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SCANNED JUL 1 5 2013

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)

2012

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the 2012 calen	dar year, or tax year beginning	, 2012, and ending	,				
В	Check if applicable	С		D Employer Identifi	cation Number			
	Address change	COOK INLET REGIONAL CITIZENS ADVIS	SORY	92-01353	68			
	Name change	COUNCIL INC	70111	E Telephone number				
	Initial return	8195 KENAI SPUR HWY		907-283-	7222			
	H	KENAI, AK 99611-8033		907-203	1222			
	Terminated			ه م	1 000 040			
	Amended return		Tue > 1- 4	G Gross receipts \$				
	Application pending			nis a group return for affilia				
		Same As C Above	If 'N	all affiliates included? lo,' attach a list (see instr	uctions) Yes No			
<u>. </u>	Tax-exempt status		47(a)(1) or 527					
<u>J</u>	Website: ► ww	w.circac.org	H(c) Gro	up exemption number				
K	Form of organization	X Corporation Trust Association Other ►	L Year of Formation 19	91 M State of leg	gal domicile AK			
Pa	rt I Summar							
	 Briefly descri 	be the organization's mission or most significant activi	ties THE MISSION O	OF THE COUNCI	L IS TO			
ø	REPRESEN	T THE CITIZENS OF COOK INLET IN PR						
SE.	TRANSPOR	TATION AND OIL FACILITY OPERATIONS	IN COOK INLET, A	ALASKA.				
Ĕ								
o.	2 Check this bo		s or disposed of more than	25% of its net asse	ets			
9		oting members of the governing body (Part VI, line 1a)		3	13			
S		dependent voting members of the governing body (Par	· ·	4	13			
/itie		of individuals employed in calendar year 2012 (Part V	, line 2a)	5	9			
Activities & Governance		of volunteers (estimate if necessary)		6	0			
Ā		ed business revenue from Part VIII, column (C), line 12	<u>'</u>	7a	0.			
	b Net unrelated	business taxable income from Form 990-T, line 34		7 b	0.			
	O Contributions	and grants (Dart VIII June 16)	<u> </u>	Prior Year	Current Year			
ē		and grants (Part VIII, line 1h)		1,315,727.	1,221,628.			
Revenue	_	vice revenue (Part VIII, line 2g) ncome (Part VIII, column (A), lines 3, 4, and 7d)		F00	401			
ě		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	10)	500.	421.			
		e (Fait Viii, columii (A), lilles 5, 60, 60, 90, 100, and 1 e – add lines 8 through 11 (must equal Part VIII, colun	-	1 216 227	1 000 040			
			III (A), IIIIe 12)	1,316,227.	1,222,049.			
		imilar amounts paid (Part IX, column (A), lines 1-3)						
	1	to or for members (Part IX, column (A), line 4)			529,285.			
တ္	15 Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	539,265.				
Expenses	16a Professional	fundraising fees (Part IX, column (A), line 11e)						
ф	b Total fundras	sing expenses (Part IX, column (D), line 25) >	24,082.					
ம	I I / Other expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)	RECENTER	7 826,352.	759,714.			
	18 Total expens	es. Add lines 13-17 (must equal Part IX, column (A)/Ti	in SUCIVED	1,365,617.	1,288,999.			
	19 Revenue less	s expenses Subtract line 18 from line 12	10	-49,390.	-66,950.			
800		es. Add lines 13-17 (must equal Part IX, column (A) Ti s expenses Subtract line 18 from line 12	JUL 0 3 2013 G	ining of Current Year	End of Year			
eets alan	20 Total assets	(Part X, line 16)	2013	643,313.	606,580.			
AB	21 Total liabilitie	es (Part X, line 26)		117,045.	147,262.			
Net Assets Fund Balan	22 Net assets or	fund balances Subtract line 21 from line 20	GDEN TIT					
	1101 485615 01	 	3.91	526,268.	459,318.			
		-						
comp	er penalties of perjury, I di plete Declaration of prepa	eclare that I have examined this return, including accompanying schedule arer (other than officer) is based on all information of which preparer has	s and statements, and to the best o any knowledge	of my knowledge and belie	f, it is true, correct, and			
		54.4		1 / 1/2				
c:-	Signatu	ire of officer		Date 4/26//	>			
Sig He	in .	44.0 1.4 7 4 44 14 77						
116		MICHAEL L. MINGER E	XECUTIVE DIR	ector				
		preparer's name Preparer's signature	Date		PTIN			
	'		Date	Loueck				
Pai		B Lambe, CPA Slobert B farm	~ 16/25/13	self-employed I	200536097			
	parer Firm's name		C					
US	e Only Firm's addre			Firm's EIN ► 92-	0115580			
_		Soldotna, AK 99669		Phone no (907) 262-9123			
May	the IRS discuss the	is return with the preparer shown above? (see instruct	ions)		X Yes No			
BA	A For Paperwork F	Reduction Act Notice, see the separate instructions.	TEEA0113L	12/18/12	Form 990 (2012)			

		L CITIZENS ADVISORY	92-0135368	8 Page
	nent of Program Servic	•		
	<u> </u>	onse to any question in this Part III		
THE MISSI		IS TO REPRESENT THE CITIZEN TRANSPORTATION AND OIL FAC		
Did the organiz Form 990 or 9	, ,	program services during the year which were r		Yes X N
If 'Yes,' descri	be these new services on Sch	nedule O	_	_
-	zation cease conducting, or n be these changes on Schedul	nake significant changes in how it conducts e O	, any program services?	Yes X N
Section 501(c)(and 501(c)(4) organizations ; 	e accomplishments for each of its three larg and section 4947(a)(1) trusts are required to re any, for each program service reported	est program services, as measured eport the amount of grants and allocat	by expenses lons to
a (Code		135,511. including grants of \$		
LIMITED T PREVENTIONME	O, THE OVERSIGHT, N, SAFETY AND RESP NTAL IMPACTS OF OI	S ADVISORY COUNCIL IS A COMMONITORING, ASSESSING AND E ONSE PLANS, TERMINAL AND OIL TANKER AND TERMINAL OPERATE THE OIL POLLUTION ACT OF	VALUATION OF OIL SPILI L TANKER OPERATIONS AN TIONS IN COOK INLET UN	ID
				
				
b (Code·) (Expenses \$	including grants of \$) (Revenue \$	
			_	
c (Code·) (Expenses \$	including grants of \$) (Revenue \$	
				-
	·			
				-
d Other program	services (Describe in Scheo	dule O)		
(Expenses	services (Describe in Scheo \$ in	dule O) cluding grants of \$ 435,511.) (Revenue \$)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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	_	<u>X</u> _
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		X
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		X
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_		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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ŀ	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	11 b		Х
(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	11 c		X
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	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 and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ì	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		х
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		Х
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		<u>x</u>
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		Х
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		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		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a 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, and 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		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	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		Х
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		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		Х
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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Α.
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30 31		X
31	5 , , , , , , , , , , , , , , , , , , ,	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	ļ	Х
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		х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b If 'Yes' to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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		Х
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	38	X	
BAA		Forn	า 990	(2012)

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	eportable gaming	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return	2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	structions)]
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	·7	3 a		Χ
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other financial account.)	r authority over, a nancial account)?	4 a		Х
b	If 'Yes,' enter the name of the foreign country. ▶				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fi				
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year [?]	_5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	er transaction?	5 b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, as solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ons or gifts were	6Ь		
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 p.	artly for goods and			<u> </u>
_	services provided to the payor?	, g	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7с		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file las required?	Form 8899	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form $1098\text{-}\mathrm{C}^2$	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9 a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			'
	Section 501(c)(12) organizations. Enter	1			ŀ
а	Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 Ь			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu	1	12 a		<u> </u>
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ. <u></u> .		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule	e 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	13Ь			
_	Enter the amount of reserves on hand	13c	1		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in a	Schedule O	14b		† <u> </u>
BAA	TEEA0105L 08/08/12			<u> </u>	(2012)

a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members 1 a 13 of the governing body, or if the governing 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 13 1 t 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 X 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ X X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? Яa b Each committee with authority to act on behalf of the governing body? Χ 8 h Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule 0 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

See Schedule O X 120 X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15 a b Other officers of key employees of the organization 15_b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Another's website Other (explain in Schedule O) Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization INLET RCAC 8195 KENAI SPUR HWY 99611-8033 907-283-7222 BAA TEEA0106L 08/08/12 Form 990 (2012)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

•					
Form 990 (2012)	COOK	TNIET	RECTONAL.	CITIZENS	ADVICOBY

92-0135368

age 7

Part VII

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

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

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

Check this box if neither the organization	n nor any rela	ited or	ganız	zatio	n co	mpen	sated	d any current officer, dir	ector, or trustee	
				(C	;)					
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	stitutional to		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN WILLIAMS	2									
President		Х		Х				0.	0.	0.
(2) MICHAEL OPHEIM	2									
Director	0	X						0.	0.	0.
(3) WALT SONEN	2									
Director	0	X						0.	0.	0.
(4) ROB LINDSEY	2									
Director	0	X						0.	0.	0.
(5) GRACE MERKES	2	1								
Vice President	0	X		Χ				0.	0.	0.
(6) MOLLY McCAMMON	2				Ì					
Director	0	Х						0.	0.	0.
(7) GARY FANDREI	2			ĺ						
SEC/ TREAS	0	X_		X				0.	0.	<u>0.</u>
(8) BOB FLINT	2									
<u>Director</u>	0	X						0.	0.	0.
_(9)_CARLA_STANLEY	2									
Director	0	Х						0.	0.	0.
(10) DERIC MARCORELLE	2	1								
Director	_ 0	Х						0.	0.	0.
(11) ROBERT PETERKIN II	2	1	Ì							
Director	0	X						0.	0.	0.
(12) PAUL SHADURA	2]								
Director	0	X						0.	0.	0.
(13) SCOTT SMILEY	2]								
Director	0	X						0.	0.	0.
(14) MICHAEL MUNGER	40	↓ ¯								
Executive Direc	0			Х				123,290.	0.	0.

Page 8

Part VII Section A. Officers, Directors, Trus	tees, l	Key	Em	plo	ye	es, a	nd	Highest Com	pensated E	mple	oyees ((cont)	_
	(B)		(C)										
(A) Name and title	Average hours per	box.	, unie:	ss pe	erson direct	than or is both or/truste	an l	(D) Reportable compensation from	(E) Reportable compensation f	rom	Estir amount	nated of other	
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organiza (W-2/1099-MIS	tions SC)	fron organ and r	nsation i the ization elated zations	
(15)													
(16)											·		_
(17)													_
<u>(18)</u>													_
<u>(19)</u>				·					_				_
(20)													_
(21)													
(22)										ì			_
(23)													
(24)				·							_		
(25)								·					
1 b Sub-total						-	•	123,290.		0.			<u>).</u>
c Total from continuation sheets to Part VII, Section	1 A					,		0.		0.			<u>).</u>
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to from the organization 1	o those	listed	abov	ve) v	who			123,290. more than \$100,00	00 of reportable	0. comp	ensation	<u>_</u>	<u>).</u>
from the organization 1												res N	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such			key	em	ploy	ee, or	hi	ghest compensate	ed employee		3		X
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater	eportab than \$1	le coi 50,00	mpe	nsa <i>If</i> '\	tion Yes'	and c	othe let	er compensation t e Schedule J for	rom		4		X
such individualDid any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper	satio	n fro	om a lule	any J fo	unrela r such	ate	d organization or erson	ındıvıdual		5		X
Section B. Independent Contractors	00111,010		31100	<u></u>	- 10								_
Complete this table for your five highest compensation from the organization. Report compensation.	ated inde	epend	dent	COI dar	ntrac	ctors t	hat	received more th	nan \$100,000	of			
(A) Name and business addre			4.011	<u> </u>	<i>,</i> 0 u.	511411	·g ·	(B Description)	ĺ	(C) Compen	sation	
NUKA RESEARCH & PLANNING, LLC 1451 NORTH BO	ONE LA	NE S	ELD	OV 1	ΙA,	AK 9	96	RESEARCH			17	5,853	3.
							-						
										+			
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization		iited t	o tho	ose	liste	d abov	/e)	who received more	than		<u>.,</u>		
BAA		TEEA	01081	01/	24/13			_			Form 9	90 (20	12)

	Check if Schedule O contains a response to any question	on in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 d 221,495. f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f: \$				
	h Total. Add lines 1a-1f	1,221,628.			
PROGRAM SERVICE REVENUE	Business Code 2 a b c d e f All other program service revenue				
	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	421.			421.
	(i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
OTHER REVENUE	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 8 usiness Code				
	11 a b c d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	1,222,049.	0.	0	. 421.

Part IX | Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re			mplete column (A)	
		(A)	(B)	(C)	(D)
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	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	123,290.	0.	123,290.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	365,066.		365,066.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	3037000.			
9	Other employee benefits				
10	Payroll taxes	40,929.		40,929.	
11	Fees for services (non-employees):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10,525.	•
	Management				
	Legal				
	Accounting	_			
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses	17,512.		17,512.	
14	Information technology				
15	Royalties.	16,466.		16,466.	
16	Occupancy	37,806.		37,806.	
17	Travel	59,207.		49,965.	9,242.
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	36,648.	34,723.	1,925.	
23	Insurance	167,789.	9.17 1201	167,789.	
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)	107,703.	-	107,783.	
a	PROFESSIONAL FEES	415,628.	400,788.		14 040
	PUBLIC RELATIONS	3,187.	400, 100.	2 107	14,840.
				3,187.	
	Postage and Shipping	2,702.		2,702.	
	OTHER	1,686.		1,686.	
	All other expenses	1,083.		1,083.	
25	Total functional expenses. Add lines 1 through 24e	1,288,999.	435,511.	829,406.	24,082
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)				

Page 11

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 28,745 1 9,769. Cash - non-interest-bearing Savings and temporary cash investments 2 319,699 343,466. 2 3 100,343. Pledges and grants receivable, net 130,815 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 33,326. 40,119 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 285,762 10b 10 c b Less accumulated depreciation 166,086 123,935 119,676. Investments - publicly traded securities. 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets See Part IV. line 11 16 606,580. 16 Total assets. Add lines 1 through 15 (must equal line 34) 643,313 17 Accounts payable and accrued expenses 66,056. 17 96,272. 50,989 18 Grants payable 18 50,989 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 Total liabilities. Add lines 17 through 25 117,045 26 147,262 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 102,696 27 101,003 28 Temporarily restricted net assets. 423,572 28 358,315. 29 Permanently restricted net assets R Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 526,268. 33

BAA

34

Total liabilities and net assets/fund balances.

606,580. Form 990 (2012)

34

643,313

459,318.

		-0135368		Pa	ge 12					
Pai	rt 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	1,2	22,0	<u> 149.</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	38,9	<u> 99.</u>					
3	Revenue less expenses. Subtract line 2 from line 1	3	_	-66,950.						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5:	26,2	268.					
5										
6	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			0.					
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4.	59,3	318.					
Pai	rt 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 X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O									
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both	ved on a								
	Separate basis Consolidated basis Both consolidated and separate basis									
ı	were the organization's financial statements audited by an independent accountant?		2 b	Х						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both:	rate								
	X 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 oversight of the auditive review, or compilation of its financial statements and selection of an independent accountant?	lit,	2 c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O									
3 8	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?									
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udıt	3 ь							
BAA	<u> </u>		Form	990	(2012)					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of t	the organ	ization	COOK 1	NLET REGI	ONAI	CITIZENS ADVI	SORY				Employe	ridentifica	tion number	
			COUNC		0.11	. 0111111111101110111111111111111111111	501.1				92-03	L35368	3	
Part I	Re	ason f	or Publ	ic Charity St	tatus	(All organizations	must d	comple	te this	part.)	See ii	nstruct	ions.	
The org						e it is (For lines 1 throu					_			
1	A ch	iurch, co	onvention	of churches or	assoc	ciation of churches desc	ribed in	section	n 170(b)	(1)(A)(i)				
2	A so	hool de	scribed in	section 170(b))(1)(A)	(ii). (Attach Schedule E	<u>:</u>)							
3	A ho	spital o	г а сооре	rative hospital	servic	e organization describe	d in sec	tion 17	0(b)(1)(A	۸)(iii).				
4	_			•		in conjunction with a h				• • •	0(b)(1)(<i>A</i>	A)(iii) Er	nter the hospit	al's
			and state	_		•	•						·	
5 [An o	rganızat b)(1)(A)	ion operat	ted for the benefit mplete Part II)	t of a	college or university own	ed or ope	erated by	y a gove	rnmental	unit des	scribed in	section	- .
6					t or go	overnmental unit describ	oed in s	ection 1	70(Ь)(1))(A)(v).				
7	X An o	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	A cc	mmunit	y trust de	scribed in sect	ion 17	70(b)(1)(A)(vi). (Comple	te Part I	1)						
9 [d relat unrel	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).												
10														
11 [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 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.													
	а	Type I	b	Type II	С	Type III — Function	nally inte	grated	•	d 🗍 -	Type III	– Non-f	unctionally into	egrated
e [− ′ othe	hecking than fo on 509	undation i	, I certify that the managers and ot	e orga her tha	anization is not controll an one or more publicly s	ed direc supported	tly or ind I organiz	directly ations d	by one of escribed	or more in section	dısqualı on 509(a)	fied persons)(1) or	
f	If the	e organiz k this b	ation rece	eived a written de	etermır	nation from the IRS that i	ıs a Type	I, Type	II or Typ	e III sup	porting (organızat	ion,	
g	Sind	e Augus	st 17, 200	06, has the orga	nızatı	on accepted any gift oi	r contrib	ution fro	om any o	of the fo	llowing	persons	?	
													Ye	es No
	(i)	A pers	on who o	lirectly or indire erning body of t	ctly co he sup	ontrols, either alone or opported organization?	together	with pe	ersons de	escribed	l ın (ıı) a	and (III)	11 g (i)	
	(ii)	A fam	ly memb	er of a person o	describ	oed in (i) above?							11 g (ii)	
	(iii)	A 35%	controlle	ed entity of a pe	erson (described in (i) or (ii) al	bove?						11 g (iii)	
h	Prov	ride the	following	information ab	out the	e supported organizatio	n(s)							
	(ı) Na	ame of sup organizatio	ported on	(n) EIN		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the sation in) listed in overning ment?	(v) Did yo the organ column (supp		organiz	s the ration in mn (i) ed in the S?	(vii) Amount of support	
							Yes	No	Yes	No	Yes	No		
(A)														
(B)			_											
(C)														
				=				-						
(D)	_													
<u>(E)</u>		<u>-</u>												
Total										-				

Schedule A (Form 990 or 990-EZ) 2012

Part II 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)

<u>Sec</u>	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
begi	ndar year (or fiscal year nning 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.')	1,443,778.	2,039,693.	1,006,158.	1,315,727.	1,221,628.	7,026,984.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	1,443,778.	2,039,693.	1,006,158.	1,315,727.	1,221,628.	7,026,984. 3,745,485.
6	Public support. Subtract line 5 from line 4						3,281,499.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,443,778.	2,039,693.	1,006,158.	1,315,727.	1,221,628.	7,026,984.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,704.	566.	544.	500.	421.	7,735.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			1,641.			1,641.
11	Total support. Add lines 7 through 10						7,036,360.
12	Gross receipts from related activ	vities, etc (see ins	tructions)	l		12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage	·			
	Public support percentage for 20		- · ·	ne 11, column (f))		14	46.64%
	Public support percentage from	·				15	48.65%
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pul	did not check the blicly supported o	box on line 13, ai rganization	nd the line 14 is 3	3-1/3% or more, o	check this box
t	33-1/3% support test - 2011. If and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 organization	sa, and line 15 is	33-1/3% or more,	check this box
17 a	n 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop he	re. Éxplain in Part	: IV how
	organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	s' test, check this ation qualifies as a	box and stop he a publicly support	re. Explain in Part ed organization	IV how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions
BAA					Sc	hadula A (Form 90	90 or 990-FZ) 2012

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)

Sec	tion A. Public Support		·····				
Calen	dar year (or fiscal yr 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						
2	any 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513					_	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				ļ		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f)))	15	
	Public support percentage from 2			 .		16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-	umn (f))	17	%
18	Investment income percentage for					18	%
	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organization	▶ ∐
Ь	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%	the organization b, check this box	did not check a b and stop here. Th	ox on line 14 or lie organization qu	line 19a, and line ualifies as a publi	16 is more than 33 bly supported organ	3-1/3%, and ►
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	l see instructions	▶ 🗍
DAA			755404031			2.15	0 or 000 EZ 2012

Schedule A	(Form 990 or 990-EZ) 2012	COOK INLET	REGIONAL	CITIZENS	ADVISORY	_92-0135368	Page 4
Part IV	Supplemental Informat Part II, line 17a or 17b; (See instructions).	t ion. Complete and Part III, Ii	this part to ne 12. Also	provide the complete th	explanations is part for any		: 10;
				-			
					- -		
							
				·			-
				- 			
				·			
-							
							
							
							
-							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name	Name of the organization Employer identification number							
	OK INLET REGIONAL CITIZENS ADV	ISORY	92-0135368					
Par		r Advised Funds or Other Similar Funds or						
Pai	the organization answered 'Yes'	to Form 990. Part IV line 6.	Accounts: Complete ii					
	and organization dilawords in the		(b) Funds and other accounts					
-	Total number at end of year	(a) Donor advised funds	(b) Fullus and other accounts					
1	•							
2	Aggregate contributions to (during year)							
3	Aggregate yello at and of year							
4	Aggregate value at end of year	<u> </u>						
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No							
6		rs, and donor advisors in writing that grant funds can be of the donor or donor advisor, or for any other purpose						
Par	t II Conservation Easements. Comp	lete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 7.					
່ 1	Purpose(s) of conservation easements held by	the organization (check all that apply)						
	Preservation of land for public use (e g , r	ecreation or education) Preservation of an his	storically important land area					
	Protection of natural habitat	Preservation of a cer	tified historic structure					
	Preservation of open space	_						
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution in the form of a c	conservation easement on the					
	last day of the tax year							
			Held at the End of the Tax Year					
	a Total number of conservation easements	<u> </u>	a					
	Total acreage restricted by conservation easer		. b					
•	Number of conservation easements on a certif	fied historic structure included in (a)	:c					
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a historic	d					
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or terminated by the orga	nization during the					
4	Number of states where property subject to conse	ervation easement is located >						
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, handling onto its it holds?	of violations, Yes No					
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements during t	he year					
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation easements during the year	ear					
8		n line 2(d) above satisfy the requirements of section 17	^{70(h)(4)(B)(i)}					
9	In Part XIII, describe how the organization reports	s conservation easements in its revenue and expense state to the organization's financial statements that describe	ement, and balance sheet, and					
	conservation easements							
Pai	Complete if the organization ans	ctions of Art, Historical Treasures, or Othe wered 'Yes' to Form 990, Part IV, line 8.	r Similar Assets.					
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	SFAS 116 (ASC 958), not to report in its revenue sta eld for public exhibition, education, or research in furtherar icial statements that describes these items	tement and balance sheet works of nee of public service, provide,					
ı	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenue statement or public exhibition, education, or research in furtherance of	ent and balance sheet works of art, of public service, provide the					
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$					
	(ii) Assets included in Form 990, Part X		► \$					
2	If the organization received or held works of art, I amounts required to be reported under SFAS	nistorical treasures, or other similar assets for financial gai 116 (ASC 958) relating to these items	n, provide the following					
	a Revenues included in Form 990, Part VIII, line		▶\$					
1	Assets included in Form 990. Part X		► S					

Part III Organizations Maintain	ning Collecti	ons of Art, Histo	rical Treasures, or	Other Similar Ass	ets (co	ontinu	ed)
3 Using the organization's acquisition, a items (check all that apply)	accession, and o	other records, check ar	ny of the following that are	e a significant use of its	collection	ו	
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e Other					
c Preservation for future generat	tions	_					
4 Provide a description of the organizate Part XIII	tion's collections	and explain how they	further the organization's	s exempt purpose in			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No							
Part IV Escrow and Custodial Arrar reported an amount on			ation answered 'Yes' to	Form 990, Part IV, Iin	e 9, or 		
1a Is the organization an agent, trusted on Form 990, Part X?		_		er assets not included	Yes		No
b If 'Yes,' explain the arrangement in	II Fart Alli allu	complete the followin	ig table.		Amount		
c Beginning balance				1 c	7 (mount		
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1 f			
2a Did the organization include an arr	nount on Form 9	990, Part X, line 21?		<u> </u>	Yes		No
b If 'Yes,' explain the arrangement in	n Part XIII Che	ck here if the explant	tion has been provided	ın Part XIII			1
Part V Endowment Funds. Co		e organization an					
	(a) Current	(b) Prior yea	r (c) Two years	(d) Three years	(e)	our year	<u>s</u>
1 a Beginning of year balance					-		
b Contributions				-	-		
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance			1 / ()				
2 Provide the estimated percentage	-		e 1g, column (a)) neid a	as.			
a Board designated or quasi-endowmen	nt •	%					
b Permanent endowment ► c Temporarily restricted endowment		9					
The percentages in lines 2a, 2b, a							
The percentages in lines 2a, 2b, a	iriu 20 Shoulu e	quai 100 %					
3a Are there endowment funds not in the organization by:	e possession of	the organization that a	are held and administered	I for the	[Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ıı), are the related or	ganizations list	ed as required on Sc	hedule R?		3b		
4 Describe in Part XIII the intended	-	•					
Part VI Land, Buildings, and E							
Description of property	• •	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1 a Land							
b Buildings					 		
c Leasehold improvements							
d Equipment			197,689.	89,035.		108	,654.
e Other			88,073.	77,051.			,022.
Total. Add lines 1a through 1e (Column	n (d) must equa	l Form 990, Part X, c	column (B), line 10(c).)	•		119	,676.
BAA	-			Sched	lule D (F	orm 990) 2012

Schedule D (Form 990) 2012 COOK INLET REGIONAL CITIZENS ADVISORY

92-0135368

Page 2

Schedule I	O (Form 990) 2012 COOK INLET RE	GIONAL	CITIZENS ADV	ISORY	<u>92</u> -0135368 Pag	e 3
Part VII	Investments - Other Securities				/A	
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation. Cost or end-of-year market value	
(1) Financ	ial derivatives					_
	y-held equity interests					_
(3) Other						_
(A)						
(B)						_
(C)			-			_
(D)						_
(E)					<u> </u>	_
(F)			•			_
(G)			-			
(H)			<u>.</u>			—
(l)						—
	nn (b) must equal Form 990, Part X, column (B) line 1.	21 -	· · · · · · · · · · · · · · · · · · ·			\neg
	Investments – Program Related		orm 990 Part X	line 13	N/A	
i ait viii	(a) Description of investment type	. 000	(b) Book value	11110 13.	(c) Method of valuation Cost or	—
	(C) 2 coorphicit of mitodulicit type		(2) Book Value		end-of-year market value	
(1)						
(2)						
(3)						
_(4)						
(5)						
(6)			- " -			
(7)			-			
(8)						
(9)						
(10)						_
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line	13)				
Part IX	Other Assets. See Form 990, Pa	art X, lin	e 15. N/A			
_		(a) Desc			(b) Book value	_
(1)						
(2)						
(3)			-			_
(4)						_
(5)						_
(6)						
(7)						_
(8)		_				
(9)		-				_
(10)						_
	olumn (b) must equal Form 990, Part X, co	olumn (B),	line 15)	-	>	_
Part X	Other Liabilities. See Form 990,					
1. 4. 4. 7.	(a) Description of liability	T GICA,	(b) Book value			
(1) Fede	ral income taxes		(.,, = = =			
(2) Rou				1.		
(3)				 -		
(4)	 		-			
(5)	- -					
(6)			 	\dashv		
(7)						ĺ
(8)			-			
						1
(9)			 	\rightarrow		
(10)			-			
(11)						
	nn (b) must equal Form 990, Part X, column (B) line 2		<u> </u>	1.		
under FIN 48	SC 740) Footnote. In Part XIII, provide the text of the (ASC 740) Check here if the text of the footnote has	tootnote to t been provide	tne organization's financial ed in Part XIII	statements that r	eports the organization's liability for uncertain tax position	ons

		NLET REGIONAL CITIZENS		92-0135368	Page 4
Part XI	Reconciliation of Rever	ue per Audited Financial St	tements With Reven	ue per Return N/A	
1 Tota	I revenue, gains, and other supp	port per audited financial statement	3	_ 1	
2 Amo	ounts included on line 1 but not	on Form 990, Part VIII, line 12:			
a Net	unrealized gains on investments		2a		
b Don	ated services and use of facilitie	S	2 b		
c Rec	overies of prior year grants		2 c		
	er (Describe in Part XIII.)		2 d		
	lines 2a through 2d		<u> </u>	2 e	
	tract line 2e from line 1			3	
-	unts included on Form 990. Part V	III. line 12, but not on line 1			
-	stment expenses not included o	, , , , , , , , , , , , , , , , , , , ,	4 a		
	er (Describe in Part XIII)	,,	4 b		
	lines 4a and 4b			4c	
		(This must equal Form 990, Part I,	line 12)	5	
		ises per Audited Financial S		nses per Return N/A	
	Il expenses and losses per audit		tatements With Expen	1	
	ounts included on line 1 but not				
	ated services and use of facilities		2 a		
	r year adjustments	•	2 b		
	er losses		2 c		
	er (Describe in Part XIII)		2 d		
	lines 2a through 2d				
	tract line 2e from line 1			3	
	ounts included on Form 990, Pai	t IX line 25 but not on line 1:	1 1		
	stment expenses not included o		4 a	1 1	
	er (Describe in Part XIII)	,,	4 b	· 	
	lines 4a and 4b			4 c	
5 Tota	al expenses Add lines 3 and 4c	(This must equal Form 990, Part I,	line 18)	5	
Part XII	Supplemental Informat	on			
Complete line 4, Pa	this part to provide the descript rt X, line 2, Part XI, lines 2d and	ions required for Part II, lines 3, 5, d 4b, and Part XII, lines 2d and 4b	and 9, Part III, lines 1a and Also complete this part to	14; Part IV, lines 1b and 2b, I provide any additional informa	Part V, ation
			-		- -
-	· 				
	· - 				
BAA				Schedule D (Form	1 990) 2012

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Employer identification number

Name of the organization COOK INLET REGIONAL CITIZENS ADVISORY	Employer identification number
COUNCIL INC	92-0135368
Form 990 Part VI Line 11h - Form 990 Povious Process	
Form 990, Part VI, Line 11b - Form 990 Review Process	
REVIEW OF FORM 990 IS CONDUCTED BY THE BOARD'S AUDIT COMMITTEE	BEFORE FILING.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
REVIEW OF COMPLIANCE WITH POLICY IS CONDUCTED BY THE EXECUTIVE	COMMITTEE.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
AVAILABLE UPON REQUEST	
	
	
	-

2012

Schedule A, Part IV - Supplemental Information COOK INLET REGIONAL CITIZENS ADVISORY COUNCIL INC

Page 5

92-0135368

<u>Nature and Source</u> 2012 2011 2010 2009 2008 1,641. 1,641. \$ 0. \$ Total \$ 0. \$

Form **8868**

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

mtemai Revenue								
	e filing for an Automatic 3-Month Extension, cor			form)	► X			
	e filing for an Additional (Not Automatic) 3-Mont							
	plete Part II unless you have already been grante							
corporation request an ex Associated \	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not kension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which ming of this form, visit www irs gov/efile and click in the second	: automatic) I or Part II w ust be sent	3-month extension of time. You can election the exception of Form 8870, Information to the IRS in paper format (see instruction)	tronically file Form a Return for Transfers	8868 10			
Part I	art I Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
A corporatio	n required to file Form 990-T and requesting an a	automatic 6-	month extension - check this box and c	omplete Part I only	▶ []			
· ·	porations (including 1120-C filers), partnerships,							
income tax	returns	ricinios, ar						
			Enter filer's identif					
~	Name of exempt organization or other filer, see instructions			Employer identification n	Jimber (Eliv) or			
Type or print	COOK INLET REGIONAL CITIZENS	ADVISORY						
•	COUNCIL INC Number, street, and room or suite number If a P O box, see	actructions		92-0135368 Social security number (SSN)				
File by the due date for		ristructions		Social security fluin	DET (3314)			
filing your return See	8195 KENAI SPUR HWY City, town or post office, state, and ZIP code For a foreign add	trace see instru	ctions	<u> </u>				
instructions		3,000,000	5.61.5					
	KENAI, AK 99611-8033							
Enter the Re	eturn code for the return that this application is fo	or (file a sep	arate application for each return)		01			
Application Is For		Return Code	Application Is For		Return Code			
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07			
Form 990-B	L	02	Form 1041-A	···	08			
Form 4720 (individual)	03	Form 4720	09				
Form 990-P	F	04	Form 5227		10			
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069	11 _				
Form 990-T	(trust other than above)	06	Form 8870 1					
Telephon If the or If this is check the external life requirement. The e If the control of t	re No. 907-283-7222 ganization does not have an office or place of but of for a Group Return, enter the organization's four ones box If it is for part of the group, ension is for est an automatic 3-month (6 months for a corporation 8/15	r digit Group check this b n required to ganization re , and endi	e United States, check this box Exemption Number (GEN) and attach a list with the natifile Form 990-T) extension of time eturn for the organization named above					
	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	1720, or 606	9, enter the tentative tax, less any	3 a \$	0.			
b If this paym	application is for Form 990-PF, 990-T, 4720, or ents made Include any prior year overpayment a	6069, enter allowed as a	any refundable credits and estimated tax credit	3 b \$	0.			
EFTP	ice due. Subtract line 3b from line 3a. Include yo S (Electronic Federal Tax Payment System) See	Instruction	s	3c \$	0.			
Caution. If y payment in	rou are going to make an electronic fund withdrawal structions	with this Fori	m 8868, see Form 8453-EO and Form 8879-	EO for				