowledge and	helief it	ıs
 (€)		true, correct, a	and complete	I declare that I have ex Declaration of prepare	er (other than officer) is	s based on all informa	tion of whice	ch prepa	rer has any	knowledge	,	nomenage and	000.,	.5
Sig	ın	> /3	en 1	4 16 00	mon					4-13	-11			
cHe	re	Signature	of officer			-			Da					
		> Ben	Her	mon Pr	esident									
		Type or p	rint name an		US CDL			-						
_				A.	<u> </u>		Date		C	heck if	F	Preparer's ide see instructio	ntifying n	umber
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Form Par	990 (2009) Alaska Rural Rehabilitation Corporation Statement of Program Service Accomplishments	92-0022244	Page 2
	Briefly describe the organization's mission:		
•	The literature of the state of		
	Provide loans for agricultural purposes		
	Did the organization undertake any significant program services during the year which were not listed on the	ne prior	
_	Form 990 or 990-EZ?	Yes X	No
	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 service	ces? Yes X	No
3	If 'Yes,' describe these changes on Schedule O	cs. Les M	140
4	3 ·	w avanges Section E01(a)/3)\
4	Describe the exempt purpose achievements for each of the organization's three largest program services b and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	allocations to others, the total)
	expenses, and revenue, if any, for each program service reported		
4 =	a (Code) (Expenses \$ 224,743. including grants of \$ 0.) (Revenue \$ 220.0)50.)
40	Agricultural Services - Grant agriculture loans		
		-	
			
			
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41	b (Code) (Expenses \$ including grants of \$) (Revenue \$,
7.	Todaling grants of P	revenue 4	
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4	c (Code) (Expenses \$ including grants of \$) (Revenue \$)
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			.
4	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► 224,743.		
	-		_

Form 990 (2009) Alaska Rural Rehabilitation Corporation 92-0022244 Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Х 2 Is the organization required to complete Schedule B. Schedule of Contributors? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If Yes, complete Schedule C, Part III Х Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Part I 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 10 Х 'Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 11 Х • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI • 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 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 • 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 • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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 487 If Yes, complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes.' complete Schedule D, Parts XI, XII, and XIII 12 Х Yes No 12 A Was the organization included in consolidated, independent audited financial statement for the tax 12 A year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14h X business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 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, Part II 15 Х 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, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I Х 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 Х

TEEA0103 02/12/10

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Х

Х

19

20

20

complete Schedule G, Part III

rai:	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	a 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, and 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		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
(c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	<u>x</u>	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2009)

<u>Part</u>	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S information Returns Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		:	
С	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?	1c		Х
2 a	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the alendar year ending with or within the year covered by this return			
	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	Oid the organization have unrelated business gross income of \$1,000 or more during the year covered by his return?	3a		х
b	f 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	f 'Yes,' enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5 a	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
	f 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Fax Shelter Transaction?	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	;	х
	f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		х
d	if 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal penefit contract?	7 e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
q	Sponsoring organizations maintaining donor advised funds.	-ٽ		-
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	-		
	Initiation fees and capital contributions included on Part VIII, line 12	ļ		
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ļ
	Section 501(c)(12) organizations. Enter			
	Gross income from other members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	L		

Form 990 (2009)

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.

Saci	ection A. Governing Body and Management			
360	ection A. Governing body and management		Yes	No
1a	1a Enter the number of voting members of the governing body	1a 6		-110
	b Enter the number of voting members that are independent	1 b 4		
	2 Did any officer, director, trustee, or key employee have a family relationship or a	business relationship with any other		X
3	officer, director, trustee or key employee? 3 Did the organization delegate control over management duties customarily perfori	ned by or under the direct supervision		
	of officers, directors or trustees, or key employees to a management company or	other person?	 	<u>X</u>
4	4 Did the organization make any significant changes to its organizational document	s <u>4</u>	 	_X
-	since the prior Form 990 was filed?	organization's assets?		Х
5		organization's assets?		X
6	•	 		
	7 a Does the organization have members, stockholders, or other persons who may el governing body?			X
b	b Are any decisions of the governing body subject to approval by members, stockho	olders, or other persons?		X
8	8 Did the organization contemporaneously document the meetings held or written a the following:	ctions undertaken during the year by		
а	a The governing body?	8a	Х	
b	b Each committee with authority to act on behalf of the governing body?	8b	X	
9	9 Is there any officer, director or trustee, or key employee listed in Part VII, Section organization's mailing address? If 'Yes,' provide the names and addresses in Sch	A, who cannot be reached at the ledule O		x
Sec	ection B. Policies (This Section B requests information about po		<u></u>	
Reve	evenue Code)			
			Yes	No
10 a	10 a Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	Х
t	b If 'Yes,' does the organization have written policies and procedures governing the and branches to ensure their operations are consistent with those of the organization.	activities of such chapters, affiliates, tion?		
11	11 Has the organization provided a copy of this Form 990 to all members of its gove			X
	11 A Describe in Schedule O the process, if any, used by the organization to review th			
	12a Does the organization have a written conflict of interest policy? If 'No,' go to line	ı	Х	
t	b Are officers, directors or trustees, and key employees required to disclose annua to conflicts?	ly interests that could give rise	х	
(c Does the organization regularly and consistently monitor and enforce compliance Schedule O how this is done	with the policy? If 'Yes,' describe in	X	
13	13 Does the organization have a written whistleblower policy?	. 13		Х
14		14	X	
15		review and approval by independent tion and decision?		
4	a The organization's CEO, Executive Director, or top management official	15a	Х	
	b Other officers of key employees of the organization	151	,	Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16 :	16a Did the organization invest in, contribute assets to, or participate in a joint venture entity during the year?	ľ		X
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the	prognization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and taken steps t status with respect to such arrangements?	o safeguard the organization's exempt		
Sec	Section C. Disclosures		<u> </u>	
	17 List the states with which a copy of this Form 990 is required to be filed Ala	aska		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applications inspection. Indicate how you make these available. Check all that apply		for pu	nplic
	X Own website			
	19 Describe in Schedule O whether (and if so, how) the organization makes its gove statements available to the public.			cial
	20 State the name, physical address, and telephone number of the person who post			2055
	► Steve Gallagher, Manager 248 E. Dahlia Ave., Palmer,	AK99645 (907)_	/45-	3350

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

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

- 1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 the organization did not	compens	ate an	іу сі	ırrer	nt of	ficer, i	direc	ctor, or trustee			
(A)	(B)	(c)						(D)	(E)	(F)	
Name and Title	Average hours		_		k all t	hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	hours per week	adividi al frustee or director	mshiringaal kustee	Offirei	Key employee	High est own;terisated employee	Forner	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
Ben Hermon											
President	1.00		ļ	Х				0.	0.	0.	
Ben Vander Weele Vice President	1.00			x				0.	0.	0.	
Chuck Griffin											
Director	1.00	Х						0.	0.	0.	
Pete ProbascoSecretary	1.00			X				0.	0.	0.	
Ruby Hollembaek	1 2 7 7 7		l			·					
Director	1.00	x						0.	0.	0.	
Bob Havemeister											
Treasurer	1.00			Х				0.	0.	0.	
Steve Gallagher											
Manager	40.00			Х				61,759.	0.	0.	
									:		
	-										
	-										
	-										

(A)	(B)	B) (c) erage Position (check all that apply)						(D)	(E)	(F) Estimated		
Name and Title	hours per week			Officer	,	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amo con f org ar	sumated unt of oth pensation rom the ganization d related anization	her on n d
·								_				•
										-		
	-											
									-			
	-											
	-											
	-											
	-											
	-											
1 b Total .	1	1		!		<u> </u>	>	61,759.	0.			0
2 Total number of individuals (including but not limited from the organization	I to thos	e lis	ted	abo	ve) י	who	rece	eived more than \$	100,000 in reportabl	e comp	ensati	on
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4. For any individual listed on line 1a, is the sum of rei	<i>dividual</i> portable	com	nper	ısatı	on a	and (othe	compensation from	om	3	Yes	X
the organization and related organizations greater the individual										4		Х
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	edule J	atior for s	uch	m a per	ny t son	ınreı	ateo	organization for s	services	5		Х
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent	cont	ract	ors	that	received more that	n \$100,000 of	•		
(A) Name and business addres	6S					-	_	(B Description) of Services	Comp	(C) ensatio	n
										· · · · · · · · · · · · · · · · · · ·		
								 -				

Par	t VIII Statement of Revenue				<u> </u>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
E REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f h Total. Add lines 1a-1f Business Code 2a Interest on lending activities b Loan Interest Income 999999	202,177. 2,713.	202,177. 2,713.	0.	0.
PROGRAM SERVICE REVENUE	c Loan Fees 999999 d 999999 f All other program service revenue 7 Total. Add lines 2a-2f	1,200. > 206,090.	1,200.	0.	0.
	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 b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory	13,960.	13,960.	0.	0.
OTHER REVENUE	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income 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 b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d	•			
	12 Total revenue. See instructions	► 220,050.	220,050.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).
--

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	63,245.	63,245.	0.	0.
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	49,831.	49,831.	0.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,831.	3,831.	0.	0.
9	Other employee benefits				
10	Payroll taxes	12,504.	12,504.	0.	0.
11	Fees for services (non-employees)				
í	a Management				
l	b Legal				
(C Accounting	6,370.	6,370.	0.	0.
(d Lobbying				
(e Prof fundraising svcs See Part IV, In 17				
1	f Investment management fees				
9	g Other				
12	Advertising and promotion	3,173.	3,173.	0.	0.
13	Office expenses	7,052.	7,052.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy	16,360.	16,360.	0.	0.
17	ļ a .	6,584.	6,584.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				47-49-49-49
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,255.	10,255.	0.	0.
23	· · · · · · · · · · · · · · · · · · ·	16,804.	16,804.	0.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	a General and Administrative	4,943.	297.	4,646.	0.
	b Scholarships	2,899.	2,899.	0.	0.
	c Repairs and maintenance	7,445.	7,445.	0.	0.
	d Board reimbursements and stipends	3,180.	3,180.	0.	0.
	e_Donations_and_Dues	12,044.	12,044.	0.	0.
	f All other expenses	2,869.	2,869.	0.	0.
_25	Total functional expenses. Add lines 1 through 24f	229,389.	224,743.	4,646.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BA	1 3	······································	74_1705-10	. I	Form 990 (2009)

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	74,503.	1	50.
	2	Savings and temporary cash investments	565,395.	2	408,464
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	62,432.	4	48,474
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
_		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
A S E T S	7	Notes and loans receivable, net	3,705,544.	7	3,883,286
Ĕ	8	Inventories for sale or use		8	
ś	9	Prepaid expenses and deferred charges	10,803.	9	16,996
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	•	٠,	
	b	Less accumulated depreciation 10b 153, 451.	201,099.	10 c	192,229
l	11	Investments – publicly-traded securities	141,591.	11	203,570
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
ļ	15	Other assets. See Part IV, line 11	9,475.	15	9,475
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,770,842.	16	4,762,544
	17	Accounts payable and accrued expenses	2,192.	17	3,233
ļ	18	Grants payable		18	
	19	Deferred revenue		19	
۲.	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	`		
I		of Schedule L		22	
E S	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 Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,192.	26	3,233
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
		27 through 29 and lines 33 and 34.			
₹ SSI	27	Unrestricted net assets	4,768,650.	27	4,759,311
SET-S	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R	1	Organizations that do not follow SFAS 117, check here ▶ □ and complete			
FUZD		lines 30 through 34.			
Ď	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ã	32	Retained earnings, endowment, accumulated income, or other funds		32	
Č	33	Total net assets or fund balances	4,768,650.	33	4,759,311
Ę	34	Total liabilities and net assets/fund balances	4,770,842.	34	4,762,544

rant XI Financial Statements and Reporting				
		Yes	No	
1 Accounting method used to prepare the Form 990 Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
b Were the organization's financial statements audited by an independent accountant?	2 b	Х		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,	х		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued consolidated basis, separate basis, or both:	on a			
Separate basis X Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?				
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit 3b			

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions OMB No 1545 0047

Open to Public Inspection

Employer Identification number

Alá	ska Rural Rehabilitation Cor	poration		92-0022244	
Pai		r Advised Funds or Other Similar F	unds or Acc		e ıf
	3	(a) Donor advised funds	(b) F	unds and other ac	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
_	,				
	Did the organization inform all donors and dor funds are the organization's property, subject	to the organization's exclusive legal control?		Yes	No No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private beneather.	the benefit of the donor or donor advisor or fo	nds may be or any other	Yes	☐ No
Pai	t II Conservation Easements Comp	ete if the organization answered 'Ye	s' to Form 9	90, Part IV, line	7.
	Purpose(s) of conservation easements held by			· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., r		on of an historic	ally important land	area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	on of certified hi	* .	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution i	n the form of a	conservation easen	nent on the
				Held at the End of	of the Year
	Total number of conservation easements		2 a		
	Total acreage restricted by conservation ease	ments	2b		
	: Number of conservation easements on a certi	fied historic structure included in (a)	2c		
	Number of conservation easements included in		2d		
3	Number of conservation easements modified,	transferred, released, extinguished, or termin	ated by the orga	anization during the	tax
	year ►	, ,	, -	_	
4	Number of states where property subject to co	onservation easement is located >			
5	Does the organization have a written policy re	***	andling of violat	tions	
,	and enforcement of the conservation easeme		landing or viola	Yes	☐ No
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, and enforcing conservation ea	sements	_	_
7	during the year ► Amount of expenses incurred in monitoring, ii	ospecting, and enforcing conservation easeme	ents _	***	
•	during the year	ispecting, and emotioning conservation casema	\$ _		
8	Does each conservation easement reported o	n line 2(d) above satisfy the requirements of	section	_	
•	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			☐ Yes	∐ No
9	In Part XIV, describe how the organization re- include, if applicable, the text of the footnote conservation easements	ports conservation easements in its revenue a to the organization's financial statements that	and expense sta describes the o	tement, and balanc organization's accou	e sheet, and unting for
Pa	rt III Organizations Maintaining Coll Complete if the organization and	ections of Art, Historical Treasures, swered 'Yes' to Form 990, Part IV, II	, or Other Si ne 8.	milar Assets	
1	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial stateme	ilic exhibition, education, or research in furthe	ment and baland erance of public	ce sheet works of a service, provide, in	rt, historical Part XIV,
	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	r SFAS 116, to report in its revenue statemer dic exhibition, education, or research in furthe	nt and balance s erance of public	heet works of art, h service, provide the	nistorical e following
	(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 a amounts required to be reported under SFAS	art, historical treasures, or other similar asset 116 relating to these items	s for financial ga	ain, provide the follo	owing
	a Revenues included in Form 990, Part VIII, lin	- e 1		► \$	
				► \$	

Schedule D (Form 990) 2009 Alask						92-002		Page 2
Part III Organizations Mainta	ining Collec	tions	of Art, Histo	orical 1	Γ <mark>reasures, or</mark>	Other Similar Ass	ets (continu	ued)
3 Using the organization's acquisition items (check all that apply)	on accession ar	nd othe	r records, chec	k any of	the following that	at are a significant use o	of its collection	1
a Public exhibition			d 🔲 Loan (or excha	ange programs			
b Scholarly research			e 🗌 Other					
c Preservation for future genera	ations							
4 Provide a description of the organ Part XIV	nization's collec	tions a	nd explain how	they fur	ther the organiza	ation's exempt purpose	ın	
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or re ather than to be	ceive d maint	onations of art, ained as part of	historic the org	al treasures, or o anization's collec	other similar ction?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme unt on Form	ents (990,	Complete if o Part X, line	organız 21.	ation answer	ed 'Yes' to Form 9	90, Part IV,	line
1a Is the organization an agent, trust included on Form 990, Part X?					ibutions or other	assets not	Yes [☐ No
b If 'Yes,' explain the arrangement	in Part XIV and	l compl	ete the followin	g table				
- Decomposition						1-	Amount	
c Beginning balance						1c		
d Additions during the year						1 d		
e Distributions during the year						1 e		
f Ending balance		000 5				<u> 1f </u>		—
2a Did the organization include an ai		990, P	art X, line 21?				∐ Yes │	∐ No
b If 'Yes,' explain the arrangement		200176	tion oncurer	- V -	s' to Form 00	10 Port IV June 10		
Part V Endowment Funds Co	 						(2) [2017.1120	
1 - Danisana afaran balana	(a) Current y	ear	(b) Prior yea	ır	(c) Two years back	(d) Three years back	(e) Four yea	ILS Dack
1 a Beginning of year balance					-,.		-	
b Contributions				-				
 c Net Investment earnings, gains, and losses 								
d Grants or scholarships								
 Other expenditures for facilities and programs 								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage	e of the year en	d balar	nce held as					
a Board designated or quasi-endow	/ment >		8					
b Permanent endowment ▶	· · · · · · · · · · · · · · · · · · ·							
c Term endowment ►	<u> </u>							
3a Are there endowment funds not in organization by	n the possessio	n of the	e organization t	hat are	held and adminis	stered for the	Yes	No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(ii), are the related o	organizations lis	ted as	required on Sch	hedule F	(۲		3b	
4 Describe in Part XIV the intended	uses of the or	ganızat	ion's endowmei	nt funds				
Part VI Investments-Land, B						, line 10.		
Description of investment	t (t or other basis vestment)		Cost or other isis (other)	(c) Accumulated Depreciation	(d) Book V	/alue
1 a Land					89,817.		89	9,817.
b Buildings .	Γ				203,014.	105,965.		7,049.
c Leasehold improvements .	Γ							
d Equipment	-				52,849.	47,486.	5	363.
e Other	F							
Total. Add lines 1a through 1e (Column	n (d) must equa	al Form	990, Part X, co	olumn (E	3), line 10(c))	•	192	2,229.

192,229. Schedule **D** (Form 990) 2009

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
Financial derivatives		oos, or one or you. Harror range
Closely-held equity interests		
Other		······································
	-	
	-	
	 	
	_	
Total. (Column (b) must equal Form 990 Part X, col (B) line 12.)		
Part VIII Investments-Program Related (Se	e Form 990, Part X, line	e 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(1,211	Cost or end-of-year market value
		
	, ,	
		
		
		·····
Total (committee)	>	
Part IX Other Assets (See Form 990, Part	X, line 15)	
(a	Description	(b) Book value
Land - Available for Sale		9,475.
· · · · · · · · · · · · · · · · · · ·		
	 	
Total. (Column (b) must equal Form 990, Part X, col.(B)		<u>►</u> 9,475.
Part X Other Liabilities (See Form 990, Part X	art X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
		_
		-
		_
		-
		-
		-
		_
		_
		_
		_
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		
	otnote to the organization's fir	nancial statements that reports the organization's liability

Schedule D (Form 990) 2009 Alaska Rural Rehabilitation Corporation

92-0022244

Page 3

	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	2-00222	1 rage 4
			220,050.
	Total revenue (Form 990, Part IV, column (A), line 12)		229,389.
	Total expenses (Form 990, Part IX, column (A), line 25)		
_	Excess or (deficit) for the year. Subtract line 2 from line 1		-9,339.
4	Net unrealized gains (losses) on investments	-	
5	Donated services and use of facilities	-	
6	Investment expenses	_	
7	•	-	
8	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 through 8	<u> </u>	
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-9,339.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
	Total revenue, gains, and other support per audited financial statements	1	220,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
ä	a Net unrealized gains on investments 2a	_ ,	
	b Donated services and use of facilities 2b	-	
	c Recoveries of prior year grants	_	
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	220,050.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	220,050.
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial statements .	1	229,389.
			, , , , , , , , , , , , , , , , , , , ,
	a Donated services and use of facilities		
	b Prior year adjustments	-	
	- 10.	┥ ┃	
		-	
	e Add lines 2a through 2d	2e 3	220 200
_	Subtract line 2e from line 1	3	229,389.
4			
	a Investments expenses not included on Form 990, Part VIII, line 7b	-	
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	229,389.
Pa	rt XIV Supplemental Information		
lıne	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this pairmation	lines 1b and t to provide	d 2b, Part V, any additional
			-

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BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 Part XIV Supplemental	Alaska	Rural	Rehabilit	ation Co	rporation	ì	92-0022244	Page 5
Part XIV Supplemental	Informat	tion (con	tınued)					
			- 		-	· -		-
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		-						

SCHEDULE L (Form 990 or 990-EZ)

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

2009

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Schedule L (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Alaska Rural Rehabilitation Corporation 92-0022244 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under \$ section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a. (g) Written agreement? (b) Loan to or from the organization? (c) Original principal amount (d) Balance due (e) In default? (f) Approved by board or (a) Name of interested person and purpose committee? Yes From Yes No Yes No No Ben Vander Weele Agricultural loan Х 480,000. 175,286. Х Х Х Х 71,834. X Х 75,000. Х Steve Gallagher Agricultural loan Х Х 100,000. 69,716. Х Х Art Keyes Agricultural loan Х Х X 50,000 50,861. Х Ruby Hollembaek Agricultural loan 70,000. Х X Х Ruby Hollembaek Agricultural loan Х 26,620. ► ŝ 394,317. Total Grants or Assistance Benefitting Interested Persons. Part III Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (a) Name of interested person (c) Amount and type of assistance **Business Transactions Involving Interested Persons.** Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (a) Name of interested person (b) Relationship between interested person and the (c) Amount of transaction \$ (d) Description of transaction organization revenues? Yes No Alaska Farmland Trust Corporation Board Members Х O. Board members for both organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

or 990-EZ.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
Alaska Rural Rehabilitation Corporation	92-0022244
Pt_VI-B, Line 12c Board members and staff regularly inform manage	ment and the
Pt VI-B, Line 12c President of the Board of potential issues as t	hey occur.
Pt_VI-B, Line 11A Form 990 is reviewed by management before filing	9
Pt VI-B, Line 15 The Board of Directors performs this function	-

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Alaska Rural Rehabilitation Corporation

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public Inspection

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Attach to Form 990. * See separate instructions.

Employer identification number 92-0022244

(F)
Direct controlling had (C) (Example Code section | Public charity status (B)
Primary activity art II one or more related tax-exempt organizations during the tax year.) (A) Name. address, and EIN of related organization

Name, address, and EIN of related organization	Frimary activity	Legal domicile (state or foreign country)	or foreign counity) Exempt Code Section Fugue Citatry Status (if section 501(c)(3))	(if section 501(c)(3))	entity
Alaska Farmland Trust Corporation 20-2860877 Agricultural conservation 248 E Dahlia, Palmer AK 99645	Agrıcultural conservation	AK		509(a)(2)	Alaska Rural Rehabilita

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA5001 02/05/10

Schedule R (Form 990) (2009)

Page 2

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92-0022244

Schedule R (Form 990) 2009 Alaska Rural Rehabilitation Corporation

92-0022244

Part III Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34

Part III heraise of had one or more related organizations treated as a partnership during the tax year.)

	(J) General or managing partner?	å					
		Yes			;	-	
	Code V-UBI amount in box 20 of Schedule	(Form 1065)					
	(H) Dispropor- tionate allocations?	Yes No	 	 _			
	Share of total income Share of end-of-year assets						:
because it had one or more related organizations treated as a partition and unity the tax year.	(F) Share of total income						
eu as a partificion	Predominant income (related, unrelated, excluded	sections 512-514)					
אווובשווסווא וובשו	(C) (D) Legal Direct domicile controlling entity (state or						
dated orgo		country)					
orie or more re	(B) Primary Activity						
pecause it had	(A) Name, address, and EIN of related organization		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cor	poration or Trust treated as a corp	(Complete or t	if the organiz	a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, bitions treated as a corporation or trust during the tax year.)	s' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal domicile (state or foreign conf	(D) Direct trolling entity	Type of entity (C corp, S corp, or trust)	(C)(D)(E)(F)(F)Legal domicile (state or foreign controlling entity country)Type of entity (C corp, S corp, or trust)Share of total income assets	(G) Share of end-of-year assets	(H) Percentage ownership
	<u> </u>						
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Page 3

92-0022244

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No	ŝ
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		\times
b Gift. grant. or capital contribution to other organization(s)		1 b		×
City are a created contribution from other arrestance)		10		×
Cat, griding or expension of the above and the second of t		7		×
d Loans of Ioan guarantees to or for our organization(s)		2	\dagger	: :
e Loans or loan guarantees by other organization(s)		ا ه	+	×
f Sale of assets to other organization(s)		11		×
		10		×
g raidiage of assets from one organization (s)		7		×
n Exchange of assets		;	\dagger	: :
i Lease of facilities, equipment, or other assets to other organization(s)		=	-	×
			•	
j Lease of facilities, equipment, or other assets from other organization(s)		: =		×
k Performance of services or membership or fundraising solicitations for other organization(s)		7		\times
1 Performance of services or membership or fundraising solicitations by other organization(s)		=	•	×
m Sharing of facilities, equipment, mailing lists, or other assets		-E	×	
n Sharing of paid employees		ָרָ	×	}
			!	
o Reimbursement paid to other organization for expenses		10		×
n Reimbursement haid by other organization for expenses		J.	×	
				,
a Other transfer of cash or property to other organization(s)		10		×
Chhor transfer of cash or property from other organization(s)		ĭ		×
2 If the answer to see the above is 'Ves' see the instructions for information on who mist complete this line including covered relationships and transaction thresholds	transaction thresholds		-	
If the answer to any of the above is les, see the histochous for	dansaciion difesilolas.			
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	nvolvec	-
(1) Alaska Farmland Trust Corporation	d'u	(',	34,283	[2
(2)				
(3)				
(4)	-			
(9)				
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Schedule R (Form 990) 2009 Alaska Rural Rehabilitation Corporation

Partivital Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

reveribe) that was not a related organization. See instructions regarding exclusion for certain investment partitions (D)	ing excidsion for ce	riain investiment parii	200	Q	é	(1	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section	Share of end-of-year assets	Dispropor-	Code V-UBI amount in box 20 of	General or	ral or
			501(c)(3) organizations		allocations?	Schedule K-1 Form (1065)	partr	Jer?
			Yes No		Yes No	,	Yes	N _o
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