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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Doing Business As

Number and street (or P O box if mail is not delivered to street address) PO BOX 71396 | Room/suite

City or town, state or country, and ZIP + 4
FAIRBANKS, AK 997071390

D Employer identification number
92-0035784

E Telephone number
(907) 458-5550

G Gross receipts $ 83,733,451

F Name and address of principal officer
JEFF COOK
PO BOX 71396
FAIRBANKS,AK 997071390

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ FAIRBANKSHOSPITALFOUNDATION COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile AK

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION WAS ESTABLISHED TO ENSURE THAT WE NEVER AGAIN FACE THE PROSPECT OF A COMMUNITY WITHOUT HEALTH CARE BY 1) PROVIDING FIRST-CLASS MEDICAL FACILITIES AND TECHNOLOGY 2) OVERSEEING AN EXCELLENT OPERATOR 3) CREATING AN ENVIRONMENT THAT ATTRACTS QUALITY, CARING PHYSICIANS WHO WISH TO BE A PART OF THE COMMUNITY, AND 4) CREATING PARTNERSHIPS TO DELIVER QUALITY CARE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	682,760	371,192
9	Program service revenue (Part VIII, line 2g)	36,688,048	44,299,055
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,605,862	7,006,848
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,038	1,246
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,978,708	51,678,341
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	81,490	16,175
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	382,835	428,540
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶166,684		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	29,313,839	27,473,056
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	29,778,164	27,917,771
19	Revenue less expenses Subtract line 18 from line 12	15,200,544	23,760,570

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	359,003,756	372,590,174
21	Total liabilities (Part X, line 26)	128,590,492	130,055,995
22	Net assets or fund balances Subtract line 21 from line 20	230,413,264	242,534,179

Net Assets or Fund Balances

Part II 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 Here

****** | 2012-10-29
Signature of officer | Date

JEFF COOK PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ELAINE WILLIAMSON	Date 2012-10-29	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4: KOHLER SCHMITT & HUTCHISON PC, PO BOX 70607, FAIRBANKS, AK 997070607			EIN ▶
			Phone no ▶ (907) 456-6676

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION WAS ESTABLISHED TO ENSURE THAT WE NEVER AGAIN FACE THE PROSPECT OF A COMMUNITY WITHOUT HEALTH CARE BY 1) PROVIDING FIRST-CLASS MEDICAL FACILITIES AND TECHNOLOGY 2) OVERSEEING AN EXCELLENT OPERATOR 3) CREATING AN ENVIRONMENT THAT ATTRACTS QUALITY, CARING PHYSICIANS WHO WISH TO BE A PART OF THE COMMUNITY, AND 4) CREATING PARTNERSHIPS TO DELIVER QUALITY CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 26,747,257 including grants of $ 16,175) (Revenue $ 51,307,149)

GFCHF BUILDS/LEASES MEDICAL FACILITIES TO SERVE THE INTERIOR ALASKA COMMUNITY (100,000 + PEOPLE) IT LEASES AN EQUIPPED HOSPITAL/LONG-TERM CARE FACILITY, IMAGING CENTER,CANCER TREATMENT CENTER, AND HEART CENTER TO BANNER HEALTH (AN UNRELATED NON-PROFIT ORGANIZATION) AND LEASES OTHER MEDICAL OFFICE FACILITIES TO CLINICS AND INDIVIDUAL DOCTORS AS WELL AS BANNER HEALTH

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 26,747,257

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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*	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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**		No
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**		No
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**		No
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 Schedule L, Part III*	**27**		No
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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
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**		No
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**		No
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**		No
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**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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**	20		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
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**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ 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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
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**		No
b	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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
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.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AK

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KRISSY FLOYD
1650 COWLES STREET
FAIRBANKS, AK 99701
(907) 458-5550

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								152,573		28,096

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
JOHNSON RIVER ENTERPRISES PO BOX 70377 FAIRBANKS, AK 99707	CONSTRUCTION	3,821,616
UNION BANK 1980 SATURN STREET MONTEREY PARK, CA 91755	FINANCE	1,296,184
GHEMM COMPANY INC PO BOX 70507 FAIRBANKS, AK 99707	CONSTRUCTION	727,220
MARTHA HANLON ARCHITECTS INC PO BOX 75134 FAIRBANKS, AK 99707	ARCHITECT	390,899
FULLFORD ELECTRIC INC 303 E VAN HORN RD FAIRBANKS, AK 99701	CONSTRUCTION	276,346

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 10

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b	19,935			
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	351,257			
	g	Noncash contributions included in lines 1a-1f $ 19,409				
	h	**Total.** Add lines 1a-1f . . . . . ▶	371,192			
Program Service Revenue		Business Code				
	2a	RENT HOSPITAL FACILITY	531120	20,444,075	20,444,075	
	b	RENT ADDITIONAL	531120	17,658,824	17,658,824	
	c	RENT - TVC	531120	1,990,107	1,990,107	
	d	RENT - 1919 LATHROP	531120	1,702,717	1,702,717	
	e	RENT DENALI CENTER	531120	1,570,300	1,570,300	
	f	All other program service revenue		933,032	933,032	
	g	**Total.** Add lines 2a–2f . . . . . ▶		44,299,055		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		5,925,824		5,925,824
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 33,136,134				
	b	Less cost or other basis and sales expenses: 32,040,686 / 14,424				
	c	Gain or (loss): 1,095,448 / -14,424				
	d	Net gain or (loss) . . . . . ▶	1,081,024	47,141		1,033,883
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS		1,246	1,246	
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	1,246			
	12	**Total revenue.** See Instructions . . . ▶	51,678,341	44,347,442		6,959,707

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 . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	14,675	14,675		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,500	1,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	187,396		149,917	37,479
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	221,136		157,167	63,969
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	20,008		14,901	5,107
11	Fees for services (non-employees)				
a	Management				
b	Legal	29,220		29,220	
c	Accounting	98,041		98,041	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	300,962		300,962	
g	Other	230,104	84,000	146,104	
12	Advertising and promotion	24,311		5,439	18,872
13	Office expenses	71,406		45,358	26,048
14	Information technology				
15	Royalties . .				
16	Occupancy	765,374	765,374		
17	Travel	639		639	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,795,811	3,795,811		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,757,466	19,757,466		
23	Insurance	21,011		21,011	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	LETTER OF CREDIT/REMARKET	1,678,724	1,678,724		
b	LEASE EXPENSE	300,582	300,582		
c	PROPERTY TAX	230,265	230,265		
d	OTHER	109,457	63,116	35,071	11,270
e					
f	All other expenses	59,683	55,744		3,939
25	**Total functional expenses.** Add lines 1 through 24f	27,917,771	26,747,257	1,003,830	166,684
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,036,513	1	2,627,147
	2	Savings and temporary cash investments		4,371,558	2	2,983,782
	3	Pledges and grants receivable, net		259,116	3	37,020
	4	Accounts receivable, net		6,154,501	4	4,296,259
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		527,576	7	518,336
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,960,081	9	4,266,840
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 385,667,796			
	b	Less accumulated depreciation	10b 178,709,587	208,988,877	10c	206,958,209
	11	Investments—publicly traded securities		123,573,138	11	143,694,063
	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		8,132,396	15	7,208,518
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		359,003,756	16	372,590,174
Liabilities	17	Accounts payable and accrued expenses		2,673,791	17	2,363,969
	18	Grants payable			18	
	19	Deferred revenue		1,922,443	19	2,126
	20	Tax-exempt bond liabilities		115,692,432	20	112,157,660
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		8,301,826	25	15,532,240
	26	**Total liabilities.** Add lines 17 through 25		128,590,492	26	130,055,995
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		229,526,906	27	241,582,635
	28	Temporarily restricted net assets		797,958	28	863,144
	29	Permanently restricted net assets		88,400	29	88,400
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		230,413,264	33	242,534,179
	34	Total liabilities and net assets/fund balances		359,003,756	34	372,590,174

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	51,678,341
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,917,771
3	Revenue less expenses Subtract line 2 from line 1	3	23,760,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	230,413,264
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-11,639,655
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	242,534,179

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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I 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 **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

_____

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **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) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,332,300	1,290,012	1,355,146	682,760	371,192	5,031,410
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,332,300	1,290,012	1,355,146	682,760	371,192	5,031,410
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)						
6 **Public Support.** Subtract line 5 from line 4						5,031,410

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	1,332,300	1,290,012	1,355,146	682,760	371,192	5,031,410
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,348,689	5,245,443	4,849,947	4,518,075	5,925,823	25,887,977
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						30,919,387

12	Gross receipts from related activities, etc (See instructions)	12	146,175,629

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	16 270 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	15 630 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or 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 ▶☑

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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 ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 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 carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

PERCENTAGE OF SUPPORT AS INDICATED ON PAGE 2 OF SCHEDULE A, THE PUBLIC PERCENTAGE SUPPORT IS IN EXCESS OF 16 PERCENT THIS CALCULATION INCLUDES INVESTMENT INCOME FROM FUNDS SET ASIDE FOR FUTURE CONSTRUCTION COSTS THESE INVESTMENTS HAVE GROWN IN SIZE, PARTIALLY BECAUSE BUILDING AND EQUIPMENT NEEDS IN THE PAST WERE FUNDED WITH CONTRIBUTIONS AND GRANTS FROM THE GOVERNMENT AND GENERAL PUBLIC AS WELL AS PROCEEDS FROM THE ISSUANCE OF BONDS THIS HAS ALLOWED INCOME GENERATED FROM OPERATIONS TO BE AVAILABLE FOR INVESTMENT MONEY FROM OPERATIONS IS NOW USED TO FUND CONSTRUCTION AND EQUIPMENT THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GREW INCREMENTALLY OVER THE LAST 40 YEARS AND A CONTINUAL EXPANSION IS EXPECTED IN 2004, THE HOSPITAL FOUNDATION EMBARKED ON A SERIES OF MAJOR CONSTRUCTION PROJECTS ON AND AROUND THE HOSPITAL CAMPUS ESTIMATED BETWEEN 175 MILLION TO 200 MILLION BECAUSE OF ITS STRONG CASH AND INVESTMENT POSITION, THE HOSPITAL FOUNDATION WAS ABLE TO TAKE ADVANTAGE OF AN OPPORTUNITY TO BORROW 120 MILLION THROUGH THE ISSUANCE OF TAX-EXEMPT REVENUE BONDS ISSUED BY ALASKA INDUSTRIAL DEVELOPMENT AND EXPORT AUTHORITY THE PROCEEDS FROM THE BOND ISSUANCE AND THE HOSPITAL FOUNDATION'S INVESTMENTS HAVE BEEN USED TO FINANCE THESE PROJECTS THE FOUNDATION ANTICIPATES UTILIZING THE INVESTMENTS AND INVESTMENT INCOME TO FUND FUTURE PROJECTS SOURCES OF SUPPORT INCLUDED IN CONTRIBUTIONS ARE MANY DONATIONS FROM THE GENERAL PUBLIC IN SUPPORT OF THE HOSPITAL FOUNDATION'S MEDICAL, LONG-TERM CARE, AND CANCER TREATMENT CENTER FACILITIES AND OPERATIONS THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION OWNS THE ONLY CIVILIAN HOSPITAL IN THE FAIRBANKS NORTH STAR BOROUGH OF ALASKA AND SERVES PEOPLE THROUGHOUT THE FAIRBANKS NORTH STAR BOROUGH, AS WELL AS THE "BUSH AREAS" OF INTERIOR ALASKA THE CLOSEST FACILITY OF THIS CALIBER IS IN THE ANCHORAGE AREA WHICH IS 360 MILES SOUTH OF FAIRBANKS THE DONATIONS RECEIVED IN SUPPORT OF THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS GENERALLY ARE FROM PEOPLE AND ORGANIZATIONS LOCATED IN INTERIOR ALASKA DONATION DRIVES OCCUR REGULARLY TO FUND PARTICULARLY COSTLY ADDITIONS TO THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS OR FOR EXPENSIVE EQUIPMENT, SUCH AS THE RECENT DRIVE TO FUND THE CONSTRUCTION OF THE HARRY AND SALLY PORTER HEART CENTER AND A FUTURE BREAST CANCER TREATMENT PROGRAM PATIENTS LOCATED IN INTERIOR ALASKA NO LONGER HAVE TO TRAVEL TO ANCHORAGE OR THE LOWER 48 WITH CARDIAC ISSUES THIS PROJECT WAS FUNDED FROM DONATIONS FROM INDIVIDUALS AND LOCAL BUSINESS ENTERPRISES AND FROM PROCEEDS FROM ISSUANCE OF BONDS DONATIONS ARE ALSO RECEIVED ON AN ON-GOING BASIS FROM INDIVIDUALS AND BUSINESS ENTERPRISES WISHING TO SUPPORT THE HOSPITAL FOUNDATION'S MISSION GOVERNING BOARD THERE ARE 32 VOLUNTEER MEMBERS OF THE BOARD OF TRUSTEES OF THE HOSPITAL FOUNDATION TWENTY OF THE TRUSTEES ARE ELECTED AT ANNUAL MEETINGS BY THE MEMBERSHIP FOR STAGGERED THREE-YEAR TERMS THE PRESIDENT APPOINTS TWO ADDITIONAL TRUSTEES TO ONE-YEAR TERMS, THE HOSPITAL MEDICAL STAFF ELECTS TWO ADDITIONAL TRUSTEES FOR THREE YEAR TERMS, AND THE HOSPITAL OPERATORS EMPLOYEES ELECT ONE ADDITIONAL TRUSTEE FOR A THREE YEAR TERM A GENERAL MEMBERSHIP TRUSTEE WHO HAS SERVED AS A TRUSTEE FOR AT LEAST TWENTY-FIVE YEARS IS ELIGIBLE TO BECOME AN EMERITUS TRUSTEE THE TRUSTEES MUST BE MEMBERS OF THE HOSPITAL FOUNDATION MEMBERSHIP TO THE HOSPITAL FOUNDATION IS 25 PER YEAR OR 1000 TO BE A LIFETIME MEMBER ANY INDIVIDUAL INTERESTED IN FOSTERING THE PURPOSES OF THE HOSPITAL FOUNDATION IS ELIGIBLE FOR MEMBERSHIP EACH MEMBER IN GOOD STANDING IS ELIGIBLE TO VOTE AT THE ANNUAL MEETING AVAILABILITY OF PUBLIC FACILITIES OR SERVICES THE FACILITIES AND SERVICES OF THE HOSPITAL FOUNDATION'S MEDICAL CAMPUS AND ALL OF ITS RESOURCES ARE AVAILABLE TO ANY MEMBER OF THE GENERAL PUBLIC, REGARDLESS OF WHERE THEY LIVE THIS INCLUDES CITIZENS OF THE FAIRBANKS NORTH STAR BOROUGH, INDIVIDUALS WHO LIVE IN RURAL ALASKA, AS WELL AS TOURISTS AND VISITORS TO OUR COMMUNITY PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES THE HOSPITAL FOUNDATION IS A VISIBLE MEMBER OF THE COMMUNITY AND OFFERS ITS MEDICAL FACILITIES FOR USE BY MEDICAL AND HEALTH PROFESSIONALS, AND THE GENERAL PUBLIC FOR INFORMATION AND EDUCATION CAMPAIGNS THE HOSPITAL FOUNDATION QUALIFIES AS A CHARITABLE ORGANIZATION UNDER ORDINANCES ENACTED BY THE ELECTED OFFICIALS OF OUR LOCAL GOVERNMENT, THE FAIRBANKS NORTH STAR BOROUGH, AND IS THEREFORE EXEMPT FROM LOCAL PROPERTY TAXES

Explanation

Additional Data

Software ID:
Software Version:
EIN: 92-0035784
Name: THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF COOK PRESIDENT	10 00	X		X				0	0	0
MIKE KELLY 1ST VP	5 00	X		X				0	0	0
MARGARET SODEN 2ND VP	2 00	X		X				0	0	0
ROGER FLOERCHINGER TREASURER	5 00	X		X				0	0	0
JOE FAULHABER SECRETARY	10 00	X		X				0	0	0
SCOTT BELL CONSTR CHAIR	5 00	X		X				0	0	0
WALTER CARLO TRUSTEE	1 00	X						0	0	0
TIMOTHY CERNY TRUSTEE	1 00	X						0	0	0
RON DAVIS TRUSTEE	1 00	X						0	0	0
WILLIAM H DOOLITTLE MD TRUSTEE EMER	1 00	X						0	0	0
ANDREA GELVIN TRUSTEE	1 00	X						0	0	0
GAIL HATTAN TRUSTEE	2 00	X						0	0	0
CHERYL KILGORE TRUSTEE	1 00	X						0	0	0
EDWARD CHRISTIANSEN TRUSTEE EMER	1 00	X						0	0	0
DAVID MCNARY TRUSTEE	1 00	X						0	0	0
WILLIAM W MENDENHALL TRUSTEE EMER	1 00	X						0	0	0
GARY RODERICK TRUSTEE	5 00	X						0	0	0
RICHARD SEIFERT TRUSTEE	1 00	X						0	0	0
KEIR FOWLER TRUSTEE	1 00	X						0	0	0
DON THIBEDEAU TRUSTEE	1 00	X						0	0	0
STEVE STEPHENS TRUSTEE EMER	1 00	X						0	0	0
R KENT KARNS TRUSTEE	1 00	X						0	0	0
HARRY JPORTER TRUSTEE EMER	1 00	X						0	0	0
BERNARD GATEWOOD TRUSTEE	1 00	X						0	0	0
GALEN JOHNSON TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL SFRAGA TRUSTEE	1 00	X						0	0	0
BENJAMIN ROTH TRUSTEE	1 00	X						0	0	0
MARK SIMON TRUSTEE	2 00	X						0	0	0
RODNEY BROWN TRUSTEE	1 00	X						0	0	0
BERNICE JOSEPH TRUSTEE	1 00	X						0	0	0
NIESJE STEINKRUGER TRUSTEE	1 00	X						0	0	0
SHELLEY EBENAL ED/ GEN COUN	40 00			X				152,573	0	28,096

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I 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)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 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.

1a If the organization elected, as permitted under SFAS 116, 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, 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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	88,400	88,400	88,400	88,400	
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	88,400	88,400	88,400		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,411,939		11,411,939
b Buildings		275,168,095	106,045,350	169,122,745
c Leasehold improvements				
d Equipment		92,135,049	70,273,577	21,861,472
e Other		6,952,713	2,390,660	4,562,053
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				206,958,209

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTEREST RATE SWAP DERIVATIVE	15,010,700
TVMS INDEMNITY HOLDBACK	521,540
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,532,240

2. Fin 48 (ASC 740) 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	51,678,341
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,917,771
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	23,760,570
4	Net unrealized gains (losses) on investments	4	-4,155,450
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,484,205
9	Total adjustments (net) Add lines 4 - 8	9	-11,639,655
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,120,915

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	47,544,295
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-4,155,450		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-4,155,450
3	Subtract line **2e** from line **1**			3	51,699,745
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-21,404		
c	Add lines **4a** and **4b**			4c	-21,404
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	51,678,341

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	35,423,380
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	7,505,609		
e	Add lines **2a** through **2d**			2e	7,505,609
3	Subtract line **2e** from line **1**			3	27,917,771
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	27,917,771

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	THE CORPUS SHOULD BE INVESTED IN PERPETUITY AND THE INCOME MADE AVAILABLE FOR PROGRAM OPERATIONS
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	FASB ASC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REQUIRES THE FOUNDATION TO RECOGNIZE A LIABILITY FOR UNCERTAIN TAX POSITIONS WHERE A LIABILITY WOULD MORE LIKELY THAN NOT BE ASSESSED BY A TAXING AUTHORITY RECOGNITION OF A LIABILITY, IF ANY, IS SUBJECT TO ESTIMATION AND MANAGEMENT JUDGMENT NO LIABILITIES HAVE BEEN RECOGNIZED IN THE 2011 FINANCIAL STATEMENTS WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U S FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN VALUE OF BENTLEY BENEFICIARIES TRUST ASSETS 6,980 LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT 14,424 LOSS FROM CHANGE IN FAIR VALUE OF DERIVATIVE -7,491,185 LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT -14,424
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	CHANGE IN VALUE OF BENTLEY BENEFICIARIES TRUST ASSETS -6,980 LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT -14,424
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	LOSS FROM CHANGE IN FAIR VALUE OF DERIVATIVE 7,491,185 LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT 14,424

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY
HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BANNER HEALTH1650 COWLES STREET FAIRBANKS,AK 99701	92-0077525	3	14,675				COMMUNITY EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	PART II - ASSISTANCE PROVIDED TO BANNER HEALTH IS REIMBURSEMENT FOR FAIRBANKS MEMORIAL HOSPITAL'S MANAGED OUTREACH PROGRAMS GRANT FUNDS ARE BASED ON REIMBURSEMENTS OF ACTUAL EXPENSES AMOUNTS ARE PAID UPON RECEIPT OF INVOICE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHELLEY EBENAL	(i) (ii)	152,573			6,074	22,022	180,669	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	AIDEA	92-6001185	011903DK4	04-01-2009	90,088,688	REFUND PRIOR ISSUE DATED 10/24/04		X		X		X
B	AIDEA	92-6001185	011903DL2	11-05-2009	29,120,762	REFUND PRIOR ISSUE DATED 10/24/04 AND CONSTRUCTION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,425,000	1,075,000		
2	Amount of bonds defeased				
3	Total proceeds of issue	90,088,688	29,120,762		
4	Gross proceeds in reserve funds	2,858,000	1,244,500		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	1,239,608	582,415		
8	Credit enhancement from proceeds	671,925	50,660		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		8,150,869		
11	Other spent proceeds	85,319,155	18,649,225		
12	Other unspent proceeds		443,093		
13	Year of substantial completion	2006	2010		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X					
b	Name of provider	CITIGROUP		CITIGROUP					
c	Term of hedge		230		230				
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?	X			X				
b	Name of provider	CITIGROUP							
c	Term of GIC		230						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

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2011

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TIMOTHY CERNY	TRUSTEE	284,729	RENT EXPENSE		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION INCORPORATED

Employer identification number
92-0035784

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE GREATER FAIRBANKS COMMUNITY HOSPITAL FOUNDATION WAS ESTABLISHED TO ENSURE THAT WE NEVER AGAIN FACE THE PROSPECT OF A COMMUNITY WITHOUT HEALTH CARE BY 1) PROVIDING FIRST-CLASS MEDICAL FACILITIES AND TECHNOLOGY 2) OVERSEEING AN EXCELLENT OPERATOR 3) CREATING AN ENVIRONMENT THAT ATTRACTS QUALITY, CARING PHYSICIANS WHO WISH TO BE A PART OF THE COMMUNITY, AND 4) CREATING PARTNERSHIPS TO DELIVER QUALITY CARE.

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE FOUNDATION HAS FOUR CLASSES OF MEMBERS, AND MEMBERSHIP IS ON AN ANNUAL BASIS THE DESIGNATION OF SUCH CLASSES AND THE QUALIFICATIONS OF THE MEMBERS OF SUCH CLASSES ARE AS FOLLOWS A) GENERAL MEMBERSHIP ANY INDIVIDUAL WHO IS A RESIDENT OF ALASKA AND WHO IS NOT A MEMBER OF THE CLASSES SET FORTH IN (B)-(C) IS ELIGIBLE FOR A GENERAL MEMBERSHIPS IN THE FOUNDATION (B) FACILITY MEMBERSHIP ANY INDIVIDUAL, WHO IS AN EMPLOYEE OF BANNER HEALTH, AND OR ITS SUBSIDIARIES OR AFFILIATED COMPANIES, IS ELIGIBLE FOR A FACILITY MEMBERSHIP IN THE FOUNDATION (C) MEDICAL STAFF MEMBERSHIP ANY INDIVIDUAL WHO IS A CREDENTIALED MEMBER OR AFFILIATE OF THE MEDICAL STAFF OF THE FACILITIES OWNED BY THE FOUNDATION AND WHO IS NOT ELIGIBLE FOR A FACILITY MEMBERSHIP SHALL BE ELIGIBLE FOR A MEDICAL STAFF MEMBERSHIP IN THE FOUNDATION (D) ASSOCIATED MEMBERSHIP ANY PERSON NOT ELIGIBLE FOR MEMBERSHIP IN THE FOUNDATION UNDER (A)-(C) ABOVE IS ELIGIBLE FOR AN ASSOCIATE MEMBERSHIP IN THE FOUNDATION ASSOCIATE MEMBERSHIP MEMBERS MAY INCLUDE CORPORATIONS, UNINCORPORATED ASSOCIATIONS, OR OTHER ENTITIES ASSOCIATE MEMBERS DO NOT HAVE ANY RIGHTS OF GENERAL MEMBERSHIP

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	EACH CLASS MEMBER IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMITTED TO A VOTE FOR THE CLASS, EXCEPT THAT ASSOCIATE MEMBERS HAVE NO VOTING RIGHTS OF ANY KIND WITH RESPECT TO THE FOUNDATION AN ANNUAL MEETING OF THE MEMBERS SHALL BE HELD IN MAY OF EACH YEAR FOR THE PURPOSE OF THE ELECTION OF TRUSTEES OF THE FOUNDATION, THE REVIEW OF ANNUAL REPORTS, AND A DISCUSSION OF FOUNDATION BUSINESS AND ACTIVITES THE AFFAIRS OF THE FOUNDATION SHALL BE MANAGED SOLELY BY ITS BOARD OF TRUSTEES TRUSTEES MUST BE RESIDENTS OF THE STATE OF ALASKA THE GENERAL MEMBERSHIP SHALL ELECT TWENTY TRUSTEES FROM THE CLASS OF GENERAL MEMBERS TO SERVE FOR THREE YEAR TERMS ONE TRUSTEE SHALL BE ELECTED ON BEHALF OF THE FACILITY MEMBERSHIP THE MEDICAL STAFF SHALL ELECT TWO TRUSTEES FROM THE MEDICAL STAFF THE PRESIDENT SHALL APPOINT TWO INDIVIDUALS TO SERVE AS TRUSTEES FOR ONE YEAR TERMS A GENERAL MEMBERSHIP TRUSTEE WHO HAS SERVED AS A TRUSTEE FOR AT LEAST TWENTY-FIVE YEARS SHALL BECOME AN EMERITUS TRUSTEE AN EMERITUS TRUSTEE SHALL BE A LIFELONG TRUSTEE WITH ALL RIGHTS AND PRIVELEGES OF A GENERAL MEMBERSHIP TRUSTEE, INCLUDING BUT NOT LIMITED TO VOTING RIGHTS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE FORM 990 IS SENT VIA EMAIL TO THE FINANCE COMMITTEE.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	EACH TRUSTEE, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS, AND EACH KEY EMPLOYEE IS REQUIRED ON AN ANNUAL BASIS TO SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, B) HAS READ AND UNDERSTANDS THE POLICY, C) HAS AGREED TO COMPLY WITH THE POLICY, D) HAS DISCLOSED ALL KNOWN ACTUAL AND POSSIBLE CONFLICTS OF INTEREST INVOLVING SUCH PERSON AND HIS/HER FAMILY, AND E) UNDERSTANDS THAT THE FOUNDATION IS A TAX-EXEMPT CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES, AGREES TO BE AN ACTIVE AND INFORMED MEMBER OF THE BOARD AND/OR ASSIGNED COMMITTEES, AND AGREES TO CONDUCT HIS OR HER ACTIVITIES IN THE BEST INTEREST OF THE FOUNDATION TO ENSURE THAT THE FOUNDATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS ARE REQUIRED TO BE CONDUCTED

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE VOTED TO RETAIN THE EXECUTIVE DIRECTOR/GENERAL COUNSEL ON THE TERMS OF THE EMPLOYMENT AGREEMENT PROPOSED BY THE HIRING COMMITTEE IN 2007 THE HIRING COMMITTEE IS REQUIRED TO OBTAIN AND RELY UPON APPROPRIATE DATA AS TO COMPARABILITY OF COMPENSATION, INCLUDING BUT NOT LIMITED TO SUCH THINGS AS (I) COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, (II) THE LOCATION OF THE FOUNDATION, INCLUDING THE AVAILABILITY OF SIMILAR SPECIALTIES IN THE GEOGRAPHIC AREA, (III) INDEPENDENT COMPENSATION SURVEYS BY NATIONALLY RECOGNIZED INDEPENDENT FIRMS, AND (IV) ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	N/A - NO OTHER KEY EMPLOYEES

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE FINANCIAL STATEMENTS ARE AVAILABLE AT THE FOUNDATION'S ANNUAL MEETING AND IT AND ALL OTHER DOCUMENTS CAN BE OBTAINED BY REQUEST

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSS ON INVESTMENTS (4,155,450) LOSS FROM CHANGE IN FAIR VALUE (7,491,185) CHANGE IN VALUE OF BENTLEY BENEFICIARIES TRUST ASSETS 6,890 _____ TOTAL OTHER CHANGES IN NET ASSETS (11,639,655)