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EXTENSION GRANTED TO 5/16/2011

Form **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)

2009

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

A	Fo	r the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010	
В		eck if olicable	Please use IRS	D Employer identif	cation number
		Address change	1 1		
Ī		Name change	type Doing Business As	92-0	035250
		Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/si		
L		Termin- ated Amende	Instruc- 805 AIRPORT WAY	(907	13,648,716.
Ľ	=	return Applica	City or town, state or country, and 23P + 4	G Gross receipts \$ H(a) Is this a group r	
_		tion pending		for affiliates?	Yes X No
				70 Н(ь) Are all affiliates in	
1			mpt status: X 501(c) (3) ◀ (insert no)		ı list. (see instructions)
			e: ▶ WWW.FRA-ALASKA.NET	H(c) Group exemption	
	Fo Par		organization: X Corporation	ear of formation: 196/[1	M State of legal domicile: AK
_	T		Briefly describe the organization's mission or most significant activities. FAIRBANK	S RESOURCE AG	ENCY IS A
	2		NON-PROFIT ALASKAN CORPORATION DEDICATED TO		
		2	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its net a	ssets.
Ì			lumber of voting members of the governing body (Part VI, line 1a)	3	14
	×		Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	בו		otal number of employees (Part V, line 2a) otal number of volunteers (estimate if necessary)	5	459 25
~			otal number of volunteers (estimate if necessary) otal gross unrelated business revenue from Part VIII, column (C), line 12	. 7a	0.
1107 E	₹		let unrelated business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
	2		Contributions and grants (Part VIII, line 1h)	2,660,770.	2,412,729.
	enema		Program service revenue (Part VIII, line 2g)	10,994,844.	11,141,848.
	2		nvestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	$\frac{1,302}{22,116}$.	2,244. 70,242.
ARE			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,679,032.	13,627,063.
S			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
C)			Benefits paid to or for members (Par IX), column (A), line 4)		
9	2		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,665,596.	10,940,022.
	Expenses	16a F	Professional Mndraismy rees (Part IX, column A), line 11e) otal fundraising expenses (Part IX, column A), line 25)		
, i	בא		otal fundralsing expenses (Part IX, column (1)), line 25) 20,212. Other expenses (Part IX, column (A), lines 10a 11d, 11f 24f)	3,004,001.	2,703,728.
	- 1	18	otal expenses. Add-lines 13-17 (must equal Part IX, column (A), line 25)	13,669,597.	
_	\perp		Revenue less expenses Subtract line 18 from line 12	9,435.	-16,687.
S OF	Balances			Beginning of Current Year	End of Year
sset	Bala		Total assets (Part X, line 16)	2,703,985.	2,355,668.
Vet A	ĔΙ		otal liabilities (Part X, line 26) Vet assets or fund balances. Subtract line 21 from line 20	1,607,442. 1,096,543.	1,275,812. 1,079,856.
Ī		t II	Signature Block	1,000,040.	1,075,030.
_			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowled	dge and belief, it is true, correct,
			2 . 42	_	11 - 1
	ign		Signature of officer	Data -	16-11
Н	ere	'	EMILY ENNIS, EXECUTIVE DIRECTOR	Date	
			Type or print name and title		
	aid		Preparer's Date Date Date	Check if Prepa (see if	rer's identifying number instructions)
_		rer's	signature Survey	employed 🕨 🔛	
	se C		vours if COOR & HAUGEBERG LLC	EIN ►	
			self-employed), address, and ZIP+4 119 NORTH CUSHMAN ST, SUITE 300 FAIRBANKS, ALASKA 99701	Phone no D	07-456-7762
_ M	lav	the IF	S discuss this return with the preparer shown above? (see instructions)	i Fritolie IIO.	Yes No
_		1 02-04		instructions.	Form 990 (2009)
		S	EE SCHEDULE O FOR ORGANIZATION MISSION STATE		
				916-16	1
				•	

932002 02-04-10 Form 990 (2009) FAIRBANKS RESOURCE AGENCY
Part IV Checklist of Required Schedules

1 Is the organization dissorbed in section 501(c)(3) or 4947(q)(1) (other than a private foundation)? 1 "Yes," complete Schedule on direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part If 4 Section 501(c)(3) organizations and indirect or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part If 5 Section 501(c)(3) organizations and indirect privates of the organizations is the organization behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part If 5 Section 501(c)(4), 501(c)(5), and 501(c)(5) organizations is the organization subject to the section 503(d) notice and reporting requirement and proxy tax /If "Yes," complete Schedule C, Part If 5 Did the organization meants any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part If 6 Did the organization reserves in the organization subject to the section 503(d) notice and reporting requirement and proxy tax /If "Yes," complete Schedule D, Part If 7 Did the organization reserves in the organization subject to the section 503(d) notice and reporting requirement and proxy tax /If "Yes," complete Schedule D, Part If 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not lead in Part X, or part X, If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for the part, or doth responsible Schedule D, Part V, VII, VIII, VII, VII, VII, VII, VII,				Yes	No
2 Is the organization required to complete Schedule B, Schedule C, Contributions? Dot 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 II Section SO1(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section SO1(c)(4), 501(c)(6), and 501(c)(6) organizations. Bit the organizations between the organization between the organization and in part of the organization and in 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, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV, IVI, IVI, IV, IV, IV, IV, IV, IV, I	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c		If "Yes," complete Schedule A	_1		
public office? **I **res**, **complete Schedule C, Part II ** Section 50 (1c)(3) organizations. Did the organization engage in lobbying activities? If **Yes**, *complete Schedule C, Part II ** Section 50 (1c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 5033(c) notice and reporting requirement and proxy tax* /*II **Yes**, *complete Schedule C, Part III ** 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 where donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the night to provide advice on the distribution or investment or funds in the provided advice on the distribution or investments by the section of the complete Schedule D, Part II ** Did the organization aminimal collections of works of art, Instinctal treasures, or other similar assets? If *Yes*, *complete Schedule D, Part IV ** Did the organization amanum to organization, hold assets in term, permanent, or quasi-endowments? If *Yes*, *complete Schedule D, Part IV ** Did the organization in export an amount for investments in the social assets reported in Part X, ine 16? If *Yes*, *complete Schedule D, Part VII.** Did the organization report an amount for investments in organization and the properties Schedule D, Part VII.** Did the organization report an amount for orbit labilities 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 X X.** Did the organization report an amount for orbit labilities in Part X, line 25? If *Yes*, *complete Schedule D, Part X X.** Did the organization rep	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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5 Section 501c()(4), 501c()(5), and 501c()(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, instancial treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," to complete Schedule D, Part VI 11 Is the organization report an amount for library in the organization report an amount for library in the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 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 VI 13 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 VI 14 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 XI 15 Did the organization report an amount for other liabilities in Part X, line 15? that is 5% or more of its total		public office? If "Yes," complete Schedule C, Part I	_3_		_X_
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11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 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 X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 17. If yes, line 18. If yes, line 18. If yes, line 19. If y		credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X	18				
complete Schedule G, Part III 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X			18		<u> X</u>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19				
	<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000	

Form 990 (2009) FAIRBANKS RESOURCE AGENCY

Part IV 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		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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ŀ		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
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		<u></u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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? 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			ŀ
	Schedule L, Part III .	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
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		<u>X</u> _
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	ļ	X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990 (2009)

Form 990 (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Page 6

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.

<u>Sec</u>	tion A. Governing Body and Management		-		
		_		Yes	No
1a	Enter the number of voting members of the governing body . 1a	14			
b	Enter the number of voting members that are independent	14			
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?	L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				ı
	of officers, directors or trustees, or key employees to a management company or other person?	L	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	Ļ	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	-	5		<u> </u>
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?	Ļ	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Ļ	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year]			
	by the following:				
а	The governing body?	-	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	-	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	1			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		- 1	1	
40.	December and the best best best because the same because of the base of the ba	Г		Yes	No
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	F	10a		<u>X</u>
U	and branches to ensure their operations are consistent with those of the organization?	- 1	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	-	•		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise				
_	to conflicts?		12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	ın Schedule O how this is done	. [12c	X	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		_14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	<u>X</u>	
b	Other officers or key employees of the organization	Ļ	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		<u> X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
800	exempt status with respect to such arrangements?		16b		
	List the states with which a copy of this Form 990 is required to be filed NONE				
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ava	ulabla f	or		
18	public inspection. Indicate how you make these available. Check all that apply.	ויפטופ ו	Ji		
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest poli	icv. an	d fina	ncıal	
	statements available to the public.	-,, will	101	····	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the org	anızatı	on. 🕨	•	
	FAIRBANKS RESOURCE AGENCY - (907) 456-8901				
	805 AIRPORT WAY, SUITE 1, FAIRBANKS, AK 99701				
			Form	990 (2009)

932006 02-04-10

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

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. 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 employee"

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A) Name and Title	(B) Average	ĺ,,	(C) Position (check all that apply)		(D) Reportable	(E) Reportable	(F) Estimated			
	hours per week	Individual trustee or director	netitutional trustee	all 1		Highest compensated de employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SARAH LEFEBVRE VICE PRESIDENT OPERATION	2.00	x		х				0.	0.	0.
JOE HAYES SECRETARY	2.00	x		х				0.	0.	0.
NANCY RUSSELL TREASURER	2.00	x		x		_	_	0.	0.	0.
MELISSA BIDWELL MEMBER	2.00	x						0.	0.	0.
CORY BORGESON MEMBER	2.00	x						0.	0.	0.
DIANA BURGESS MEMBER VAYLA COLONELL	2.00	х						0.	0.	0.
MEMBER GENA EDMISTON	2.00	x		-				0.	0.	0.
MEMBER MARIA MESSINA	2.00	x						0.	0.	0.
MEMBER ORAN PAUL	2.00	х					_	0.	0.	0.
MEMBER BECKI PHIPPS	2.00	x					_	0.	0.	0.
MEMBER JOANNE TREFETHEN	2.00	х						0.	0.	0.
INTERMEDIATE PAST PRESID JERI WIGDAHL	2.00	x	_	_	_	_		0.	0.	0.
MEMBER BOB HOOK	2.00	x						0.	0.	0.
PRESIDENT EMILY ENNIS	2.00	х		х			_	0.	0.	0.
EXECUTIVE DIRECTOR SHIRLEY REVEL	40.00	-		х	<u></u>	X		133,036.	0.	13,351.
FINANCE DIRECTOR	40.00	_		X				94,292.	0.	13,351.
		<u> </u>						<u> </u>		

932007 02-04-10

Form 990 (2009)

rt VII Section A. Officers, Directors, (A)	(B)	mplo	yee	s, aı (C		<u>ligh</u>	est (Compensated Employ (D)	ees (continued) (E)		(F)	
Name and title	Average hours	(cl	Position Reporta (check all that apply) compens					Reportable compensation	Reportable compensation	I -	stimate mount	of
	per week	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)			other npensa from th ganizat id relat janizati	ation ie tion ted
			-									
											<u>-</u>	
Total			!					227,328.	0	. 2	26,7	02
Total number of individuals (including b	ut not limited to th	hose	liste	d at	oove	e) wł	no re	ceived more than \$100	0,000 in reportable			
Did the organization list any former offiline 1a? If "Yes," complete Schedule J	cer, director or tru		e, key	em	plo	yee,	or h	ighest compensated er	mployee on	3	Yes	N
For any individual listed on line 1a, is the and related organizations greater than	e sum of reportab \$150,000? If "Yes	ole co ," co	mple	ete S	Sche	edule	e J fo	or such individual	_	4		3
Did any person listed on line 1a receive the organization? If "Yes," complete Sc				rom	any	/ unr	elate	ed organization for serv	ices rendered to	5		2
ction B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>p</i> 00						·				_
Complete this table for your five highes the organization NONE	t compensated in	depe	ende	nt c	onti	racto	ors th	nat received more than	\$100,000 of comper	nsation	from	
(A) Name and busir	ness address							(B) Description of s	services	Compe	C) ensatio	'n
		_										

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization								
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							
5	Did any person listed on line 1a receive or accrue compensation from any unr	elated organization for services rendered to						
	the organization? If "Yes," complete Schedule J for such person	· · · · · · · · · · · · · · · · · · ·	5	Х				
Se	tion B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractor	ors that received more than \$100,000 of cor	npensation fro	m				
	the organization NONE			_				
	(A) Name and business address	(B) Description of services	(C) Compens	ation				
				_				
								
_	Tatal accept on a formal and an anatomatom (maked an but not lemited to those in	ated above) who recoved more than						
2	Total number of independent contractors (including but not limited to those liss \$100,000 in compensation from the organization >	sted above, who received more than						
	4 100,000 in compensation from the organization		Form 9 9	(2009				
				- ,=550				

932009

900099

561000

11 a MISCELLANEOUS

All other revenue

Total. Add lines 11a-11d

ь HUD MANAGEMENT FEES

Total revenue. See instructions.

54,214.

29,491.

83,705. 13627063. 54,214

29,491

11225553

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

	Section 501(c)(3) All other organizations must comp		itions must complete al		(D)
	······································	(A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	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	Benefits paid to or for members				
5	Compensation of current officers, directors,	007 000		207 200	
	trustees, and key employees	227,328.		227,328.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	E 510 054	6 000 404	000 010	
7	Other salaries and wages	7,719,874.	6,908,424.	803,312.	8,138.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	2 002 222	2 625 424	252 004	0.005
9	Other employee benefits	2,992,820.	2,637,434.	353,021.	2,365.
10	Payroli taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):				
a	Management				
b	Legal				 -
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other .	00 074	42.700	2 724	0 505
12	Advertising and promotion	20,071.	13,700.	3,784.	2,587.
13	Office expenses				
14	Information technology				
15	Royalties	660 050	24.2 52.5	242 525	
16	Occupancy	662,253.	312,526.	349,727.	
17	Travel	107,704.	82,019.	25,685.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	177 (0)	170 000	7 547	
22	Depreciation, depletion, and amortization	177,606.	170,089.	7,517.	· · ·
23	Insurance				
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.) PROFESSIONAL SERVICES	301,990.	176,028.	119,784.	£ 170
a	SUPPLIES	279,846.	229,280.	49,622.	6,178. 944.
b	INDIRECT COSTS		272,480.	43,022.	944.
C	OTHER COSTS	272,480. 171,678.	171,678.		
d	EQUIPMENT RENTAL AND MA	161,496.	110,160.	51,336.	
e •		548,604.	388,746.	159,858.	
f oe	All other expenses Total functional expenses. Add lines 1 through 24f	13,643,750.		2,150,974.	20,212.
<u>25</u>	Joint costs. Check here	10,040,100.	11,314,304.	<u> </u>	4V,414.
26	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	coocational campaign and fullulaising solicitation	L	·		7 000

932010 02-04-10

Pai	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	240,435.	1	74,850.
	2	Savings and temporary cash investments	148,584.	2	56,044.
	3	Pledges and grants receivable, net	221,207.	3	155,481.
	4	Accounts receivable, net	1,170,290.	4	1,198,918.
	5	Receivables from current and former officers, directors, trustees, key	<u> </u>		
		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	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	340,527.	9	409,622.
		Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 1,970,223.			
	ь	Less: accumulated depreciation 10b 1,554,776.	533,640.	10c	415,447.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	49,302.	15	45,306.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,703,985.	16	2,355,668.
	17	Accounts payable and accrued expenses	828,887.	17	971,011.
	18	Grants payable	•	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abil		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	778,555.	23	304,801.
	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	1,607,442.	26	1,275,812.
		Organizations that follow SFAS 117, check here X and complete			
S		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	704,684.	27	732,143.
ala	28	Temporanly restricted net assets	391,859.	28	347,713.
9	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here			
P		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
155(31	Paid in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,096,543.	33	1,079,856.
	34	Total liabilities and net assets/fund balances	2,703,985.	34	2,355,668.

Form **990** (2009)

			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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 on a	1		
	consolidated basis, separate basis, or both.			
	X Separate basis Consolidated basis Both consolidated and separate basis		ľ	
За	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	3b		

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.

2009

Open to Public Inspection

Name of the organization

Employer identification number

Part I	Reason		ity Status (All organiz			te this part) See inst	tructions		2-0035250
	•		because it is: (For lines 1							
1	· ·		s, or association of churc			ection 170	(D)(1)(A)(I)).		
2			0(b)(1)(A)(ii). (Attach Sc			470(1.1/4)	A \ /***			
3 ├			tal service organization of					/L\/4\/ A\/:	°	h - h 4 - 1/2
4 📖		_	operated in conjunction	with a nos	pital desci	ibea in se	ction 170	(D)(1)(A)(II	ı). Enter t	ne nospitai s name,
	city, and stat	-				4 4				
5 📖	_	•	benefit of a college or ur	niversity o	wnea or op	perated by	a governi	mentai uni	t describe	ea in
		(b)(1)(A)(iv). (Comple								
6		•	ent or governmental und							
7 LX			eives a substantial part o	of its supp	ort from a	governme	ntal unit c	or from the	general p	oublic described in
		(b)(1)(A)(vi). (Comple								
8 📙			ection 170(b)(1)(A)(vi). (
9 📖	_	=	eives (1) more than 33 1							
			nctions - subject to certa							=
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	inization a	after June 30, 1975.
	See section	509(a)(2). (Complete	Part III.)							
10	_		perated exclusively to tes		-			•		
11 📖	An organizat	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fur	ictions of,	or to carr	y out the	purposes of one or
			ations described in section). See se c	ction 509(a)(3). Che	eck the box that
	describes the	e type of supporti <u>ng</u>	organization and comple	ete lines 1	1e through	11h.				•
	a L Type	I Ь∟	_l Type II d	Тур	e III - Func	tionally int	egrated		d	Type III - Other
e	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	persons other than
	foundation m	nanagers and other the	han one or more publicly	y supporte	ed organiza	ations desc	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III		
	supporting o	rganization, check th	ns box							
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?	
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	escribed	ın (ıi) and (ιιί) below,	Yes No
	the gov	erning body of the su	upported organization?						•	11g(i)
	(ii) A family	member of a persor	n described in (i) above?						•	11g(ii)
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abov	e?					11g(iii)
h	Provide the f	ollowing information	about the supported org	ganızatıon	(s).					
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the	organization	(v) Did you	notify the	(vi) ls		(vii) Amount of
	anization	(,	organization (described on lines 1-9		sted in your			organization (i) organiz	ed in the	support
·			above or IRC section	governing	document?	(i) of your	support?	\`` ~ U.S	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
						_				
								<u> </u>	<u> </u>	
_										
	-									
					1				1 1	
				<u> </u>				-		<u> </u>
Total										
	.	· · · · · · · · · · · · · · · · · · ·	etion Act Matica, see th		A			0-1	· • / = · · · ·	n 000 or 000 E7\ 0000

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 FAIRBANKS RESOURCE AGENCY 92-0035250 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008(f) Total (b) 2006 (e) 2009 1 Gifts, grants, contributions, and membership fees received (Do not 2504646. 2380037. 2508561. 2660770. 2412729.12466743. include any "unusual grants.") 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 2412729.12466743. 2504646. 2380037. 2508561. 2660770. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 12466743. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2504646. 2380037. 2508561 2660770 2412729.12466743. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,729 1,613 1,642 1,302 2,244 8,530. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 49,227. 76.867. 55,298. 22,116. 29.491. 232,999. assets (Explain in Part IV) 12708272. 11 Total support. Add lines 7 through 10 53,753,876. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage									
14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.10 %							
15 Public support percentage from 2008 Schedule A, Part II, line 14	. 15	97.99 %							
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is	33 1/3% or more, check the	nis box and							
stop here. The organization qualifies as a publicly supported organization		▶ \							
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 1	5 is 33 1/3% or more, che	eck this box							
and stop here. The organization qualifies as a publicly supported organization		. ▶□							
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 1	16a, or 16b, and line 14 is	10% or more,							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here.	Explain in Part IV how the	organization							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	anızatıon	ightharpoonup							

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

Pa	irt III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	If you checked the bo	ox on line 9 of Part I
Sec	ction A. Public Support		-				
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006_	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			1			
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf		:				
5	The value of services or facilities			-			
Ī	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received				· <u>-</u>		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b		<u> </u>				
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support					·	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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				1		
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is						-
12	regularly carried on Other income. Do not include gain or loss from the sale of capital					-	
	assets (Explain in Part IV)		-		ļ-		
	Total support (Add lines 9, 10c, 11, and 12)	L	L	İ			
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
_	check this box and stop here			<u> </u>	<u> </u>		<u> </u>
_	ction C. Computation of Publ						
15	Public support percentage for 2009 (line 8, column (f) o	livided by line 13,	column (f))		15	%
16	1, 1,					16	9
<u>Se</u>	ction D. Computation of Inve	stment incom	e Percentage	•			
17	Investment income percentage for 20	009 (line 10c, colu	mn (f) dıvided by l	ine 13, column (f))	•	17	9
18						18	9
198	a 33 1/3% support tests - 2009. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	-	•	•	•		▶□
t	o 33 1/3% support tests - 2008. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualıfies	as a publicly supp	orted organization	▶
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a. or 19b. check t	his box and see in	structions	▶

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 	tions Complete Part III.			
Name of organization			Empl	oyer identification number
	KS RESOURCE AGEN			92-0035250
Part I-A Complete if the org	ganization is exempt und	er section 501(c	or is a section 527 or	rganization.
1 Provide a description of the organiz2 Political expenditures3 Volunteer hours	zation's direct and indirect politic	al campaign activities		
Part I-B Complete if the org	ganization is exempt und	er section 501(c		
1 Enter the amount of any excise tax	incurred by the organization und	ler section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 . ▶\$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?	•			☐ Yes ☐ No
b If "Yes," describe in Part IV				1/0)
Part I-C Complete if the org	ganization is exempt und	er section 501(c), except section 501(c)(3).
1 Enter the amount directly expended2 Enter the amount of the filing organismexempt function activities				
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-PO	L,	
line 17b			▶\$	
4 Did the filing organization file Form				Yes No
5 Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC). If additional space is needed	the amount paid from the filing or ivered to a separate political orga	rganızatıon's funds A	lso enter the amount of politi	ical contributions received
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Privacy Act and Paperwork Reduc	ction Act Notice, see the Instru	ctions for Form 990	or 990-EZ. Schedule C	(Form 990 or 990-EZ) 2009

932041 02-04-10

LHA

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the org	FAIRBANKS panization is exer	RESOURCE AC	GENCY on 501(c)(3) and file	92-0 ed Form 5768	0035250 Page 2
(election under sec	tion 501(h)).				
A Check ► if the filing organiza	tion belongs to an affil	lated group.			
B Check 🕨 🔲 if the filing organiza	tion checked box A ar	nd "limited control" pr	ovisions apply		
	ts on Lobbying Exper ditures" means amou		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (grass roots lobbying)	_		
b Total lobbying expenditures to infli					
c Total lobbying expenditures (add li	•	, , , , ,			
d Other exempt purpose expenditure	=	•			
e Total exempt purpose expenditure))			
f Lobbying nontaxable amount Ente	· ·	• •	th columns.		
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable an	nount is:		
Not over \$500,000	· ·	the amount on line 16	11		
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the ex	cess over \$500,000		!
Over \$1,000,000 but not over \$1,5		_	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,		0 plus 5% of the exc			
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (er	iter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero	o or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	ations that made a s	• •	n do not have to comp		
CC			es 2a through 2f on pa	ge 4.) 	
	Lobbying Exper	naitures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount		:			
 b Lobbying ceiling amount 					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	:				
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures			<u> </u>		1

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 FAIRBANKS RESOURCE AGENCY 92-0035250 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

			(a	a)	(b)
			Yes	No	Am	ount
1 During the year,	id the filing organization attempt to influence	foreign, national, state or				
local legislation, i	ncluding any attempt to influence public opin	iion on a legislative matter				
or referendum, th	rough the use of					
a Volunteers?				X		
b Paid staff or man	agement (include compensation in expenses	reported on lines 1c through 1i)?		Х		
c Media advertiser	nents?			X		
d Mailings to mem	ers, legislators, or the public?			Х		
e Publications, or p	ublished or broadcast statements?			X		
f Grants to other of	rganizations for lobbying purposes?			X		
g Direct contact wi	h legislators, their staffs, government official	s, or a legislative body?		Х		
h Rallies, demonst	ations, seminars, conventions, speeches, led	tures, or any similar means?		X		
	f "Yes," describe in Part IV		X		,	5,000
j Total. Add lines 1	c through 1ı					5,000
2a Did the activities	in line 1 cause the organization to be not des	scribed in section 501(c)(3)?	-	Х		
	amount of any tax incurred under section 4					
	amount of any tax incurred by organization				•	
	zation incurred a section 4912 tax, did it file l	-				
	lete if the organization is exempt		ion 501(c)	(5), or se	ction	
001(0)	(0).			····	Yes	No
4 More substantial	v all (00% or more) dues received pondedue	tible by members?		1 4 1		
	y all (90% or more) dues received nondeduc	-		1		
2 Did the organizate 3 Did the organizate Part III-B Comp	on make only in house lobbying expenditure on agree to carryover lobbying and political lete if the organization is exempt	s of \$2,000 or less? expenditures from the prior year? under section 501(c)(4), sect				1
2 Did the organizat 3 Did the organizat Part III-B Comp 501(c) "Yes."	on make only in-house lobbying expenditure on agree to carryover lobbying and political lete if the organization is exempt (6) if BOTH Part III-A, lines 1 and 2	s of \$2,000 or less? expenditures from the prior year? under section 501(c)(4), sect		3 (5), or se ne 3 is aı		j
2 Did the organizat 3 Did the organizat Part III-B Comp 501(c) "Yes." 1 Dues, assessme	on make only in-house lobbying expenditure on agree to carryover lobbying and political lete if the organization is exempt (6) if BOTH Part III-A, lines 1 and 2 atts and similar amounts from members	s of \$2,000 or less? expenditures from the prior year? under section 501(c)(4), sect 2 are answered "No" OR if Pa	art III-A, li	(5), or se		3
2 Did the organizat 3 Did the organizat Part III-B Comp 501(c) "Yes." 1 Dues, assessme 2 Section 162(e) no	on make only in-house lobbying expenditure on agree to carryover lobbying and political lete if the organization is exempt (6) if BOTH Part III-A, lines 1 and 2 atts and similar amounts from members and eductible lobbying and political expenditure.	s of \$2,000 or less? expenditures from the prior year? under section 501(c)(4), sect 2 are answered "No" OR if Pa	art III-A, li	3 (5), or se ne 3 is aı		j
2 Did the organizat 3 Did the organizat 2 art III-B Comp 501(c) "Yes." 1 Dues, assessme 2 Section 162(e) no expenses for will	on make only in-house lobbying expenditure on agree to carryover lobbying and political lete if the organization is exempt (6) if BOTH Part III-A, lines 1 and 2 atts and similar amounts from members	s of \$2,000 or less? expenditures from the prior year? under section 501(c)(4), sect 2 are answered "No" OR if Pa	art III-A, li	3 (5), or se ne 3 is au		3
2 Did the organizat 3 Did the organizat 2 art III-B Comp 501(c) "Yes." 1 Dues, assessme 2 Section 162(e) no expenses for will a Current year	on make only in-house lobbying expenditure on agree to carryover lobbying and political elete if the organization is exempt (6) if BOTH Part III-A, lines 1 and 2 and similar amounts from members and eductible lobbying and political expendituich the section 527(f) tax was paid).	s of \$2,000 or less? expenditures from the prior year? under section 501(c)(4), sect 2 are answered "No" OR if Pa	art III-A, li	(5), or se ne 3 is au		1
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Schedule C (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

FAIRBANKS RESOURCE AGENCY

Employer identification number 92-0035250

Par	t I	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		- · · · - · · · · · · · · · · · · · · ·
2	Aggre	egate contributions to (during year)		
3	Aggre	egate grants from (during year)		
4	Aggre	egate value at end of year		
5		ne organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
		e organization's property, subject to the organization's		Yes No
6		ne organization inform all grantees, donors, and donor a		e used only
		aritable purposes and not for the benefit of the donor of		
		missible private benefit?	, , , , ,	Yes No
Pai		Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	
1	Purpo	ose(s) of conservation easements held by the organization	• •	
		Preservation of land for public use (e.g., recreation or p		storically important land area
		Protection of natural habitat		tified historic structure
		Preservation of open space		
2		Diete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
		f the tax year.		
	•	,		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
C		per of conservation easements on a certified historic str	ucture included in (a)	2c
d		per of conservation easements included in (c) acquired	• •	2d
3		per of conservation easements modified, transferred, re		ie organization during the tax
	year	>		
4	Numb	per of states where property subject to conservation ea	sement is located >	
5	Does	the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violat	ions, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amou	int of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does	each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ıı)?		☐ Yes ☐ No
9	In Pa	rt XIV, describe how the organization reports conservat	on easements in its revenue and expens	e statement, and balance sheet, and
	ınclud	de, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conse	ervation easements.		
Pa	rt III	Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the	organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	palance sheet works of art, historical
	treas	ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the fo	otnote to its financial statements that describes these	items	
b	if the	organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or oth	ner similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the following amounts relating to
	these	items:		
	(i) P	levenues included in Form 990, Part VIII, line 1		. • \$
	(ii) A	ssets included in Form 990, Part X		> \$
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for financi	
	the fo	ollowing amounts required to be reported under SFAS 1	16 relating to these items:	
а	Reve	nues included in Form 990, Part VIII, line 1		> \$
b	Asse	ts included in Form 990, Part X	•	> \$

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

1. (a) Description of liability	(b) Amount
Federal income taxes	
	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	>

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

932053 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Financial derivatives Closely-held equity interests

Other

(a) Description of security or category

(including name of security)

(a) Description of investment type

	dule D (Form 990) 2009	FAIRBANKS RESOURCE	AGENCY			<u>92-0</u>	035250	Page 4
Pai	rt XI Reconciliation	of Change in Net Assets from F	orm 990 to A	Nudited Finar	ncial State	ments	S	
1	Total revenue (Form 990, Pa	art VIII, column (A), line 12)			1		13,627	063.
2	Total expenses (Form 990, I		•		2		13,643	
3		ar. Subtract line 2 from line 1			3			687.
4	Net unrealized gains (losses		•		4			
5	Donated services and use of				5			
6	Investment expenses				6			
7	Pnor penod adjustments	•			7			
8	Other (Describe in Part XIV)	•			8		<u> </u>	
9	Total adjustments (net). Add			• •• •	9			0.
		ar per audited financial statements Com	 hina lines 3 and 6	۵	10	-	-16	687.
10 Par	rt XII Reconciliation	of Revenue per Audited Financi	al Statemen	ts With Reve		eturn		,007.
<u> </u>		her support per audited financial stateme				1	13,648	716
1		but not on Form 990, Part VIII, line 12:	:1115			' 	13,040	, , , , , , ,
2			1	2a				
a	Net unrealized gains on inve	**	ŀ	2b				
D	Donated services and use of	• • • •	-			1		
C.	Recoveries of prior year gra		-	2c		1		
a	Other (Describe in Part XIV)	· · ·	Ļ	2d		_		^
е	Add lines 2a through 2d					2e	13,648	716
3	Subtract line 2e from line 1			•	•	3	13,040	/10.
4		990, Part VIII, line 12, but not on line 1:	1	. 1				
а	•	cluded on Form 990, Part VIII, line 7b		4a	21 (52	1		
b	Other (Describe in Part XIV.)	•	1	4b - 2	<u>21,653.</u>		21	CE 2
C	Add lines 4a and 4b					4c		<u>. 653.</u>
5	Total revenue. Add lines 3 a	and 4c. (This must equal Form 990, Part I,	line 12)	nto Mills Eve		Dotum	13,627	,063.
Pa		of Expenses per Audited Finance		nts with Exp	enses per	netui		400
1		per audited financial statements			•	 1	13,665	,403.
2		but not on Form 990, Part IX, line 25:	ı	_ 1				
а	Donated services and use of	if facilities						
þ	Prior year adjustments	•		2b		1		
С	Other losses	•	}	2c	11 (52			
d	· ·)	Į	2d 2	21,653.		0.4	650
е	•	• •				2e		<u>.653.</u>
3	Subtract line 2e from line 1	•			•	3	13,643	,750.
4		990, Part IX, line 25, but not on line 1:	ı	1		l I		
	· ·	cluded on Form 990, Part VIII, line 7b	}	4a		<u> </u>		
	Other (Describe in Part XIV.)		. [4b]		_
C	Add lines 4a and 4b		•			4c		0.
5		and 4c. (This must equal Form 990, Part	I, line 18)	· _	•	5	13,643	<u>.750.</u>
	rt XIV Supplemental I							
Com	plete this part to provide the	descriptions required for Part II, lines 3, 5	, and 9, Part III,	lines 1a and 4; P	art IV, lines 1	b and 2	b; Part V, line	4; Part
X, lın	e 2, Part XI, line 8, Part XII, lir	nes 2d and 4b; and Part XIII, lines 2d and	4b. Also comple	ete this part to pr	ovide any ad	ditional	information.	
								
PA.	RT XII, LINE 41	<u> - OTHER ADJUSTMENTS</u>	:					
			D)1000	01650				
F'U	NDRAISING PROJE	ECTS SHOWN NET OF EXP	ENSES: -	21653.				
						-		
ואמ	om vitt fine '	D _ OMUPD ADTICOMENO	c.					
PA.	RT XIII, LINE 2	<u> 2D - OTHER ADJUSTMENT</u>	<u></u>					
пы	NDRATSING PROJE	ECTS SHOWN NET OF EXP	ENSES: 2	1653.				
_ 0.		with the Va Will						
						•		
_								
						Sched	ule D (Form 9	90) 2009

932054 02-01-10

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FAIRBANKS RESOURCE AGENCY

Employer identification number 92-0035250

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALASKANS WITH DISABILITIES AND THEIR FAMILIES HAVE EQUAL OPPORTUNITY TO
BE FULLY INCLUDED IN THE COMMUNITY, WHERE EDUCATION, EMPLOYMENT,
HOUSING, RECREATION AND FAMILY SERVICES ARE AVAILABLE IN THE SAME
PLACES, AT THE SAME TIMES AND WITH THE SAME RESPECT AFFORDED ANY MEMBER
OF THE COMMUNITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVICES ARE AVAILABLE IN THE SAME PLACES, AT THE SAME TIMES AND WITH
THE SAME RESPECT AFFORDED ANY MEMBER OF THE COMMUNITY.
FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE INDIVIDUALS AND
BUSINESSES WITHIN THE FAIRBANKS COMMUNITY WHO PAY DUES.
FORM 990, PART VI, SECTION A, LINE 7A: FAIRBANKS RESOURCE AGENCY HAS A 14
MEMBER BOARD OF DIRECTORS WHICH ARE ELECTED BY THE GENERAL MEMBERSHIP TO A
THREE YEAR TERM OF OFFICE. TERMS ARE STAGGERED, AND FIVE BOARD MEMBERS ARE
ELECTED ANNUALLY AT THE GENERAL MEMBERSHIP MEETING. SHOULD A DIRECTOR
POSITION BECOME VACANT DURING THE YEAR THE BOARD CAN APPOINT A NEW DIRECTOR
UNTIL THE END OF THE YEAR, AT WHICH TIME THE APPOINTED DIRECTOR, OR ANOTHER
PERSON, IS ELECTED TO COMPLETE THE REMAINDER OF THE 3-YEAR TERM.
FORM 990, PART VI, SECTION A, LINE 7B: FAIRBANKS RESOURCE AGENCY MEMBERS
ARE RESPONSIBILE FOR APPROVING CHANGES TO THE ORGANIZATION'S ARTICLES OF
INCORPORATION AND BY-LAWS. THE BOARD OF DIRECTORS MAKES A RECOMMENDATION TO
THE GENERAL MEMBERSHIP AT THE ANNUAL GENERAL MEMBERSHIP MEETING, OR AT A

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

932211 02-03-10 Schedule O (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FAIRBANKS RESOURCE AGENCY

Employer identification number 92-0035250

SPECIAL MEETING OF THE MEMBERSHIP. WRITTEN NOTIFICATION OF A SPECIAL

MEETING IS PROVIDED TO THE GENERAL MEMBERSHIP AS MANDATED BY THE

ORGANIZATION'S BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11: FAIRBANKS RESOURCE AGENCY'S FINANCE
DIRECTOR AND BOARD BUDGET AND FINANCE COMMITTEE REVIEW THE FORM 990 WHICH
IS COMPLETED BY AN EXPERIENCED ACCOUNTING FIRM.

FORM 990, PART VI, SECTION B, LINE 12C: AT NEW BOARD MEMBER ORIENTATION

THE AGENCY'S CONFLICT OF INTEREST POLICY IS REVIEWED AND A COPY OF THE

CONFLICT OF INTEREST IS PROVIDED. ONCE ANNUALLY, THE CONFLICT OF INTEREST

POLICY AND A CONFLICT OF INTEREST DECLARATION FORM IS REVIEWED AND

COMPLETED BY ALL BOARD MEMBERS. A COPY OF THE COMPLETED FORM IS KEPT ON

FILE. BOARD MEMBERS DECLARE A CONFLICT OF INTEREST AT ANY BOARD MEETING

WHERE A CONFLICT IS PRESENT. THE BOARD MEMBER ABSTAINS FROM VOTING ON ANY

ACTION RELATED TO THE CONFLICT. MINUTES OF THE BOARD OF DIRECTORS REFLECT

THE CONFLICT DECLARATION AND THE ABSTENTION FROM ANY MOTION. AT NEW

EMPLOYEE ORIENTATION THE AGENCY'S CONFLICT OF INTEREST POLICY IS REVIEWED

AND A COPY OF CONFLICT OF INTEREST POLICY IS PROVIDED. AN ACKNOWLEDGEMENT

IS COMPLETED BY THE EMPLOYEE UPON HIRE. THE FORM IS KEPT IN THE EMPLOYEE'S

PERSONNEL FILE.

FORM 990, PART VI, SECTION B, LINE 15: DATA REGARDING APPROPRIATE

COMPENSATION FOR NON-PROFIT EXECUTIVE DIRECTORS WITHIN THE STATE ARE

SURVEYED AND REVIEWED BY THE BOARD OF DIRECTORS. INDEPENDENT LEGAL COUNSEL

WAS SOUGHT TO REVIEW THE LAST INCREASE PROPOSED.

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

Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** FAIRBANKS RESOURCE AGENCY 92-0035250 CURRENT STATEWIDE AND LOCAL WAGE/SALARY SURVEYS ARE REVIEWED BY THE BOARD OF DIRECTORS, EXECUTIVE DIRECTOR AND HUMAN RESOURCES DIRECTOR. RECOMMENDED CHANGES ARE APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: FAIRBANKS RESOURCE AGENCY WILL HONOR REQUEST SPECIFIC TO THE DOCUMENT, ALL OF WHICH ARE LOCATED AT THE MAIN ADMINISTRATIVE OFFICES. 990 PART XI, LINE 2 THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS DURING THE FY2010.

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

Schedule O (Form 990) 2009

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SCHEDULE R
(Form 990)
Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

2009 Open to Public Inspection

➤ Attach to Form 990. ► See separate instructions.

Employer identification number 92-0035250

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part

FAIRBANKS RESOURCE AGENCY

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		-				
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ons (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	t had one or more re	slated tax-exempt

Direct controlling entity status (if section Public charity 501(c)(3)) INE 7 INE 7 Exempt Code 501 (C) (3) section 501 (C) (2) 501 (C) (3) ছ Legal domicile (state or foreign country) ALASKA ALASKA ALASKA TO HOLD TITLE TO AND MANAGE PAIRBANKS RESOURCE AGENCY. PERSONS WITH DISABILITIES PERSONS WITH DISABILITIES HOUSING FOR LOW INCOME HOUSING FOR LOW INCOME TO PROVIDE SUPPORTIVE TO PROVIDE SUPPORTIVE TO PROVIDE SUPPORTIVE Primary activity PROPERTY RENTED TO MARY A, NORDALE HOUSE FOUNDATION - 91-1791912 JOHN L. NOYES HOUSE FOUNDATION - 92-0162883 92-0083481, 805 AIRPORT WAY, SUITE 1 92-0165509, 805 AIRPORT WAY, SUITE 1 FAIRBANKS REHABILIATION FOUNDATION IVAN V. FOSHEIM HOUSE FOUNDATION Name, address, and EIN of related organization 805 AIRPORT WAY, SUITE 1 FAIRBANKS, AK 99701 FAIRBANKS, AK 99701 FAIRBANKS, AK 99701

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

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Schedule R (Form 990) 2009

LINE

501 (C) (3)

ALASKA

PERSONS WITH DISABILITIES

HOUSING FOR LOW INCOME

805 AIRPORT WAY, SUITE 1

FAIRBANKS, AK 99701

92-0035250 FAIRBANKS RESOURCE AGENCY

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Schedule R (Form 990) 2009

(a)	(a)	9	(p)	(e)		((6)	£	(9)	9
Name, address, and EIN of related organization	ctivity	Legal domicile (state or foreign country)	Direct e	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total endincome	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
							,			
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ooration or '	Trust (Complete if t	he organization	answered "Yes'	to Form 990, P	art IV, line 34	because it	had one or more	related
(a) Name, address, and EIN of related organization	Z.c	P. P.	(b) Primary activity	(c) Legal domicile Dir (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total p, income		(g) Share of Poend-of-year of assets	(h) Percentage ownership
		- - - - - - - - - - 						· -····		
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Schedule R (Form 990) 2009 FAIRBANKS RESOURCE AGENCY

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- 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) annurties (iii) royalties or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
 - e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- 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)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
 - n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

Q

(0)	Amount involved	
(<u>a</u>)	Transaction	type (a-r)
(a)	Name of other organization(s)	

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(1) FAIRBANKS REHABILITATION FOUNDATION	D	534,780.
(2) JOHN L. NOYES HOUSE FOUNDATION	Ж	4,312.
(3) MARY A. NORDALE HOUSE FOUNDATION	×	4,200.
(4) IVAN V. FOSHEIM HOUSE FOUNDATION	Ж	5,443.
(5) JACK & VIRGINIA WRIGHT APARTMENT FOUNDATION	×	7,482.
(6) JOHN L. TURNER HOUSE FOUNDATION	×	4,044.

Page 4

Schedule R (Form 990) 2009 FAIRBANKS RESOURCE AGENCY

Part VI Unrelated Organizations Taxable as a Partnership (Complete if 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 assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)		<u></u>	(e)		(6)	
Name, address, and EIN	Primary activity		Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or foreign country)	organizations?	year assets		of Schedule K-1 (Form 1065)	1
							_
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Schedule R (Form 990) 2009

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Schedule R-1 (Form 990) 2009 FAIRBANKS RESOURCE AGENCY

Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations				
(a)	(q)	(၁)	(P)	(a)	(J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public chanty status (if section 501(c)(3))	Direct controlling entity
JACK & VIRGINIA WRIGHT APARTMENT FOUNDATION - 92-0170938, 805 AIRPORT WAY, SUITE 1,	TO PROVIDE SUPPORTIVE HOUSING FOR LOW INCOME PERSONS WITH DISABILITIES	K XX XX	501 (C) (3)	LINE 7	Ψ/k
انخاسا	1 1 1.	TK NOW N	501 (7) (3)		V / N
MARY BETH HAFELE HOUSE FOUNDATION - 20-0722803, 805 AIRPORT WAY, SUITE 1,	TO PROVIDE SUPPORTIVE HOUSING FOR LOW INCOME	ALASKA	501 (C) (3)		4/X
	.				
		2.5			Schedule R-1 (Form 990) 2009

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Schedule R-1 (Form 990) 2009 FAIRBANKS RESOURCE AGENCY	Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)	
edule R-1 (Form 990) 2009 F.	rt V Continuation of Transa	
Sch	Pa	

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) MARYBETH HAFELE HOUSE FOUNDATION	×	4,010.
(8) FAIRBANKS REHABILITATION FOUNDATION	团	300,000.
(9) FAIRBANKS REHABILITATION FOUNDATION	ບ	148,596.
(10) FAIRBANKS REHABILITATION FOUNDATION	Ω	45,306.
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		
	Schedu	Schedule R-1 (Form 990) 2009

8868 m

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

птопп	i novonoo	0017/00			
			nth Extension, complete only Part I and check this bo		
			Automatic) 3-Month Extension, complete only Part II		
Par			Iready been granted an automatic 3-month extension on a usion of Time. Only submit original (no copies ne		iled Form 6006.
				•	
	rporation .		and requesting an automatic 6-month extension—chec	k this box	and complete ▶ □
		porations (including 1120-C facome tax returns.	ilers), partnerships, REMICs, and trusts must use Form	7004 to re	quest an extension of
one elect retur	of the r ronically ns, or a	eturns noted below (6 month off (1) you want the additional composite or consolidated Fol	an electronically file Form 8868 if you want a 3-month a is for a corporation required to file Form 990-T). Howelf (not automatic) 3-month extension or (2) you file Form 990-T. Instead, you must submit the fully completed a ling of this form, visit www.irs.gov/efile and click on e-file	ever, you c ns 990-BL, and signed p	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form
Type print		Name of Exempt Organization Fairbanks Resource A	agency	Employer 92-0035	Identification number
File by			uite no. If a P.O. box, see instructions.	102 0000	,200
due da filing y	ate for our		g LLC, 119 N Cushman Street, Suite 300		
return. Instruc	. See	City, town or post office, state, Fairbanks, AK 99701	and ZIP code. For a foreign address, see instructions.		
Chec	k type		eparate application for each return):		
	orm 99		Form 990-T (corporation)		Form 4720
	orm 99		Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227
☐ F	orm 99		Form 990-T (trust other than above)		Form 6069
□ F	orm 99	_	- ' '		Form 8870
• If t	he orga his is fo	r a Group Return, enter the o	ice or place of business in the United States, check this rganization's four digit Group Exemption Number (GEN)	s box .	▶ □ If this is
for th	e whole	group, check this box	▶ ☐ . If it is for part of the group, check this box bers the extension will cover.	.	and attach
	until for the		(6 months for a corporation required to file Footifile the exempt organization return for the organization July 1 , 20 09 , and ending July 1		ove. The extension is
2	If this t	x year is for less than 12 mo	nths, check reason: 🔲 Initial return 🔲 Final return l	☐ Change	in accounting period
		pplication is for Form 990-Bl	_, 990-PF, 990-T, 4720, or 6069, enter the tentative tal	х,	s nla
			or 990-T, enter any refundable credits and estimated ta		1
		•	ar overpayment allowed as a credit.	3b	s na
	deposit		ne 3a. Include your payment with this form, or, if required uired, by using EFTPS (Electronic Federal Tax Payment		s nla
		ou are going to make an elect	ronic fund withdrawal with this Form 8868, see Form 84	53-EO and	Form 8879-EO
For P	rivacy A	et and Pagerwork Reduction Ar	et Notice see Instructions		2868 (Bay 4-2000)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions

FILE COPY

Form **8868** (Rev. 4-2009) 3125



un 8888 (K	BV. 1-2011)				Page
Note. Only	filing for an Additional (Not Automatic) 3-M complete Part II if you have already been grafiling for an Automatic 3-Month Extension,	nted an aut	omatic 3-month extension on a pre		► D 68.
Part II	Additional (Not Automatic) 3-Month E			no copies needed).	
Туре ог	Name of exempt organization			Employer identification	n number
print	Fairbanks Resource Agency			92-0035250	
File by the	Number, street, and room or suite no. If a P.O. b	ox. see instru	ictions.	102 0000200	
extended due date for	c/o Cook & Haugeberg LLC, 119	•			
filing your	City, town or post office, state, and ZIP code. For				
return. See instructions.	Fairbanks, AK 99701				
Enter the R	eturn code for the return that this application i	s for (file a	separate application for each retur	n)	01
Application	on .	Return	Application		Return
is For		Code	ls For		Code
Form 990		01	100		
Form 990-	BL	02	Form 1041-A		08
Form 990-	EZ	03	Form 4720		09
Form 990-	PF	04	Form 5227		10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	T (trust other than above)	06	Form 8870		12
STOP! Do r	not complete Part II if you were not already gr	anted an au	itomatic 3-month extension on a p	reviously filed Form 8	3868.
· The books	are in the care of ▶ Fairbanks Resour	ce Agen	су		
Telephone	e No. ▶	FAX	No. ▶		
 If the orga 	nization does not have an office or place of bu	usiness in ti	ne United States, check this box		. ▶□
	or a Group Return, enter the organization's fou			If thi	s is
for the whol	le group, check this box \cdot . $$ $$ $$ $$ $$ $$ If	it is for part	of the group, check this box .	> 🗀 and att	ach a
list with the	names and EINs of all members the extension	n is for.			
	juest an additional 3-month extension of time		May 16	20 <u>11 </u>	
	calendar year, or other tax year beginni		uly 1 , 20 09 , and endin	g <u>June 30</u>	, 20 <u>10</u>
□c	e tax year entered in line 5 is for less than 12 i hange in accounting period			☐ Final return	
7 State	e in detail why you need the extension	Additio	nal time is needed to gath	er the informatio	n
nec	essary to file a complete and accu	rate retu	rn.		
	s application is for Form 990-BL, 990-PF, 990 refundable credits. See instructions.)-T, 4720, o	r 6069, enter the tentative tax, les	s any 8a \$ N	a
	is application is for Form 990-PF, 990-T, 4				
	nated tax payments made. Include any prio unt paid previously with Form 8868.	r year ove	payment allowed as a credit and	8b \$	a
	nce due. Subtract line 8b from line 8a. Include yo tronic Federal Tax Payment System). See instruc		with this form, if required, by using E	FTPS 8c \$	λ
			Verification		
	s of perjury, I declare that I have examined this form, included complete, and that I am authorized to prepare this form.	luding accomp	anying schedules and statements, and to the	ne best of my knowledge ar	nd belief, it is
Signature >	athlew Blom oca) Title ▶	CPA	Date > 02/14	lanı
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Form 8868 (Rei

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