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### Form **99**(

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2011 calendar year, or tax year beginning 2011, and ending 20 C Name of organization FAIRBANKS SCHOOL NEIGHBORHOOD ASSOCIATION, Inc. D Employer identification number Check if applicable Doing Business As 01 0542054 Address change Number and street (or P O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 232 CLOVER MILL ROAD 207 778 9769 Initial return City or town, state or country, and ZIP + 4 Terminated FARMINGTON, ME 04938 26,752 Amended return G Gross receipts \$ H(a) is this a group return for affiliates? Yes No Application pending F Name and address of principal officer H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c)(3) 501(c) ( Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization: Corporation Trust Association ☐ Other ▶ L Year of formation: M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities: Fairbanks School provides space for non profit organizations and a community facility for neighborhood gatherings Activities & Governance 2 Check this box ▶☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . . . 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . . . . 6 18 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 885 Contributions and grants (Part VIII, line 1h) . 2,645 20.784 18.072 9 Program service revenue (Part VIII, line 2g) 38 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 18 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11,340 7,756 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 34.807 26,731 13 14 Salaries, other edmpensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraism fees (Partilly column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ►

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) h 17 Total expenses. Addlines 13-17 (must equal Part IX, column (A), line 25) 28,490 48,484 18 Revenue less expenses. Subtract line 18 from line 12 6.317 (21,753)19 End of Year **Beginning of Current Year** 553,864 20 Total assets (Part X, line 16) 578.326 247,540 244,831 21 Total liabilities (Part X, line 26) . Net assets or fund balances. Subtract line 21 from line 20 330,786 309,033 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office Here rick reasurer Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Paid Check I if self-employed Preparer Firm's name Firm's EiN ▶ **Use Only** Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Form **990** (2011) For Paperwork Reduction Act Notice, see the separate instructions.

) (Revenue \$

(Expenses \$

Total program service expenses ▶

including grants of \$

	0 (2011)			age 3
Part	Checklist of Required Schedules		1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	✓	_
2 3	Did the organization required to complete <i>Scriedule B</i> , <i>Scriedule or Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C</i> , <i>Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>√</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		Ė

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	24d 25a		1
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		<i>,</i>
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
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		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2011)

Part				
	Check if Schedule O contains a response to any question in this Part V	· ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>i</b>		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>√</b>
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		:	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
_	If "Yes," enter the name of the foreign country: ▶	4a		-
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	:	1
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\ <u> </u>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		<b>✓</b>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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 sponsoning	į		1
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	<b>✓</b>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12		1	
a b	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders	ļ		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ø	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		-	İ	
C 140	Enter the amount of reserves on hand	140	<del> </del>	-
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	-	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response to any question in this Part VI				
Secti	on A. Governing Body and Management				
		<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 16			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	!			
		4. 46			
ь 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business	1b 16			
_	any other officer, director, trustee, or key employee?		2	_/	
3	Did the organization delegate control over management duties customarily performed by or			•	
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 9	•	4		1
5	Did the organization become aware during the year of a significant diversion of the organizati		5		1
6	Did the organization have members or stockholders?		6		1
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			
	one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approva				<b>✓</b>
	stockholders, or persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions ur	ndertaken during			
	the year by the following:		_		
a	The governing body?		8a	<b>√</b>	
ь 9	Each committee with authority to act on behalf of the governing body?		8b	<b>✓</b>	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule (		9		
Secti	on B. Policies (This Section B requests information about policies not required by the			nde l	
00011	on b. I onoice (This occurr & requests information about policies not required by the	o internar rieven		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters,			_
	affiliates, and branches to ensure their operations are consistent with the organization's exen	npt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	<b>\</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"			
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		<b>V</b>
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review		14		✓
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b		<b> </b>
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ilar arrangement			
	with a taxable entity during the year?		16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps			ļ	
	organization's exempt status with respect to such arrangements?	· · · · · ·	16b	<u> </u>	
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Section	501/	C)(3)~	Only
10	available for public inspection. Indicate how you made these available. Check all that apply.	1011096) 1-0ec Dill	1 30 1	C)(3)S	orny)
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing doc	uments, conflict o	f inte	rest r	olicy
	and financial statements available to the public during the tax year.			1	<del>.</del> ,
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the	)	
	organization: ► Erick Apland 232 Clover Mill Road, Farmington, ME 04938 207 778				

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Form 990 (2011)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, an	iC
	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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if neither the organization not	r any relate	d org	aniz	atio	n c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.		
					C)							
(A)	(B)	<b> </b>	_4 _L		ition	. 41		(D)	(E)	(F)		
Name and Title	Average	Average box, unless person is both an officer and a director/trustee)		(do not check more than one						Reportable	Reportable	Estimated
	hours per week			officer and a director/trustee) con				compensation	compensation from related	amount of other		
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) Elena Barker									1			
Director	2	1					1	0	0	0		
(2) Marjorie Taylor	1			Γ		T						
Director	2	✓			1	ļ		0	0	0		
(3) Eugene Ranger					1							
Director	2	1			]			0	0	0		
(4) Dory Dickman							Г					
Director	2	1						0	0	0		
(5) Andrew Marble												
Director	2	✓	<u> </u>	L	L			0	0	0		
(6) Doris Gay					ŀ							
Director	2	✓	L	<u> </u>		L		0	0	0		
(7) Meridith Ranger	.]	1		l			l	•				
Director	2	✓	ļ	<u> </u>	<u> </u>		L	0	0	0		
(8) Dennis Pike	.]			l			ł					
Director	2	1		L	L		L	0	0	0		
(9) Linda Brown						1	l					
Director	2	<b>✓</b>	<u> </u>		<u> </u>	<u> </u>	_	0	0	0		
(10) Paul Mills	.]											
Director	2	1	<u> </u>	_		ļ		0	0	0		
(11) Cindy Kemble	.]	ļ	ŀ		l				]			
Director	2	1	<u> </u>	_	_	ļ	<u> </u>	0	0	0		
(12) Mary ODonal						1						
Collector	2	1	_	ļ	<u> </u>	<u> </u>		<u> </u>	0	0		
(13) Sarah Marble		_	1		İ			1				
Secretary	2	<b>/</b>	_	<u> </u>	$oxed{oxed}$	L_	↓_	0	0	0		
(14) Erick Apland												
Treasurer	2	<b>I</b> ✓	L	1	1				) 0	0		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box,	unles	Posi eck s pe	more rson	than our trust	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related		Estir	F) mated unt of her	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		ompe fror organ and r	ensation the dization related dization	1
2	an Wheeler							Г						
	Vice President nomas Hagerstrom	2	1		-			-	0	<u> </u>	-			
(10)	President	2	1						0	(				0
(17)														
(18)														<del></del>
(19)														
(20)														
(21)										<del>                                     </del>				<del></del> ,
(22)														
(23)														
(24)														
(25)														
1b	Sub-total		<u> </u>	٠	·			<b>&gt;</b>	0		<u>,                                    </u>			0
C	Total from continuation sheets to Part	VII, Sectio	n A					<b>•</b>	0	<del></del>	+			0
<u>d</u>	Total number of individuals (including bu		d to th			ted	abov	e) w	ho received m	<u> </u>				0
	reportable compensation from the organ	ization > 0	<u> </u>						<del></del>				Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compensat	ted [	3		1
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual									zation or indıvid	ual	4		✓
Cook	for services rendered to the organization	? If "Yes," (	comp	lete	Sci	hedi	ule J	for :	such person	<i></i> .	.	5		✓
1	on B. Independent Contractors  Complete this table for your five highest compensation from the organization. Rej year.													ax
	(A) Name and business add	iress							(B) Description of s	services	Con	(C) npens	ation	
			-				-	+				-		_
	Table weeks of advantages	na factori	ne !-			1	٠ الم		المحمد المحمد	aug)t-				
2	Total number of independent contractor							o ti	nose listed ab	ove) wno				

	90 (201	.'.				<del> </del>	Page 9
Part	VIII	Statement of Revenue		(A)	(B)	(C) Unrelated	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ts, (	С	Fundraising events 1c					
ia i	d	Related organizations 1d		ĺ			
ns,	е	Government grants (contributions) 1e			j		
or (	f	All other contributions, gifts, grants, and similar amounts not included above					
를 돌	_	<u> </u>	885	}			
Cont	g h	Noncash contributions included in lines 1a-1f: \$ <b>Total.</b> Add lines 1a-1f		905			
8		Total. Add lines 1a-11	Business Code	885			
eun	2a	Care and Share Food Closet	900099	5,000	5,000	1	
Rev	Ь	LEAD	900099	8,717	8,717	i	<u> </u>
ice	С	Community Room	900099	4,355	4,355		
Ş	d			.,,555	.,000		······································
E	е						
Program Service Revenue	f	All other program service revenue.					
<u> </u>	g	Total. Add lines 2a-2f		18,072			
	3	Investment income (including divide					
	_	and other similar amounts)	L.	18		18	
	4	Income from investment of tax-exempt be					
	5	Royalties	(ii) Personal	<del></del>			<del></del>
	6a	Gross rents	(1) 1 0 0 1 1		ŀ		
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d		▶		ł	İ	
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	-				
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶</u>			···	· · · · · · · · · · · · · · · · · · ·
enne	8a	Gross income from fundraising events (not including \$					
Other Revenu		of contributions reported on line 1c). See Part IV, line 18 a	7,813				
뜑	b	Less: direct expenses <b>b</b>					
		Net income or (loss) from fundraising	events . 🕨	7,756			7,756
	9a	Gross income from garning activities.					
		See Part IV, line 19 a			1		
	b	Less: direct expenses b				ŀ	
	C	Net income or (loss) from gaming acti	vities ▶				
	iva	Gross sales of inventory, less returns and allowances a					,
	b	Less: cost of goods sold b			1		1
		Net income or (loss) from sales of inve		ł	ł		1
		Miscellaneous Revenue	Business Code				<u>.                                    </u>
	11a	<del></del>		1	1	İ	ı
	b						<del></del>
	С						<del> </del>
	d	All other revenue					
	е	Total. Add lines 11a-11d	▶				
	12	Total revenue. See instructions	▶ [	26.731	18.072	18	7.756

### 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).	

	Check if Schedule O contains a response to any question in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			•••					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$		-						
7 8	Other salaries and wages								
9	Other employee benefits				<del></del>				
10	Payroll taxes								
11	Fees for services (non-employees):								
а	Management								
b	Legal								
C	Accounting								
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
. g	Other	400							
12	Advertising and promotion	103	53	50					
13 14	Office expenses	223 995		223 995					
15	Information technology	993		393	<del></del>				
16	Occupancy								
17	Travel				<del></del>				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	· · · · · · · · · · · · · · · · · · ·							
19	Conferences, conventions, and meetings .								
20	Interest	10,348		10,348					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	19,382		19,382					
23	Insurance	1,592		1,592					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	State filling fees	35		35					
b	Housing								
С									
ď									
e	All other expenses	15,806	1,650	14,156					
25	Total functional expenses. Add lines 1 through 24e	48,484	1,703	46,781					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								

Р	art X	Balance Sneet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,591	1	7,148
l	2	Savings and temporary cash investments	14,067	2	6,990
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,518	9	2,958
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 556,150			
	ь	Less: accumulated depreciation 10b 19,382	556.150	10c	536,768
	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	<del> </del>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	578,326	16	553,864
	17	Accounts payable and accrued expenses		17	<u>`</u>
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	1,516	21	1,432
S	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L	-	22	-
<b>"</b>	23	Secured mortgages and notes payable to unrelated third parties	246,024	23	243,399
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26		247,540		244,831
<u> </u>	20	Organizations that follow SFAS 117, check here ▶ ☐ and complete	247,340	20	244,031
ĕ		lines 27 through 29, and lines 33 and 34.	_		
ä	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
٦	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ét	33	Total net assets or fund balances	330,786	33	309,033
~	34	Total liabilities and net assets/fund balances	578,326		553,864

orm 99	90 (2011)		Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		2	6,731
2	Total expenses (must equal Part IX, column (A), line 25)		4	8,484
3	Revenue less expenses. Subtract line 2 from line 1		(21	,753)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		33	0,786
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		30	9,033
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII	· ·		
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
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		
	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 separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ 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		·	1
	the Single Audit Act and OMB Circular A-133?	3a		1
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		<u> </u>
		Forr	n <b>990</b>	(2011)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number FAIRBANKS SCHOOL NEIBORHOOD ASSOCIATION, Inc.** 01 054205 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I **b** ☐ Type II **d** Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support col. (i) of your governing document? (i) organized in the above or IRC section. support? U.S? (see instructions)) Yes No Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 **(b)** 2008 (d) 2010 (c) 2009 (e) 2011 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 24,416 111,376 21,172 15,404 8,641 181,009 2 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 181,009 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 181,009 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 . . . . . . 24,416 111,376 21,172 15,404 8,641 181,009 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar . . . . . . . . . . 2,927 304 24 38 18 3,311 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . 14,401 22,996 20,784 18,072 76,253 11 **Total support.** Add lines 7 through 10 260,573 18,072 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)

Secti	on C. Computation of Public Support Percentage		· · · · · ·	
14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)	14	69.5	%
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	79.7	%
16a	33¹/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33¹ box and stop here. The organization qualifies as a publicly supported organization			
b	331/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line check this box and stop here. The organization qualifies as a publicly supported organization	15 is 33	31/3% or more,	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box ar Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	id <b>stop h</b> as a pub	nere. Explain in licly supported	
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check the		,	_

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

organization, check this box and stop here

18

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

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)											
Section A. Public Support											
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and membership fees										
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose										
3	Gross receipts from activities that are not an unrelated trade or business under section 513										
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .										
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
с 8	Add lines 7a and 7b										
Secti	on B. Total Support		l		<u>.                                    </u>	<u> </u>	<u> </u>				
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(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										
C	Add lines 10a and 10b										
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on										
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			,							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)										
14	First five years. If the Form 990 is for the organization, check this box and stop her	-			, or fifth tax y						
Secti	on C. Computation of Public Suppor										
15	Public support percentage for 2011 (line 8					15	%				
16	Public support percentage from 2010 Sch			<u> </u>	<u> </u>	16	%				
	on D. Computation of Investment Inc		<del></del>								
17	Investment income percentage for 2011 (i			•		17	%				
18	Investment income percentage from 2010					18	%				
19a	331/3% support tests—2011. If the organi										
b	17 is not more than 33½%, check this box 33½% support tests—2010. If the organiz	ation did not c	heck a box on	line 14 or line	19a, and line 16	s is more than	331/3%, and				
	line 18 is not more than 331/3%, check this t		_	•		• •					
20	Private foundation. If the organization die	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲				

## SCHEDULE D (Form 990)

Department of the Treasury

### **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** FAIRBANKS SCHOOL NEIGHBORHOOD ASSOCIATION, Inc. 01 0542054 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Addregate value at end of year . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . . . 2a **2**b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 (i) and section 170(h)(4)(B)(ii)? . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Pao	е	2

Part	III Organizations Maintaining											
3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther reco	rds, chec	k any of the	follow	ring that are a si	gnificant use	of its			
а	☐ Public exhibition		d	☐ Loan	or exchange	progr	ams					
b	Scholarly research		е	☐ Othe	r <u></u>							
_												
4		ion's collections	and expla	ain how t	hey further th	e org	anization's exem	pt purpose i	n Part			
_	XIV											
5	During the year, did the organization assets to be sold to raise funds rather								7 M			
Part												
Part	line 9, or reported an amoun	•	•	_	janization an	iswer	ed tes lo ro	iii 990, Pai	ιιν,			
1a	Is the organization an agent, trustee,				or contributio	ns or	other assets no	<u> </u>				
, u	included on Form 990, Part X?							` ☐ Yes [	¬ No			
b	If "Yes," explain the arrangement in Pa					•		☐ 163 [	_ 140			
-	ii 100, Oxplait tilo arangomont ii 1	art /av and comp		mowning t	abic.		An	nount				
С	Beginning balance					1c		<del></del>				
d	Additions during the year					1d						
е	Distributions during the year					1e	· · · · · ·					
f	Ending balance					1f			_			
2a	Did the organization include an amoun	nt on Form 990, P	art X, line	21? .				☐ Yes [	No			
<u>b</u>	If "Yes," explain the arrangement in Pa											
Par	V Endowment Funds. Compl											
		(a) Current year	(b) Pri	or year	(c) Two years I	back	(d) Three years back	(e) Four years	s back			
1a	Beginning of year balance											
þ	Contributions				ļ							
С	Net investment earnings, gains, and											
	losses								<del></del> ,			
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
	Administrative expenses											
Ť	End of year balance		<del> </del>									
9 2	Provide the estimated percentage of t	he current year er	l nd haland	e (line 1c	L cotumn (a))	held a		<u> </u>				
a	Board designated or quasi-endowmer	nt <b>&gt;</b>	%	91 01111) 01	,, σοιαιτιτι (α <i>)</i> ,		.0.					
b	Permanent endowment ▶		/ -									
C	Temporarily restricted endowment ▶											
	The percentages in lines 2a, 2b, and 2		00%.									
3a	Are there endowment funds not in the	e possession of the	he organı	zation th	at are held ar	nd adı	ministered for the	)				
	organization by:							Yes	No			
	(i) unrelated organizations							3a(i)				
	(ii) related organizations							3a(ii)	<u> </u>			
b	If "Yes" to 3a(ii), are the related organ							3b	<u> </u>			
4	Describe in Part XIV the intended uses											
Part							<del> </del>					
	Description of property	(a) Cost or o		, , ,	or other basis other)		Accumulated epreciation	(d) Book valu	ıe			
	Land	(3.77.530)		ļ <u>"</u>	,							
1a h	Land	•	556,150	<del>                                     </del>	. <u> </u>		19,382		36,768			
b c	Buildings	•	JJU, 13U				13,302	<del></del>	30,700			
d	Equipment	·		<del> </del>			<del></del>					
e	Other	:	-	<del> </del>			<del></del>					
	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90 Part	X columi	(R) line 10(c	1)	<del></del>	5	36.768			

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

FAIRBANKS SCHOOL NEIGHBORHOOD ASSOCIATION, inc

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection
Employer identification number

01-054205

PAGE 6, PART VI, LINE 11b									
All officers and directors receive a copy of the 990 prior to filing.									
	о в сору от те осо	prior to ming.							
DACE 40 DADTIV LINE 04.									
PAGE 10, PART IX, LINE 24e									
ALARM SYSTEM	812								
BANK CHARGES	100								
BUILDING MAINTANCE	1,611								
UTILITIES	5,583								
KITCHEN DEVELOPMENT	589								
RENTAL EXPENCE	1,650								
SEASONAL MAINTANCE	4,200								
SEASONAL MAINTANCE	4,200								
DISPOSAL SERVICE	600								
				**					
WATER	661								
TOTAL	15,806								
			•••••••						
•••••									
		•••••							
***************************************									

### Form 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

 OMB No. 1545-0172

2011 Attachment Sequence No 179

Business or activity to which this form relates Identifying number FAIRBANKS SCHOOL NEIGHBORHOOD ASSOCIATION FAIRBANKS SCHOOL NEIGHBORHOOD ASSOCIATION 01 0542054 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 . . . . . . . . . . . . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 . . . . . . . . 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention Method (g) Depreciation deduction period only-see instructions) service 19a 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs. MM S/L property 27.5 yrs ММ S/L i Nonresidential real S/L MM 39 yrs. property S/L 01/01/2011 556,150 27.5 MM 19,382 Section C-Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. 5/1 S/L c 40-year 40 yrs MM Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . . . 19,382 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form	4562 (2011)																Page 2
Pai			ty (Include				tain ot	her v	ehicle	s, ce	ertain	cor	nputer	s, and	prop	erty us	ed for
			recreation,			•											
			ehicle for wh through (c) c										lease	expens	e, com	plete <b>or</b>	ıly 24a,
							· · · · · ·			<u> </u>	<u> </u>		<b>4</b>			abilas l	
249	Do you have ev		ation and O														- Na
2.70			(c)	1622/11/62	sanent us	Claime	ະນະ <u>ເ</u> (e)	J Yes ∟		240			the evic		itteris	∐ Yes	□ NO
	(a) e of property (list vehicles first)	(b) Date placed in service	Ruemocc/	Cost or o	d) ther basis		for depre ness/inver use only	stment	(f) Recove period		(g Meth Conve	od/		(h) preciation eduction	E	(i) ected sec cost	
25	Special dep											25					
26	Property use	· · · · · · · · · · · · · · · · · · ·						•			<u>*</u>	1	L				
			%											-			
			%									-					
			%														
27	Property use	ed 50% or	less in a qua	alified bu	usiness	use:											
			%	<del> </del>							/L –						
			%								/L –						
	- <u></u>	L	%			ــــــــــــــــــــــــــــــــــــــ					/L -			_			
	Add amount			_					-	_		28	l				
_29	Add amount	s in colum	n (I), line 26.		ere and ction B							• •	• • •	.	29		
Com	plete this sect	ion for vehic	cles used by a									" or r	elated n	erson l	f vou pr	ovided v	ehicles
	ur employees,																01110100
			<u> </u>				Τ" .		Τ	(c)	<u>_</u>				(e)	T	n
30	Total business/investment miles driven during the year (do not include commuting miles) .		(a) (b) Vehicle 1 Vehicle 2										ehicle 6				
31	Total commutu	ng miles drive	en during the ye	ear													
32	? Total other personal (noncommuting) miles driven			) miles													
33	Total miles d 30 through 32		the year. Ad	id lines								•					
34	Was the veh during off-duri		le for persor	nal use	Yes	No	Yes	No	Yes	N	lo	Yes	No	Yes	No	Yes	No
35	Was the veh than 5% own			a more													
36	Is another vel	hicle availab	ole for person	al use?			1	· · · ·					1			1	
			n C-Questi		Emplo	yers W	ho Pro	vide V	ehicle	s for	Use	by Th	eir Em	ployee	s		
	wer these que						to con	npleting	3 Secti	on B	for ve	ehicle	s used	by emp	oloyees	who ar	e not
	than 5% ow	_	-			-								_			
37	Do you mair						s all pe	rsonal	use of	vehic	cles,	ınclud	ling co	mmutin	ıg, by	Yes	No
	your employ										-	٠.			• •		ļ
38	Do you main employees?	See the ins	structions for	vehicles	used b	y corpo	rate offi							٠.	y your		
39	Do you treat		-						٠.	٠.	-			٠.٠	· ·		
40	Do you provuse of the ve							tain int	ormati	on tro	om yo	our er	nployee	es abou	ut the		
44		•								• •	0.00-	 			• •		
41	Do you mee Note: If your	-		_	-						•			S.) .	• •		<u> </u>
Par	rt VI Amor		07, 00, 00, 4	0, 0, 4, ,		00 7101	Compi			107 1770		.,	C11101C3.			1	
	74.101	tization.		(h)	··· I				Т				(e)				
		a) on of costs	Dat	(b) te amortiza begins	ation	ation (c) Amortizable amount Co			(d) Code section			Amortization period or Am percentage		Amortiza	(f) nortization for this year		
42	Amortization	of costs the	at begins dur	ng your	2011 ta	x year	(see ins	truction	s):								
			<u> </u>														
	Amortization		_	-					• •		•			43			
44	Total. Add	amounts in	column (f).	see the	INSTRUC	uons to	r wnere	e to rep	ort .					44			