

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED SEP 0 9 2013

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Open to Public Inspection

		the Treasury ue Service	► The organizat	tion may have	to use a copy of	this return to	satisfy state	e report	ting requi	rements.		ection
Ā			ndar year, or tax ye				12, and en		<u> </u>		, 20	· · · · · · · · · · · · · · · · · · ·
В		applicable:	C Name of organization		S SCHOOL NEIG				Inc	D Employer identification number		
$\bar{\Box}$	Address		Doing Business As	17411274141	O COLICOL MEIC		7,0000			-	01 0542054	
Ħ	Name ch	•	Number and street (o	r P.O box if ma	ul is not delivered to	street address	Room	√surte		E Telephone		
Ħ	Initial ret	_	232 CLOVER MILL			•						
Ħ	Termina		City, town or post off		7IP code							
Ħ	Amende	The state of the s	FARMINGTON, ME		oodo					G Gross rec	ente \$	35,512
Ħ		on pending	F Name and address of						H/a) le thre		r affiliates?	
ш	Applicat	ion pending	T TALL TO LET LE LOCATOSO OF	principal cinec	••						:luded?	
_	Tay ava	mpt status	501(c)(3)	[] 501(a) (\ d (incert no	.)	٠ ا	\neg			ist. (see instru	
<u>-</u>	Website		E 301(c)(3)	<u> </u>) ~ (insert no	.) 4947(a)(1) or ∟ 527			exemption i		J. J
K			✓ Corporation ☐ Trus	t Associat	tion ☐ Other ►		L Year of for		n(c) Grou		of legal domicil	
	art I			ASSOCIA	non Uther >		L Year of for	mation		I M State C	r legal domici	e
	1 Briefly describe the organization's mission or most significant activities:											
	'	•	•		_						• • • • • • •	
8		Fairbanks	s School provides s	pace for non	profit organizatio	on and a con	imunity rac	cility to	r neignb	ornood gat	nerings.	
뎚												
ē		Ob1. 4b	:- b b c		d:k:d					050/ -63		_
ő	2		is box ▶☐ if the o							1 _ 1	is nei assei	
Activities & Governance	3		of voting members	•	• • •					3	· · · · · · · · · · · · · · · · · · ·	16
198 198	4		of independent vot	•	_			10) .				16
₹	5		mber of individuals		•	=	-			5	······································	0
Ä	6		mber of volunteers		• •					6 7a		18
	1 .	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34										0
	Ь р	Net unre	lated business taxa	able income	from Form 990-	1, line 34				7b		0
	1 _								Prior Y		Curren	
9	8		tions and grants (P					-		885		7,285
ē	9	· · · · · ·								18,072		13,127
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							ļ		18		9
_	11		venue (Part VIII, col					. —		7,756		15,091
	12		enue-add lines 8 t					<u>'</u>		26,731		35,512
	13		nd similar amounts									
	14		paid to or for mem			-						
88	15		other compensation									
Expenses	16a		onal fundraising fee					<u> </u>			<u> </u>	
×	b		draising expenses									
ш	17 6		penses (Par X) co					·				
	18	Total ex	penses. Add lines	8 17 (must	equal Part IX, co	olumn (A), li	ne 25) .	·		48,484		48,454
	19	Revenue	less expenses. Su	bttact line 1	8 from line 12	<u> </u>	<u> </u>			(21,753)		(12,942)
Assets or	3	۱۸ ایما	16 1 9 2013	الما				Begi	inning of C	urrent Year	End of	Year
Set	20		sets (Part X, line 16							553,864		538,608
₹ <u>₹</u>	21		oilities (Part X, line					·		244,831		241,086
Ž	22		its on fund balance	s. Subtract li	ine 21 from line	20	<u> </u>			309,033	<u> </u>	297,522
Р	art II	Signa	ture Block									
			ury, I declare that I have								ny knowledge	and belief, it is
tr.	ue, correc	et, and comp	olete. Declaration of prep	arer other than	officer) is based on	all information	of which prep	parer has	s any know	rledge		
_			Sail 1	plana						8/4	1/201.	3
Sig	gn	Sign	nature of officer		, _				D	ate	•	
Here			Erick &	20 1 md	- Tre	ASure	_					
		Тур	e or print name and title									
P	aid	Print/Ty	ype preparer's name		Preparer's signature	9		Date		Check	If PTIN	
	epare	ar L								self-emp		
	se On	1 — -	name >						Fir	m's EIN ▶		
J:	JC 311	עי עי	address ▶							one no		
Ma	y the I		s this return with t	ne preparer :	shown above? (see instruct	ions)					Yes 🗌 No
Fo	For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2012)											

For Paperwork Reduction Act Notice, see the separate instructions.



Cat. No. 11282Y

orm 99	0 (2012			Page 2
Part_	Ш	Statement of Program Service Accomplishments		
	D : 6	Check if Schedule O contains a response to any question in this Part III		<u>. D</u>
1		ly describe the organization's mission:		_
		A provides space for non profit organizations (food closet, LEAP). FNSA also has a community room available fo	r family	and
	neigr	aborhood events.		
2	Did t	he organization undertake any significant program services during the year which were not listed on the		
_			☐ Yes	[Z] No
	-	es," describe these new services on Schedule O.		٠٠٠ لين
3		the organization cease conducting, or make significant changes in how it conducts, any program		
			☐Yes	⊘ No
	If "Ye	es," describe these changes on Schedule O.		
4		cribe the organization's program service accomplishments for each of its three largest program services,	as meas	ured by
	expe	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ations to	others,
		otal expenses, and revenue, if any, for each program service reported.		-
4a	(Cod	e: 900099) (Expenses \$ 16,151 including grants of \$) (Revenue \$	······································)
	Spac	e for Care and Share food closet. A food bank that serves the needs in Northern Franklin county.		'
				·
4b	(Cod	le: 900099) (Expenses \$ 16,151 including grants of \$) (Revenue \$	7,28	<u>3</u>)
	Leap	training center. LEAP is a regional non profit that provides housing for developmental needs.		
				
	(0	VC		
4¢		le: 900099) (Expenses \$ 16,152 including grants of \$) (Revenue \$	5,84	4.)
	ine	Neighborhood School has space for community events, meeting, and family gatherings.		
14	Otha	er program services (Describe in Schedule O.)		
44		enses \$ including grants of \$) (Revenue \$)		
4e		al program service expenses ▶		 -
-		- Fraging of the other sea of the		

art	Checklist of Required Schedules		, - .	
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	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			1
8				1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	ļ	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		Ī

Part	Checklist of Required Schedules (continued)		, .	,
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		√
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		√
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		· ·
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		·
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	35b		✓
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	36		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	1	√
			990	(2012)

Part			=	
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		168	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	··-		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		Ì
	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		1
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, securities account, or other financial			١,
_	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ►	1		
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	l _		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		ļ
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 -	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		 •
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u></u>	1
đ	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		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	<u> </u>	1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	1
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	1
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1		
	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?		ł	
9	organization, have excess business holdings at any time during the year?	8		✓
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10	Section 501(c)(7) organizations. Enter:	-	 	\vdash
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 10b	1	1	
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	1	1	l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	1	1	
	Also appropriate to the second As force and PE of the 101 of the			
С	Enter the amount of reserves on hand	-		}
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	 	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ions.		
Section	on A. Governing Body and Management	····		<u> </u>		
0000	on 22 doverning body and management		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓			
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	•	1		
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1		
6	Did the organization have members or stockholders?	6		1		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						
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		1		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	✓			
þ	Each committee with authority to act on behalf of the governing body?	8b	✓			
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						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C				
10-	Did the granination have lead about a branch and office of		Yes	No		
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		<u> </u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	V			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1		
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		<u> </u>		
13	Did the organization have a written whistleblower policy?	13		1		
14	Did the organization have a written document retention and destruction policy?	14		1		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a				
b	Other officers or key employees of the organization	15b				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
b	with a taxable entity during the year?	16a		1		
	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				
Secti	on C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)		
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		-	olicy,		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Frick Apland 232 Clover Mill Road, Farmington, ME 207-778 9769	of the	•			

Earm	OOO	(2012)	

Page 7

Dart VIII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	
T OIL VII	Compensation of Officers, Directors, Trustees, Rey Employees, Righest Compensated Employees	. ano
		•
	Independent Contractors	
	masponasii esimasiois	

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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (D) (F) (do not check more than one Average Name and Title Reportable Reportable Estimated box, unless person is both an compensation hours per amount of ompensation from officer and a director/trustee) other eek (list an from related Individual trustee or director Institutional trustee Highest compensated employee hours for the omanizations compensation (W-2/1099-MISC) related organization from the employee rganization: W-2/1099-MISC organization below dotted and related line) organizations (1) Elena Barker Director (2) Marjorie Taylor 2 Director (3) Eugene Ranger Director (4) Dory Dickman 2 Director (5) Andrew Marble Director (6) Doris Gay 0 0 (7) Meridith Range 2 Director 0 0 (8) Dennis Pike 2 0 (9) Linda Brown 2 Director ٥ (10) Paul Mills 2 Director ٥ O (11) Cindy Kemble 2_ Director o O (12) Mary ODonal 2 Collector n n (13) Sarah Marble Secretary O 0 (14) Erick Apland Treasurer 0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					(0	C)								
	(A)	(B) Position (do not check more than on					than a		(D)	(E)			(F)	
	Name and title	Average					ıs both		Reportable	Reportable			mated	
		hours per week (list any	office	and	dad	rect	or/trus		compensation	compensation f related	rom		ount of	
		hours for	무급	15	♀	<u>.</u>	ᆲ	Former	the	organization	s		ther ensatior	n
		related	를 돌	量	Officer	Key employee	용	[∄	organization	(W-2/1099-MIS		fro	m the	
		organizations below dotted	g =	9		륯	88		(W-2/1099-MISC)				nization related	
		line)	Individual trustee or director	3		ğ	륗	İ					izations	3
			8	Institutional trustee			Highest compensated employee	j				•		
				*			8							
(15) St	an Wheeler	2		П										
Vice P	resident		1			1	ŀ	1	0		o			0
(16) TH	omas Hagerstrom	2												
Presid			✓				1) o		i			0
(17)												· · · · · · · · · · · · · · · · · · ·		
			1			1	İ							
(18)														
		Ī	1	,					•					
(19)														
		I	1	l 1	1									
(20)			· · · ·					 -						
			1				1							
(21)														
			1			1	l							
(22)								ļ						
	***************************************	1	1					1			-			
(23)											\neg			
fauctour.		Ī	ĺ	Ιİ	Ì	1	1							
(24)				П					<u> </u>					
J	······································		İ				1							
(25)									†		\neg			
d	***************************************		1				1		:					
1b	Sub-total			•				▶	0		0			0
c	Total from continuation sheets to Part	VII. Sectio	n A					▶	0		0			<u>_</u>
d	Total (add lines 1b and 1c)							•	0		0			0
2	Total number of individuals (including but	not limited	to th	iose	list	ed :	above	e) w				of		
	reportable compensation from the organi	zation ► 0						-,			3,000	0.		
													Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key e	emp	oloyee, or high	est compen	sated			
	employee on line 1a? If "Yes," complete \$	Schedule J	for su	uch .	indi	ividu	ıal					3		1
4	For any individual listed on line 1a, is the	sum of rea	portal	ble d	con	nper	nsatio	n a	nd other comp	ensation froi	n the			
	organization and related organizations													
	individual			-						<i>.</i>		4		1
5	Did any person listed on line 1a receive of	r accrue co	mpe	nsat	tion	fror	m any	un v	related organiz	ation or indiv	/idual			
	for services rendered to the organization?	? If "Yes," c	ompl	ete -	Sch	nedu	ile J 1	or s	such person			5		1
Section	on B. Independent Contractors	***												
1	Complete this table for your five highest of	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	d more than	\$100	,000 of		
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within th	e org	anizatio	n's ta	£Χ
	year.													
	(A)								(B)			(C)		
	Name and business add	ress							Description of s	ervices	(Compens	ation	
2	Total number of independent contractor							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	nizai	tion	>		0]				

Part VIII		Statement of Revenue						
		Check if Schedule O conta	ains a respo	nse to any quest				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns .	. 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b		j		1	
S, (Am	С	Fundraising events	1c					
真哥	d	Related organizations .	1d			•	l	
ž Ž	е	Government grants (contribut						
e Sign	f	All other contributions, gifts, g						
를 통]	and similar amounts not included	_ 	7,285	i			
a g	g	Noncash contributions included in			į			
	h	Total. Add lines 1a-1f .	<u> </u>	>	7,285			
Program Service Revenue		1545		Business Code	1			
ě	2a	LEAP		900099	7,283	7,283		·
8	b	Community Room		900099	5,844	5,844		
Έ	l d							
Š	e							
ga	f	All other program service						
2	g	Total. Add lines 2a-2f.			13,127		····	
	3	Investment income (inclu			(3,127			··· · · · · · · · · · · · · · · · · ·
		and other similar amounts			9		9	
	4	Income from investment of ta	ax-exempt be	ond proceeds ►				
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6a	Gross rents				į		
	b	Less: rental expenses				i		
	С	Rental income or (loss)				1		
	_d	Net rental income or (loss)		▶				
	7a) Securities	(ii) Other	}			
		assets other than inventory			İ			
	b	Less: cost or other basis and sales expenses				i		
	_	·				1		
	C	Gain or (loss)		<u> </u>		·		
	d	Net gain or (loss)		· · · · •				
Other Revenue	8a	Gross income from fundra events (not including \$	_					
er Re		of contributions reported or See Part IV, line 18		15,091				
ਰ	b	Less: direct expenses .	b	0		į		
		Net income or (loss) from		events . >	15,091			15,091
	9a	Gross income from gaming See Part IV, line 19	g activities. • • • a					
	b	Less: direct expenses .						
	C	Net income or (loss) from		ıvitıes ▶				
	10a	Gross sales of invent returns and allowances	tory, less					i
	b	Less: cost of goods sold			ŀ]		
	С	Net income or (loss) from						
	<u> </u>	Miscellaneous Revenu	ue	Business Code		-1		
	11a							
	b							<u> </u>
	C	All alban and a						
	d	All other revenue						
	12	Total. Add lines 11a-11d Total revenue. See instru		💺	35 512	13 127		15 001

	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).								
	Check if Schedule O contains a respon			<u> </u>				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		·					
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7 8	Other salaries and wages							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees):							
a	Management			1				
b	Legal							
C	Accounting							
đ	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion	50		50				
13	Office expenses	48		48				
14	Information technology	1,065		1,065	· · · · · · · · · · · · · · · · · · ·			
15	Royalties			.,,,,,,,,,				
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest	10,227		10,227				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .	19,382		19,382				
23	Insurance	2,747		2,747				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
a	State filing	66		66				
ь	Bank service charges	131		131				
C								
d	***************************************							
ө	All other expenses	14,738		14,738				
25	Total functional expenses. Add lines 1 through 24e	48,454		48,454				
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)							

P	art X	Balance Sheet								
		Check if Schedule O contains a response to	any question in this Par	t X		🗆				
				(A) Beginning of year		(B) End of year				
	1	Cash—non-interest-bearing		7,148	1	17,347				
	2	Savings and temporary cash investments		6,990	2	3,875				
	3	Pledges and grants receivable, net			3					
	4	Accounts receivable, net			4					
	5		ns and other receivables from current and former officers, directors,							
		trustees, key employees, and highest co Complete Part II of Schedule L			5					
	6	Loans and other receivables from other disqualified pers								
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar								
		sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche								
Assets	-				6					
155	7	Notes and loans receivable, net			7					
•	8	Inventories for sale or use			8					
	9 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or		2,958	9	···				
	104	other basis. Complete Part VI of Schedule D	10a 536.76							
	ь	Less: accumulated depreciation			100	E17 200				
	11	•	10b 19,38	536,768	11	517,386				
	12	Investments—other securities. See Part IV, line			12					
	13	Investments—program-related. See Part IV, line			13					
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11		15						
	16	Total assets. Add lines 1 through 15 (must equa		553,864	16	538,608				
	17	Accounts payable and accrued expenses			17					
	18	Grants payable		18						
	19	Deferred revenue			19					
	20	Tax-exempt bond liabilities			20					
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D.	1,432	21	2,032				
Se	22	Loans and other payables to current and for	ormer officers, directors,	,						
₫		trustees, key employees, highest comper		1						
Liabilities		disqualified persons. Complete Part II of Schedu	ule L		22					
3	23	Secured mortgages and notes payable to unrela	ited third parties	241,967	23	239,054				
	24	Unsecured notes and loans payable to unrelated	d third parties		24					
	25	Other liabilities (including federal income tax,			1 1					
		parties, and other liabilities not included on lines			_					
		of Schedule D			25	·····				
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	· · · · · · · · · · · · · · · · · · ·	243,399	26	241,086				
Ces		complete lines 27 through 29, and lines 33 an		io ,						
<u>a</u>	27	Unrestricted net assets			27					
Ba	28	Temporarily restricted net assets			28					
B	29	Permanently restricted net assets			29					
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 9 complete lines 30 through 34.	58), check here ► 📋 and	d						
ţ	30	Capital stock or trust principal, or current funds			30					
330	31	Paid-in or capital surplus, or land, building, or e	quipment fund		31					
Ä	32	Retained earnings, endowment, accumulated in			32					
Ž	33	Total net assets or fund balances		310,465		_297,522				
	34	Total liabilities and net assets/fund balances .	<u> </u>	553,864	34	538,608				
						Form 990 (2012)				

	0 (2012)			Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			35.512
2	Total expenses (must equal Part IX, column (A), line 25)	2			48,454
3	Revenue less expenses. Subtract line 2 from line 1	3			2,942)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			10465
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		29	97,523
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," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ŀ	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			
	reviewed on a separate basis, consolidated basis, or both:			İ	1
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	ŀ	
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	Ì	ł
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.		1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		-	1
	the Single Audit Act and OMB Circular A-133?		3a	-	l
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	1	
			Fon	n 990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

FAIRBANKS SCHOOL NEIGHBORHOOD ASSOCIATION, Inc. 01 0542054 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 described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. b Type II c Type III-Functionally integrated **d** Type III-Non-functionally integrated 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (viii) Amount of monetary the organization in col. (i) of your in col (i) listed in your organization (described on lines 1-9 organization in col support governing document? (i) organized in the above or IRC section support? US? (see instructions)) Yes No No No (A) (B) (C) (D) (E) **Total**

Part							
	(Complete only if you checked the						alify under
Card	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	ease comple	te Part III.)	
	on A. Public Support	()			· · · · · · · · · · · · · · · · · · ·		
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2		111,376	21,172	15,404	8,641	22,376	178,969
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	111,376	22,172	15,404	8,641	22,376	178,969
5	The portion of total contributions by		-				170,000
_	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.						178,969
	on B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	111,376	21,172	15,404	8,641	22,376	176,969
8	Gross income from interest, dividends,				:		
	payments received on securities loans, rents, royalties and income from similar						
	Sources						
9	Net income from unrelated business	303	24	38	18	9	393
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	14,401	22,996	20,784	18,072	13,127	89,380
11	Total support. Add lines 7 through 10		22,000	20,704	10,072	13,127	268,742
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	89380
13	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u> </u>			▶ □
	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6			1, column (f))		14	66.5 %
15	Public support percentage from 2011 Sch					15	69.5 %
16a		zation did not	check the box	on line 13, and	l line 14 is 331	3% or more, cl	
L	box and stop here. The organization qua						
Ь	331/3% support test—2011. If the organ						
4	check this box and stop here. The organi	•					
1/a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee Part IV how the organization meets the "f	ets the Tacts-a	anu-circumsta imetancee" tee	t The organiz	tion qualifies	a stop nere. E	explain in
	organization						· ·
L							. >
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat	on meets the	inization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	Explain in Part IV how the organization m	eets the "facts	- racio-ariu-ci s-and-circumet	ances" test T	iest, check th he organization	n qualifice se s	up nere. Loubliely
	supported organization						
18	Private foundation. If the organization di						
	instructions						

Part III	Support Schedule for	Organizations	Described in Sec	tion 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.)

	in the organization rails to quality	under the te	sts listed bei	ow, please co	impiete Part	11.)	
	on A. Public Support		T		·		· · · · · · · · · · · · · · · · · · ·
_	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees		}				
2	received. (Do not include any "unusual grants ") Gross receipts from admissions, merchandise					 	
_	sold or services performed, or facilities		}				
	furnished in any activity that is related to the			<u> </u>			
•	organization's tax-exempt purpose						ļ
3	Gross receipts from activities that are not an unrelated trade or business under section 513						ļ
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						
3	furnished by a governmental unit to the		1	l			
	organization without charge						
6	Total. Add lines 1 through 5		 				1
	Amounts included on lines 1, 2, and 3		 	 		 	<u> </u>
-	received from disqualified persons .					1	
b	Amounts included on lines 2 and 3			 		 	
~	received from other than disqualified			1	1	1	
	persons that exceed the greater of \$5,000		ł				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			1			
8	Public support (Subtract line 7c from						
	line 6.)				1		
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,				Į.		
	payments received on securities loans, rents,						
	royalties and income from similar sources .			ļ	ļ		ļ
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975		ŀ				
_			<u> </u>		ļ		ļ
	Add lines 10a and 10b		 	·	 	 	
11	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		 			 	
12	loss from the sale of capital assets						
	(Explain in Part IV.)		1	1	1		
13	Total support. (Add lines 9, 10c, 11,	 	1	<u> </u>			
	and 12.)						1
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secor	nd. third. fourth	n, or fifth tax v	ear as a section	on 501(c)(3)
	organization, check this box and stop he	-			-		
Secti	ion C. Computation of Public Suppor	rt Percentag	je				
15	Public support percentage for 2012 (line 8	8, column (f) c	livided by line	13, column (f))		15	%
16	Public support percentage from 2011 Sch	hedule A, Part	: III, line 15 .	,		16	%
Sect	ion D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2012 (17	%
18	Investment income percentage from 2011						%
19a	331/3% support tests—2012. If the organ						
	17 is not more than 331/3%, check this box	=	-	=		-	
b	331/3% support tests—2011. If the organiz				•		
	line 18 is not more than 331/3%, check this						· · · · · · · · · · · · · · · · · · ·
20	Private foundation, If the organization di	io not check a	i pox on line 14	i. 19a. or 19b.	cneck this box	cano see instri	ictions 🕨 🗀

Schedule A (I	Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
PART II LII	NE 10 Rent revenue received from LEAP, Care and Share Food Closet, and community events.	
		+
·		
·		
·····		
,_,,		
·		
	······································	

SCHEDULE D (Form 990)

Supplemental Financial Statements

2012

Department of the Treasury Internal Revenue Service Name of the organization ➤ 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.

Open to Public Inspection

OMB No 1545-0047

Name of	the or	anization		Employ	er identification number
FAIRB	ANKS	SCHOOL NEIGHBORHOOD ASSOCIATION	I, Inc.		01 0542054
Par			r Advised Funds or Other Similar Fu	nds or A	
		organization answered "Yes" to Fo			•
			(a) Donor advised funds		(b) Funds and other accounts
1	Total	number at end of year		 -	
2		egate contributions to (during year) .			
3		egate grants from (during year)			
4		egate value at end of year			
5		•	donor advisors in writing that the assets	held in o	donor advised
			t to the organization's exclusive legal conti		· · · · 🗌 Yes 🗍 No
6			ors, and donor advisors in writing that gra		- -
			benefit of the donor or donor advisor, or		
				-	
Part			ete if the organization answered "Yes"		
1			by the organization (check all that apply).	10 1 011	11 000, 1 01117, 1110 7.
•			ecreation or education) Preservation	of an his	torically important land area
		rotection of natural habitat	· · · · · · · · · · · · · · · · · · ·		ified historic structure
	=	reservation of open space	Treservation	oi a ceiti	med historic structure
2			tion held a qualified conservation contribut	on in the	e form of a consensation
_		ment on the last day of the tax year.	normera a quamica conscrivation contribut		c form of a conscivation
				ı	Held at the End of the Tax Year
а	Total	number of conservation easements .		i	2a
b			ements		2b
C			tified historic structure included in (a)		2c
ď			ed in (c) acquired after 8/17/06, and not		26
u		nc structure listed in the National Regist			0.4
3		•	I, transferred, released, extinguished, or te		by the organization during the
•	tax y		i, transferred, released, extinguished, or te	mmatec	by the organization during the
4	-	per of states where property subject to	conservation easement is located		
5			cy regarding the periodic monitoring, in	enection	handling of
·	violat	ions and enforcement of the conservat	ion easements it holds?	spection	· · · · · Tyes No
6			ring, inspecting, and enforcing conservatio		— · · · ·
Ū	Stair	and volunteer nours devoted to monitor	ing, inspecting, and emorcing conservation	ii easeiii	lents during the year
7	Amo	int of expenses incurred in monitoring	inspecting, and enforcing conservation eas	omonto	during the year
•	► \$	ant of expenses incurred in monitoring,	inspecting, and emorcing conservation eas	sements	during the year
8	`	each conservation easement reported	on line 2(d) above satisfy the requirements	of cocti	op 170(b)(4)(R)
•			· · · · · · · · · · · · · · · · · · ·	O Secti	
9			ports conservation easements in its revenu		
9			text of the footnote to the organization's f		•
		nization's accounting for conservation e		ii iai iciai	statements that describes the
Part			ctions of Art, Historical Treasures, o	r Otho	r Similar Accate
	-		ered "Yes" to Form 990, Part IV, line 8		Gilliai Assets.
10	If the		der SFAS 116 (ASC 958), not to report in r		us statement and balance shoot
ıa			similar assets held for public exhibition, e		
			of the footnote to its financial statements th		
L	•	•			
b			nder SFAS 116 (ASC 958), to report in its similar assets held for public exhibition, a		
		c service, provide the following amount	•	educado	n, or research in furtherance of
	(I) R	evenues included in Form 990, Part VIII,	line 1		· • \$
_					
2	C - 11		of art, historical treasures, or other similar		•
	TOIIO	ving amounts required to be reported u	nder SFAS 116 (ASC 958) relating to these e 1	items:	
а	Reve	nues included in Form 990, Part VIII, lin	e1		> \$
b	Asse	ts included in Form 990. Part X			▶ \$

Part	III Organizations Maintaining	Collec	ctions of	Art, His	torical 7	Freasures,	or O	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, collection items (check all that apply):		ion, and ot	her reco	rds, chec	k any of the	e follov	ving that are a	significant u	se of its
а	☐ Public exhibition			d	□ Loan	or exchang	e prog	rams		
b	☐ Scholarly research									
С	☐ Preservation for future generations	s								
4	Provide a description of the organization XIII.	tion's c	ollections a	and expl	ain how t	hey further	the ore	ganization's exe	mpt purpos	e ın Part
5	During the year, did the organization assets to be sold to raise funds rather									□ No
Part	IV Escrow and Custodial Arra									Part IV
	line 9, or reported an amoun					gai iizatioi i	2110110	100 100 101	5111 550, 1	aitiv,
1a	Is the organization an agent, trustee,					or contribut	ions o	r other assets n	ot	
	included on Form 990, Part X?									□ No
b	If "Yes," explain the arrangement in Pa									
	,,,								mount	
c	Beginning balance						10			
d	Additions during the year						10		· · · · · · · · · · · · · · · · · · ·	
е	Distributions during the year						16			
f	Ending balance						11			
2 8	Did the organization include an amoun				21? .				☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa						provid	ed in Part XIII .		ī
Par										
			rrent year		ior year	(c) Two year		(d) Three years bac		ars back
1a	Beginning of year balance									· · · · · · · · · · · · · · · · · · ·
b	Contributions									···-
С	Net investment earnings, gains, and losses									
d	Grants or scholarships								-	
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses	<u></u>								
g	End of year balance	<u> </u>								
2	Provide the estimated percentage of t	the curr	ent year en	nd baland	æ (line 1g	g, column (a)) held	as:		
а	Board designated or quasi-endowmer	nt 🕨		_%						
þ	Permanent endowment ►									
c										
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e posse	ession of th	ne organ	ization th	at are held	and ac	lministered for t	ne _	
	organization by:									es No
	(i) unrelated organizations								3a(i)	
_	(ii) related organizations				• • • •	· · ·			3a(ii)	
	If "Yes" to 3a(ii), are the related organ								3b	
4	Describe in Part XIII the intended uses									
Part										
	Description of property		(a) Cost or ot (investm			or other basis other)		Accumulated epreciation	(d) Book	/alue
1a	Land	· _			<u> </u>					
b	Buildings	·		556,150	 			38,764		517,386
C	Leasehold improvements	· _			 					
d	Equipment	· _								
<u>e</u>	Other	<u>. </u>			<u> </u>					
Total.	Add lines 1a through 1e. (Column (d) r	nust eq	ual Form 9	90, Part	X, columi	n (B), line 10)(c).)	<u> ▶ </u>	·······	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No	154	5-0172
20	1	2

Department of the Treasury Internal Revenue Service (99

➤ See separate instructions

Attach to your tax return

Attachment 179

Internal Revenue Service (99) Name(s) shown on return	7 36.	Rusine		hich this form relate			fying number
FAIRBNKS SCHOOL NEIG	HENDHOUD VO	1	as or activity to w	mor this form relate	•	lacila	01 542054
		rtain Property Un	der Section	179			01 342034
		d property, compl			olete Part I.		
1 Maximum amount (see instruction	s)				1	
2 Total cost of section	n 179 property	placed in service (se	e instructions			2	
3 Threshold cost of s	ection 179 proj	perty before reduction	n in limitation	(see instruction	s) <i>.</i>	3	
		ne 3 from line 2. If ze				4	
					-0 If married filing		
separately, see inst						5	
6 (a) D	escription of proper	ty	(b) Cost (busi	ness use only)	(c) Elected cost		
			<u> </u>	·····			
7 Listed property. En					 		
		property. Add amoun				8	
		aller of line 5 or line				9	
		from line 13 of your				10	
		smaller of business in	•	•	•	11	
12 Section 179 expension13 Carryover of disallo		dd lines 9 and 10, b			13	112	
Note: Do not use Part II					13		L
Part II Special Dep					de listed property)	(See i	netructions \
14 Special depreciati						1	istructions.)
during the tax year			•			14	
15 Property subject to	•	•				15	
16 Other depreciation		<u>-</u> .				16	
Part III MACRS De						1	<u> </u>
			Section A	(
17 MACRS deduction	s for assets pla	ced in service in tax		na before 2012		17	
18 If you are electing					one or more general	-	
asset accounts, ch	eck here .				▶ 🔲	1	
Section I			ng 2012 Tax Y	ear Using the	General Depreciation	n Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) D	Pepreciation deduction
19a 3-year property						1	
b 5-year property]						
c 7-year property			<u></u>				
d 10-year property	_		<u> </u>				
e 15-year property						—	
f 20-year property	_						
g 25-year property	1		25 yrs.	ļ	5/L	—	· _ · · · · · · · · · · · · · · · · · ·
h Residential rental			275 yrs.	MM	5/L	+	
property			275 yrs	MM	5/L	+	
i Nonresidential rea			39 yrs	MM	5/L	+	
property	01/01/2011	556,150	27.5	MM	S/L	1_	19,382
	Assets Place	ea in Service During	2012 Tax Ye	ear Using the A	Iternative Depreciati	on Sy	stem
20a Class life	4		12:		5/L	+	
b 12-year	 		12 yrs.	MM	S/L S/L	+-	· · · · · · · · · · · · · · · · · · ·
c 40-year	(Soo instruction	L	40 yrs	T IMIM	1 3/L	ــــــــــــــــــــــــــــــــــــــ	
Part IV Summary						74	1
21 Listed property. Et 22 Total. Add amount					a) and line 21 Enter	21	
here and on the ap	propriate lines	of your return. Partn	erships and S	corporations-		22	
23 For assets shown	•	ced in service during	•	ear, enter the	00		

43

Form **4562** (2012)

Amortization of costs that began before your 2012 tax year .

Total. Add amounts in column (f). See the instructions for where to report