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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)

OMB No 1545-0047

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

Open to Public Inspection

Α	For th	e 2011 calendar year, or tax year beginning and	ending	
В	Check if applicab	C Name of organization		D Employer identification number
Г	Addre	S Nikiski Senior Center		
Ē	Name			94-3141712
	Initial		Room/suite	E Telephone number
	Termi	PO Box 6973		907-776-7654
	Amen	City or town, state or country, and ZIP + 4		<b>G</b> Gross receipts \$ 1,175,755.
	Appli			H(a) Is this a group return
	pend	F Name and address of principal officer. Jesse Lobdett		for affiliates? Yes X No
		Island Lake Road, Nikiski, AK 99611		H(b) Are all affiliates included? Yes No
		empt status: X 501(c)(3)	or 527	1 ' '
_		te: ► N/A	1	H(c) Group exemption number ►
	art I	organization X Corporation Trust Association Other ►  Summary	L Year	of formation 1989 M State of legal domicile AK
a)	1	Briefly describe the organization's mission or most significant activities TO ma	ake av	ailable programs and
Activities & Governance		services that enhance their personal well		
r a	2	Check this box  If the organization discontinued its operations or dispos	sed of more	e than 25% of its net assets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3 206
ಇ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 206
ës	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5 35
Ξ	6	Total number of volunteers (estimate if necessary)		6 10
Act	7 a	Total unrelated business revenue from Part VIII, column (2) line 12		7a 0.
	b	Net unrelated business taxable income from Form 990 Line 34 E		7ь 0.
		Contributions and grants (Part VIII, line 11)	-	Prior Year Current Year 171, 586. 614, 815.
Jue	8 9	Contributions and grants (Part VIII, line 1th)  Program service revenue (Part VIII, line 2g)		357,101. 445,373.
Revenue	10	Program service revenue (Part VIII, line 2d) Investment income (Part VIII, column (A), lines-3,4, and 7d)		10,629.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d 8c 9q, 10c, and 11e)		<32,405.> 29,415.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		506,911. 1,089,629.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		123,562. 183,818.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
QX.	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		428,772. 848,437.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		563,334. 1,032,255.
	19	Revenue less expenses Subtract line 18 from line 12		<56,423.> 57,374.
Net Assets or			Be	ginning of Current Year End of Year
SSe	20	Total assets (Part X, line 16)	ļ	1,811,813. 1,843,550. 357,696. 332,059.
et/	21	Total liabilities (Part X, line 26)	<del> </del>	357,696. 332,059. 1,454,117. 1,511,491.
	art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	Д	1,454,1174 1,511,451.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	nents, and to the best of my knowledge and belief, it is
	•	ct, and complete Declaration of preparer (other than officer) is based on all information of wi		•
		Serie Bell		6-20-12
_Sig	gn	Signature of officer		Date
Siç ⊃ †He	ere	Jesse Lobdell, President		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature		Date Check PTIN
Pa		William S Coghill		6/13/12   self-employed   P00696989
	eparer	Firm's name Coghill Group, P.e.		Firm's EIN ► 45-2583803
Us	e Only	Firm's address 215 Fidalgo Ave Ste 206		007 202 2404
_		Kenai, AK 99611	<del></del>	Phone no 907-283-3484
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No Form <b>990</b> (2011)
132	001 01-	23-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	UIIS.	FOITH <b>330</b> (2011)

	990 (2011): NIKISKI Senior Center 94-314	1712 Page	<u>e 2</u>
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	E	
1	Briefly describe the organization's mission.		
	Providing meals, activities and needed assistance for seniors		
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 X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes XI	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 all	•	
	others, the total expenses, and revenue, if any, for each program service reported.	ocations to	
4a	(Code) (Expenses \$	445,373	
74	Providing various services to area senior citizens, including		
	a meeting place, assisting in day to day living needs such as		
	meals, provide transportation, recreational opportunites and p		
	chores	GIIOIMIII	<u>9</u>
	CHOLER		
			—
			—
	- Walth of the Control of the Contro		
			—
	E4 040	60 050	
4b	(Code) (Expenses \$) (Revenue \$) (Revenue \$)	69,050	<u>•</u> )
	Maintain senior only housing facility		
4c	(Code) (Expenses \$ 2 , 514 • including grants of \$ 2 , 597 • ) (Revenue \$		)
	Training for seniors for employment: MAAST program		
		7 77	
4d	Other program services (Describe in Schedule O)		
. —	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 814,992.		

# Form 990 (2011). Nikiski Senior Center Part W 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)?		4	
_	If "Yes," complete Schedule A	1	X	v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	44.		Х
ч	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	11c		
•	Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		Х
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		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Þ	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			v
4 5	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	
		Form	990 (	2011)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
_	any tax-exempt bonds?	24c 24d	<u> </u>	<del></del>
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240	-	
230	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	<u> </u>	
-	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ.,,.	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	ĺ	Х
24	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		Α.
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ĺ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	v	
	NATE ALL FORM VILL THERE ARE RECULIFIED TO COMPLETE SCHEDULE ( )	1 :434		1

	990 (2011) NIKISKI Sellici Centel 94-5141	. / 1.2	<u> </u>	age 3
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	, ,		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	)[	163	140
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			<u> </u>
2.0	filed for the calendar year ending with or within the year covered by this return  2a 35			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	]
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За		3a	X	1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		1
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	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	Ì	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del> -	1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
-	any contributions that were not tax deductible?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		ļ - · · · ·	
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1	1	
a		7a	ĺ	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		<u> </u>	1
•	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	İ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	*******		1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ.,,,	ļ.,,
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	4		
C	Enter the amount of reserves on hand	ļ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

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

Form 990 (2011)

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

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
			1	•	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	06		
	If there are material differences in voting rights among members of the governing body, or if the governing		1			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	06		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?			7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	1		
	persons other than the governing body?			7b	L	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ie following			
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	ļ	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)			<u> </u>
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	ļ	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form	7 11a	ļ	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	↓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	iflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	Yes," o	escnbe			
	In Schedule O how this was done			12c	X	<del> </del>
13	Did the organization have a written whistleblower policy?			13	ļ	X
14	Did the organization have a written document retention and destruction policy?			14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approve	-	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
	The organization's CEO, Executive Director, or top management official			15a	<u> </u>	X
b	Other officers or key employees of the organization			15b	ļ	X
40	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 arrange	ment v	vith a			
_	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	ınızatıc	n's			
<del></del>	exempt status with respect to such arrangements?		<del></del>	16b	<u> </u>	<del></del>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AK  Section 6104 requires an experience of the Form 1003 (and 1004 for a leastly) 000 and 1004 for a leastly)	T /C				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sec	ion 501(c)(3)s on	ıy) avaıla	ole	
	for public inspection. Indicate how you made these available. Check all that apply					
40	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy	and fina	ncıal	
00	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	ind rec	ords of the organ	ıızatıon: I		
	Rick Roeske - 907-776-7654					
38888	50810 Island Lake Road, Nikiski, AK 99635					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

In Schedule O	<b>(A)</b> Name and Title	(B) Average hours per week	offi	not c	Pos heck	more	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
(1) Jesse Lobdell       2.00       X       0.       0.       0         President       2.00       X       0.       0.       0         (2) Leon Marcinkowski       0.       0.       0.       0.       0         Vice President       1.00       X       0.       0.       0         (3) Wayne Pattison       0.       0.       0.       0       0         Secretary       1.00       X       0.       0.       0       0         (4) Sharon Burdick       0.       0.       0.       0.       0.       0.       0		related organizations in Schedule	Individual trustae or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			from the organization and related
(2) Leon Marcinkowski         1.00         X         0.         0.         0           Vice President         1.00         X         0.         0.         0           (3) Wayne Pattison         1.00         X         0.         0.         0           Secretary         1.00         X         0.         0.         0           (4) Sharon Burdick         2.00         X         0.         0.         0.	(1) Jesse Lobdell								·		
Vice President         1.00         X         0.         0.         0.           (3) Wayne Pattison         1.00         X         0.         0.         0           Secretary         1.00         X         0.         0.         0           (4) Sharon Burdick         2.00         Y         0.         0.         0.	President	2.00	<u> </u>		X				0.	0.	0.
(3) Wayne Pattison Secretary 1.00 X 0. 0. 0 (4) Sharon Burdick	(2) Leon Marcinkowski									_	_
Secretary         1.00         X         0.         0.           (4) Sharon Burdick         2.00         W         0. <td< td=""><td>Vice President</td><td>1.00</td><td></td><td>L.</td><td>X</td><td>L</td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>	Vice President	1.00		L.	X	L			0.	0.	0.
(4) Sharon Burdick	(3) Wayne Pattison								_	_	_
	Secretary	1.00	┖		X				0.	0.	0.
Treasurer 2.00 X 0. 0. 0. 0	(4) Sharon Burdick								_		_
	Treasurer	2.00	<u> </u>	L_	X		<u> </u>		0.	0.	0.
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Part VII Section A. Officers, Directors, Tre		nplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average		not c		more	than o		Reportable	Reportable		Estimate	
	hours per week					is both or/trust		compensation	compensation from related		amount other	of
	(describe	ğ						from the	organizations		ompensa	ition
	hours for	director .			ŀ	8		organization	(W-2/1099-MISC		from th	
	related	Individual trustee or	trustee		ŀ	Highest compensate employee		(W-2/1099-MISC)	`		organızat	ion
	organizations	I trus	ᇐ		8	E					and relat	ed
	in Schedule	Mdu	Institutional	Officer	Key employee	Plest (	Ē			(	organizati	ons
	O)	트	<u>ह</u>	1	ŝ	충분	Ğ				<u> </u>	
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1. 1					┢	$\vdash$						
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1b Sub-total	1	<u> </u>	1					0.		0.		0.
c Total from continuation sheets to Part V	II Section A							0.		0.	•	0.
d Total (add lines 1b and 1c)	ii, dection A							0.		0.		0.
Total number of individuals (including but in	not limited to th	าดรค	lista	ed a	bov	e) wh	no r	eceived more than \$100	0.000 of reportable			
compensation from the organization	iot iii iii iioo to ti	.000	, ,,,,,,,			o,		ooditod more than \$100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0
Componential tropic tro								•			Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	mplo	yee,	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for				•	•	•					3	Х
4 For any individual listed on line 1a, is the s			omp	ens	atioi	n and	d ot	her compensation from	the organization			
and related organizations greater than \$15	0,000? <i>If "Yes</i>	," cc	ompl	ete :	Sch	edule	J	for such individual	-		4	X
5 Did any person listed on line 1a receive or									dual for services			
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son					5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest co										pensati	on from	
the organization. Report compensation for	the calendary	/ear	end	ing v	vith	or w	ithi	n the organization's tax	year.			
(A)								(B)		_	(C)	
Name and business	s address							Description of s	services	Cor	npensatio	on
Lawrence Peek												
637 A Street, Anchorage,	AK 995	01						Architect			232,9	15.
Jim McConnell								L				
<u></u>								Project Mana	ger		160,2	58.
	•											
								,				
							- 4					
2 Total number of independent contractors		not I	ımıte	ed to		_	ste	a above) who received r	nore than			
\$100,000 of compensation from the organ	ization 🟲					2					orm <b>990</b>	(0011)
											UEE mic	(2011)

		Statement of Reven			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
and Other Similar Amounts		Federated campaigns	1a	2 ((2				
ᅙ		Membership dues	1b	2,663.				
<u> </u>		Fundraising events	1c					
<u>a</u>		Related organizations	1d	607 064				
E		Government grants (contributi		607,064.				
ē	f	All other contributions, gifts, grant	4 1	5 000				
5		similar amounts not included above	/e 1f	5,088.				
2	_	Noncash contributions included in lines	1a-1f \$		614,815.			
10	<u>h</u>	Total. Add lines 1a-1f		·	014,013.			ļ
	а	Senior Services		Business Code 812900	415,148.	115 118		
2		Senior Luncheon		722210	30,225.	415,148. 30,225.	•	
				722210	30,223.	30,223.		
Š	d							
Mevenue 2								
	f	All other program service reve	nue					
		Total. Add lines 2a-2f		<b>•</b>	445,373.			
3		Investment income (including	dıvıdends, inter	est, and				
1		other similar amounts)		▶	26.			20
4		Income from investment of tax	exempt bond i	oroceeds 🕨				
5		Royalties		<b>&gt;</b>				
			(ı) Real	(II) Personal				
6	а	Gross rents	70,325.					
	b	Less: rental expenses	60,091.					
	¢	Rental income or (loss)	10,234.					
	d	Net rental income or (loss)		<b>•</b>	10,234.	10,234.		
7	а	Gross amount from sales of	(i) Securities	(ii) Other				
İ		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)	L	1				
		Net gain or (loss)		<b>D</b>				
8	а	Gross income from fundraising						
		including \$						
<u> </u>		contributions reported on line		15,398.				
		Part IV, line 18 Less: direct expenses	a b	10 000				
5		Net income or (loss) from fund	_	10/250.	5,102.			5,102
٩		Gross income from gaming ac	-		37102.			3/10/
•	_	Part IV, line 19	а	29,818.				
	b	Less direct expenses	b	1 5 5 6 6				
		Net income or (loss) from gam		<b></b>	14,079.	14,079.		
10		Gross sales of inventory, less	-			·		
		and allowances	а					
	b	Less cost of goods sold	b					
<u> </u>	С	Net income or (loss) from sales	s of inventory	<b>•</b>	····		·	
		Miscellaneous Revenu	e	Business Code				
11	а				·			
	b							
	С			ļ				
		All other revenue						
		Total. Add lines 11a-11d		<b>•</b>	1 000 500	450 505	······································	
12	)	Total revenue See instructions			1,089,629.	469,686.	0.	5,12

### 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 respons	se to any question in this	Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				······
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	150 160		100.076	
7	Other salaries and wages	157,163.	48,907.	108,256.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	26 655		26 655	
10	Payroli taxes	26,655.		26,655.	
11	Fees for services (non-employees):				
a	Management	2 002		2,982.	
þ	Legal	2,982.			
c	Accounting	19,300.		19,300.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del>-</del>
9	Other	1,555.		1,555.	
12 13	Advertising and promotion Office expenses	6,395.	448.	5,947.	<del></del>
14	Information technology	0,333.	440.	3,747.	<del>-</del>
15	Royalties				
16	Occupancy	28,795.	2,324.	26,471.	
17	Travel	464.	235.	229.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		•		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,129.	12,282.	1,847.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	Program services	750,796.	750,796.		
b	Insurance	14,235.		14,235.	
С	Permits and fees	6,622.		6,622.	
d	Miscellaneous	3,164.		3,164.	
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,032,255.	814,992.	217,263.	0 .
26	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				
12201	0 01-23-12				Form <b>990</b> (2011)

14.	-3	14	17	12	Page	11

3 4 5 6 7 8 9 0 a b	Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a 2,171,57 Less: accumulated depreciation	(A) Beginning of year 28,031.	1 2 3 4 5 6 7 8 9	(B) End of year  134,335.
2 3 4 5 6 6 7 8 9 0 a b	Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)  Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other		2 3 4 5 7 8	134,335.
2 3 4 5 6 6 7 8 9 0 a b	Savings and temporary cash investments  Pledges and grants receivable, net  Accounts receivable, net  Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)  Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other	347.	3 4 5 6 7 8	
3 4 5 6 7 8 9 0 a b	Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	347.	5 6 7 8	
4 5 6 7 8 9 0 a b	Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	347.	5 6 7 8	
5 6 7 8 9 0 a	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).  Notes and loans receivable, net Inventories for sale or use.  Prepaid expenses and deferred charges.  Land, buildings, and equipment: cost or other.		6 7 8	
6 7 8 9 0a b	employees, and highest compensated employees. Complete Part II of Schedule L.  Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).  Notes and loans receivable, net Inventories for sale or use.  Prepaid expenses and deferred charges.  Land, buildings, and equipment: cost or other.		6 7 8	
6 7 8 9 0a b	of Schedule L  Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)  Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other		6 7 8	
6 7 8 9 0a b	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)  Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other		6 7 8	
7 8 9 0a b	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)  Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other		7 8	
7 8 9 0a b	employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)  Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other		7 8	
7 8 9 0a b	employees' beneficiary organizations (see instructions)  Notes and loans receivable, net Inventories for sale or use  Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other		7 8	
7 8 9 0a b	Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other		7 8	
8 9 0a b	Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other		8	
9 0 a b	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or other			
0a b	Land, buildings, and equipment: cost or other			
b			1	
b	basis: complete fait vi of concadio B	6.		
	Less: accumulated depreciation 10b 462, 36	1,783,435.	10c	1,709,215.
1	Investments - publicly traded securities		11	
				·
	, -			
	-			
		1,811,813,		1,843,550.
		16,559.		2,020,000
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	•			<del>.</del>
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		ı		
			22	
		331,178.		328,373.
-				
		9,959.	25	3,686.
6				3,686. 332,059.
			, = ,	
	Unrestricted net assets		27	
	• •			
	-			
		0.	30	0.
	·	0.		0.
				1,511,491.
				1,511,491.
			_	1,843,550.
5 6 7 8 9 0 1 2 3		Investments · program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part I of Schedule L Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. 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 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Permanently restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11  Total assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses Grants payable Deferred revenue  Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here   Temporarily restricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117, check here   X and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  1,454,117.  Total net assets or fund balances	Investments · program-related. See Part IV, line 11  Intangible assets  Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)  Accounts payable and accrued expenses  Grants payable  Deferred revenue  Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D  Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Unsecured including federal income tax, payables to related third parties, and 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  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here   Temporarily restricted net assets  Permanently restricted net assets  Payable to unrelated third parties  28  Permanently restricted net assets  Permanently restricted net assets  Permanently restricted net assets  Payable to unrelated third parties  29  Other liabilities (including federal income tax, payables to related third parties  21  22  23  24  25  26  27  27  28  28  29  29  29  20  21  29  20  21  20  21  21  22  23  24  25  26  27  27  27  28  29  29  29  20  20  21  21  22  23  24  25  26  27  27  27  28  29  29  29  20  20  21  21  22  23  24  25  26  27  27  27  27  28  29

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Pai	t XI Reconciliation 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	1,089		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,032		
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,454	, 1	<u>17.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u> </u>
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	1,511	, 4	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
ь	Were the organization's financial statements audited by an independent accountant?		2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			ĺ
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		L
			Form 9	<del>9</del> 90 (	2011)

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

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

2011

Open to Public Inspection

Name of the organization

Nikiski Senior Center

Employer identification number 94-3141712

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 ill - 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? <u>11g(iii)</u> (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (III) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (II) EIN organization in col organization in col (ı) listed in your organization in col organization support (i) organized in the (described on lines 1-9 aoverning document? (i) of your support? US? above or IRC section (see instructions)) No Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						· · · · · ·
	membership fees received. (Do not						
	ınclude any "unusual grants ")	551,092.	311,624.	271,918.	199,506.	614,815.	1948955.
2	Tax revenues levied for the organ-						
	ization'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	551,092.	311,624.	271,918.	199,506.	614,815.	1948955.
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						1948955.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	551,092.	311,624.	271,918.	199,506.	614,815.	1948955.
8	Gross income from interest,	1					
	dividends, payments received on						
	securities loans, rents, royalties		_		ļ		
	and income from similar sources		4.			26.	30.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	28,522.	24,864.	212.	16,329.	14,079.	84,006.
10	Other income Do not include gain						
	or loss from the sale of capital	050 015	224 122	0.45 500	10 600		040 600
	assets (Explain in Part IV.)	252,315.	334,198.	245,538.	10,629.		842,680.
	<b>Total support.</b> Add lines 7 through 10	L					2875671.
	Gross receipts from related activities,		•			12	945,769.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	<b>.</b> —
80.	organization, check this box and stop ction C. Computation of Publ	io Support Po	roontago			<del> </del>	
					<del></del>		67.77 %
	Public support percentage for 2011 (	• • • • • • • • • • • • • • • • • • • •	•	column (t))		15	
	Public support percentage from 2010			a line 12 and line	14 10 22 1/20/ 05 0		
108	33 1/3% support test - 2011. If the c				14 18 33 1/3 70 01 11	nore, check this bo	× and ► X
	stop here. The organization qualifies 33 1/3% support test - 2010. If the c				l line 15 ic 33 1/3%	or more check th	
~	and stop here. The organization qual	-			111110 13 13 00 1707	or more, encer th	<b>▶</b> □
172	10% -facts-and-circumstances tes	· · ·			e 13 16a or 16b :	and line 14 is 10%	or more
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"	_				non mo organ	<b>▶</b>
h	10% -facts-and-circumstances tes		•			17a, and line 15 is	10% or
•	more, and if the organization meets ti	_					
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization						s 🕨
						edule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")					_	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-			_			
	ization's benefit and either paid to or expended on its behalf				:		
5	The value of services or facilities						
·	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Arnounts 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						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	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	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) org	janization,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (	line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2010	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve			!			
17	Investment income percentage for 20	)11 (line 10c, colur	nn (f) divided by li	ne 13, column (f))	<del></del>	17	%
	Investment income percentage from	•	•			18	%
	33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than 3	L	
	more than 33 1/3%, check this box a	_					▶□
t	33 1/3% support tests - 2010. If the						3%, and
	line 18 is not more than 33 1/3%, che	ck this box and s	<b>top here</b> . The org	anization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

Nikiski Senior Center

Employer identification number 94-3141712

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	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 advis	ed 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 a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	***************************************	ganization answered "Yes" to Form 990, P	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements d	uring 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) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
F	conservation easements.		
Pa	t 間 Organizations Maintaining Collections o		ther 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 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	lbes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic 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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	ıl gaın, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Sche	dule D (Form 990) 2011 Nikiski	Senior Cer	nter				•	94-31	41712	Page 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	torical Tr	easures, c	or Othe	er Simila	ar Asse	ts (contin	nued)
3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following tha	t are a s	ignificant i	use of its	collection	items
	(check all that apply).									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's col	lections and explair	n how th	ey further ti	he organizati	on's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be mai								Yes	☐ No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part	•	ete if the	organizatio	on answered	'Yes' to	Form 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodia	·	liany for	contribution	s or other as	sets not	Included			
	on Form 990, Part X?	ii oi otilei iiteilileo	ilary ior	CONTINUENCE	is or other as	3013 1101	included		Yes	No
<b>.</b>	If "Yes," explain the arrangement in Part XIV a	nd complete the fo	llowing t	able:					163	110
U	it les, explain the altangement in Falt XIV a	na complete the to	llowing t	iable.					Amount	
_	Paginging halange						10		Amount	
c	Beginning balance						1c			
a	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance	000 D +V to	040				1f	Г	7.,	
	Did the organization include an amount on Fo	m 990, Part X, line	217					L	_ Yes	∟ No
	If "Yes," explain the arrangement in Part XIV.			#\/#.A <b>F</b> -	000 D4	114 1 4				
Par	t V Endowment Funds. Complete if	ï							1	
	<u> </u>	(a) Current year	( <b>b</b> ) P	rior year	(c) Two year	S Dack	(a) Inree y	ears back	(e) Four	years back
1a	Beginning of year balance				ļ-				ļ	<del></del>
ь	Contributions				ļ				ļ	
C	Net investment earnings, gains, and losses						·			
d	Grants or scholarships				ļ					
е	Other expenditures for facilities				1					
	and programs				<del> </del>					
f	Administrative expenses							······		
9	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	· · · · · · · · · · · · · · · · · · ·	_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	at are held a	ınd admınıste	red for t	he organiz	ation	_	
	by:								,	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
þ	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?					3ь	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipme	ent. See Form 990	), Part X	, line 10.						
	Description of property	(a) Cost or o		(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	nent)		(other)	de	preciation			
1a	Land				1,561.					,561.
b	Buildings	1,652,	513.	29	8,800.		414,8	48.	1,536	,465.
C	Leasehold improvements									
d	Equipment									
e	Other			10	8,702.		47,5	13.		,189.
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colun	nn (B), line 1	10(c))			<b>•</b>	1,709	,215.

Schedule D (Form 990) 2011

<u>Sche</u>	dule D (Form 990) 2011 NIKISKI Senior Center		94-3141712	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Fina	ncial S		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Rev	enue p	oer Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments			
b	Donated services and use of facilities 2b			
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Exp	penses	s per Return	
1	Total expenses and losses per audited financial statements		1	
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)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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  Other (Describe in Part XIV.)  4b			
b	Add lines 4a and 4b		40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c   5	
	t XIV Supplemental Information			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, l	Part IV	lines 1h and 2h: Part V line	4· Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to p			7, 1 ait
,			and the state of t	
		i		
		·		

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ. line 6a.

OMB No 1545-0047

Open To Public Inspection

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

Internal Revenue Service Employer identification number Name of the organization Nikiski Senior Center 94-3141712 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Dia (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) fundraiser have custody or control of contributions? to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

		le G (Form 990 or 990-EZ) 2011 Nikiski			94-	3141712 Page 2
Pe	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or rundraising event contributions and gr	(a) Event #1 Senior	(b) Event #2 Bazaar and	(c) Other events	(d) Total events (add col (a) through
<u>o</u>			Activities (event type)	Garage Sales (event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes			<del></del>	
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	
Pa	11 irt			m 990. Part IV. line 19. or re	eported more than	<u></u>
L <u>.</u>		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
-æ	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			<del></del>	
	6	Volunteer labor	Yes % No	6	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		•	(
	8	Net gaming income summary. Combine line	1, column d, and line 7		<b>&gt;</b>	
	ls t	ter the state(s) in which the organization operathe organization licensed to operate gaming activo, explain:	ctivities in each of these			X Yes No
			-			
		ere any of the organization's gaming licenses r Yes," explain:			rear?	Yes X No

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Sch	edyle G (Form 990 or 990-EZ) 2011 Nikiski Senior Center	94 - 3	<u>141712</u>	Page 3
	Doe's the organization operate gaming activities with nonmembers?	**	X Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	X No
13	Indicate the percentage of gaming activity operated in			140
	The organization's facility		13a	.00 %
		ŀ		0.00 %
	An outside facility		130 12 0 0	76 00 96
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ras.		
	Name ▶ Dorey Harman			
	Address ► Island lake Road - Nikiski, AK 99635	<del></del>	<del></del>	<del></del>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
	of f "Yes," enter the amount of gaming revenue received by the organization \( \bigs\) and the amount of gaming revenue retained by the third party \( \bigs\) \( \bigs\) enter name and address of the third party:	ount		
	Name ▶			
	Address ►			
16	Gaming manager information			
	Name ▶ Dorey Harman			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶ Maintain records for all reporting purp	oses		
	Director/officer X Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?		X Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activities during the tax year > \$			
Da	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	umne (m)	and (v) and	1 Port III
<u></u>	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in			
	· · · · · · · · · · · · · · · · · · ·			
		<del></del>		

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.

Inspection

**%** Employer identification number 94-3141712 X Yes 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 Nikiski Senior Center General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Parti

90, Part IV, line 21, for any se is needed ▶	tion of (h) Purpose of grant sistance or assistance					Schodule   (Form 990) (2011)
ered "Yes" to Form 9	of (g) Description of ook, non-cash assistance isal,					
ne organization answ Part II can be duplica	tt of (f) Method of valuation (book, FMV, appraisal, other)					
the United States States. Complete if the dimore than \$5,000.	(d) Amount of cash grant of assistance				able	
oring the use of grant funds in to Organizations in the United it box if no one recipient receive	(c) IRC section (d) Am If applicable cash				ganizations listed in the line 1 to	Con for Earn 000
Cocedures for monition Governments and \$5,000 Check this	(b) EIN				and government org	see the Instructi
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. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government (b) EIN (c) IRC section (d) Amount of valuation (book, non-cash assistance assistance other)				2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	١.

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2011) Nikiski Senior Center Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 0 (d) Amount of non-cash assistance 5,050. (c) Amount of cash grant 24 (b) Number of recipients (a) Type of grant or assistance Education scholarship 132102 01-27-12

Page 2

94-3141712

Schedule I (Form 990) (2011)

Part III | Grants and Other

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

Department of the Treasury

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

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

Nikiski Senior Center

Employer identification number 94-3141712

Form 990, Part I, Line 1, Description of Organization Mission:
life of all persons 55 or older in the Nikiski area. To achieve this
purpose, Nikiski Senior Citizens Inc shall work with individuals, the
community and other local and governmental agencies to assist in
meeting the needs of senior citizens.
Form 990, Part VI, Section B, line 11: The return completed from the
independent accounting office is reviewed by the executive director and
presented to the Board for approval
Form 990, Part VI, Section B, Line 12c: Time is allotted each monthly
board meeting to allow discussion of any new issues that may have arose
Form 990, Part VI, Section C, Line 19: Documents are kept on site. A
request may be made in writing to the Center director who will then present
the request to the Board and arrange a convenient time and place to provide
requested information/documents.