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EXTENDED TO FEBRUARY 16, 2016

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public Inspection

Α	For the	2014 calendar year, or tax year beginning APR 1, 2014 and e	ending M	AR 31, 2015	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Address change	FAIRBANKS RESCUE MISSION, INC.			
	Name change	Doing business as			326856
L	return	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number	
L	Final return/ termin-	723 27TH AVENUE		1	452-5343
_	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,425,294.
<u> </u>	return Applica	FAIRBANKS, AK 99701		H(a) Is this a group re	
L	tion pending	Finallie and address of principal officer RODINET GASKINS		for subordinates	
		7 723 27TH AVENUE, FAIRBANKS, AK 99701	<u> </u>	H(b) Are all subordinates in	
		mpt status: X 501(c)(3)	r 527		list (see instructions)
		e: WWW.FAIRBANKSRESCUEMISSION.ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	
	art I	Summary	_		1 State of legal domicile: AK
æ	1 E	Briefly describe the organization's mission or most significant activities: PROVI			
Governance	8	SPIRITUAL GUIDANCE FOR HOMELESS/NEEDY I			
ēru	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	
್ಷತ್ತ	" '	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	7
		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	25
`. <u>`</u> .		Total number of volunteers (estimate if necessary)		6	740
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	br	Net unrelated business taxable income from Form 990-T, Ine 34	} 	7b	0.
₹ \$				Prior Year	Current Year
Ĕ	8 (Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	SS-08(943,056.	1,231,890.
i je	9 6		N.	75,651. 7,575.	153,582.
%	10 1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	_ ≌ -	29,299.	1,717. 30,902.
795	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c (and 11e)	\mathcal{T}	1,055,581.	1,418,091.
Bevenue Revenue	13 (Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line:12)	1)	0.	1,418,091.
9		Benefits paid to or for members (Part IX, column (A), line 4)	 	0.	0.
G	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	789,639.	837,573.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	b 7	Fotal fundraising expenses (Part IX, column (D), line 25)	73.		<u>~</u>
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		606,642.	714,462.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,396,281.	1,552,035.
	19 F	Revenue less expenses Subtract line 18 from line 12		-340,700.	-133,944.
50	3		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,834,945.	4,705,141.
Net Assets or	21	Total liabilities (Part X, line 26)		70,183.	74,323.
캺	22 1	Net assets or fund balances Subtract line 21 from line 20		4,764,762.	4,630,818.
P	art II	Signature Block			
		ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
tru	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparei		
		- Well of solve			26/6
Sig	jn	Signature of officer		Date	
He	re	RODNEY GASKINS, EXECUTIVE DIRECTOR			
_		Type or print name and title		Theto lou . [DTIN
D-1	,	Print/Type preparer's name Preparer's signature Preparer's signature		Date Check	PTIN
Pai	1	DEBRA U. GROSS	(C	02/03/16 self-employ	
	parer	Firm's name RJG, A PROFESSIONAL CORPORATION		Firm's EIN	92-0121157
บร์เ	Only	Firm's address 1100 WEST BARNETTE, SUITE 102 FAIRBANKS, AK 99701		Dh / 0	07\462 4166
NA-	v the IC	S discuss this return with the preparer shown above? (see instructions)		I Phone no. (9	07)452-4156 X Yes No
	001 11-0:		·		X Yes No Form 990 (2014)
432	001 11-0		лı5.		FOILIT 330 (2014)

	990 (2014) FATRBANKS RESCUE MISSION, INC. 23-7326856 Page 2 t III Statement of Program Service Accomplishments
rai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
•	FAIRBANKS RESCUE MISSION'S PRIMARY MISSION IS TO PROVIDE FOOD,
	CLOTHING, SHELTER & SPIRITUAL GUIDANCE FOR THE HOMELESS/NEEDY IN THE
	FAIRBANKS, ALASKA AREA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 1,238,285. including grants of \$) (Revenue \$ 178,120.)
	OPERATED A SHELTER FOR THE HOMELESS AND NEEDY IN FAIRBANKS, ALASKA.
	SERVICES PROVIDED INCLUDED: MEALS & SHELTER, DISTRIBUTION OF CLOTHING,
	CHAPEL/BIBLE STUDY, AND MEDICAL SERVICES. THE ORGANIZATION SERVED OVER
	76,000 MEALS DURING THE YEAR ENDED MARCH 31, 2015, AND PROVIDED OVER
	47,000 BED NIGHTS TO THE HOMELESS AND NEEDY. TO ASSIST IN THE
	COMPLETION OF ITS MISSION, THE ORGANIZATION RECEIVED OVER 72,000 POUNDS
	OF DONATED FOOD, \$42,519 OF DONATED EQUIPMENT, SUPPLIES, AND HOUSEHOLD
	ITEMS, AND \$70,415 OF DONATED AVERTISING SPOTS, DURING THE YEAR ENDED
	MARCH 31, 2015.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,238,285.
	Form 990 (2014

-			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
Ŭ	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	-	-	
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
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, fine 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
•	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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	İ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	<u>X</u>
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	X	
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
20a	· · · · · · · · · · · · · · · · · · ·	20a	<u> </u>	<u>X</u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	001.
		Form	\ pa ∪	2014)

	rt IV Checklist of Required Schedules (continued)	050		age 🕶
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ļ		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ĺ
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			İ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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	<u> </u>	X
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_		X
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	<u></u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		

Form **990** 2014)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

	1990 (2014) FAIRBANKS RESCUE MISSION, INC. 23-7326	856	P	age 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	· -	res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
·	(gambling) winnings to prize winners?			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
Za				
.	filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	7	x	ļ
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		-
За		2-		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3a		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b	Ì	-
44				
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
Ь	If "Yes," enter the name of the foreign country:			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_	i	3,5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		┼
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7
_	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	<u> </u>	X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b	 -	
7	Organizations that may receive deductible contributions under section 170(c).		ŀ	٦,
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		\ .
	to file Form 8282?	7c	<u> </u>	X
a	If "Yes," indicate the number of Forms 8282 filed during the year	┨	ļ	
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	├─-
· ·	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	 -
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	├─
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
_	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	├
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	├	-
10	Section 501(c)(7) organizations. Enter:		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	4		i
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a	-		
D	Gross income from other sources (Do not net amounts due or paid to other sources against	Ì		i
	amounts due or received from them)	4		
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b		4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	, , , , , , , , , , , , , , , , , , , ,			
	organization is licensed to issue qualified health plans	4		
C	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) FAIRBANKS RESCUE MISSION, INC. 23-7326856 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Port VI T

<u> </u>	Check it Scriedule O contains a response or note to any line in this Part VI					
<u>Sec</u>	tion A. Governing Body and Management				<u> </u>	
4-	Enter the number of voting members of the covering had at the end of the territory	1.		,	Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year	1a		4		
	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 0. Enter the number of voting members included in line 1a, above, who are independent	4-		,		
b		1b	1	4	ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	IIP WILL	any otner			₹.,
2	officer, director, trustee, or key employee?	h. a. al		2		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under t	ne aire	ct supervision		ļ	٦,
	of officers, directors, or trustees, or key employees to a management company or other person?	000		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4	 	_ <u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or	1_		
_	more members of the governing body?			7a		<u> </u>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	l		
_	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the years are as a last 1.2	ear by th	ie following:			
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?		•	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapter	s, affiliates,		ŀ	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				l	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	-		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		·-	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes, • d	escribe	1		
	in Schedule O how this was done	•		12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	•		13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve		ndependent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		1		
а	The organization's CEO, Executive Director, or top management official		•	15a	X	
b	Other officers or key employees of the organization			15b	X	L
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
	taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatıo	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ►AK					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	-T (Sect	ion 501(c)(3)s only)	avaılat	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	X Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onflict o	of interest policy, an	d finan	cıal	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks ar	nd records· ►			
	THE ORGANIZATION - 907-452-5343					
	723 27TH AVENUE, FAIRBANKS, AK 99701					

Form	aan	(2014)	
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FAIRBANKS RESCUE MISSION, INC.

<u>23-7326</u>856

Page **7**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organi	zation nor any related	orga	anıza	ation	cor	nper	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	nd a d	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	5	8			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Trust		99	npeu		(W-2/1099-MISC)		organization and related
	below	leg l	tona		ploy	ye e	_			organizations
	line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) TIMBO ERICKSON	10.00									
PRESIDENT		X	_	X				0.	0.	0.
(2) SAM JARMON	10.00	1		ĺ						
MEMBER		X	<u> </u>			<u> </u>		0.	0.	0.
(3) TONY SMITH	10.00							_	_	
VICE PRESIDENT	1 22	X	<u> </u>	X	ļ	├_	_	0.	0.	0.
(4) CALEB POMEROY	1.00		ļ							
MEMBER	1 00	X				 	_	0.	0.	_0.
(5) SUSAN MATCHAEL	1.00	٠,,	ļ	,,						_
SECRETARY	1 00	X	<u> </u>	X	<u> </u>	 -	-	0.	0.	0.
(6) PATTY LOUD	1.00	X								
MEMBER	1.00	^	 			┢	-	0.	0.	0.
(7) DAVID DURHAM TREASURER	1.00	X		x				0.	0.	0.
(8) RODNEY GASKINS	40.00	^	 	^				0.	0.	<u>0.</u>
EXECUTIVE DIRECTOR	10.00	1		x	ĺ			88,326.	0.	0.
					ļ	┢		30,0200		
		1	i							
-			l							-
						<u> </u>				
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rar	Section A. Officers, Directors, Tru		ploy	ees			ghe	st C	1	es (continued)					
	(A)	(B)	ļ			C)			(D)	(E)			(F)		
	Name and title	Average	(do	Pos (do not check				one	Reportable	Reportable			tımate	-	
		hours per week	box	, unle	ss pe	тѕол	ıs bot	h an	1	compensation		amount of			
	`												other	A	
		hours for	lirect						the	organizations			oensa om the		
		related	60.0	E			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	"]		anızatı	_	
		organizations	truste	캷		e e	шрег		(** 2 1055 111100)			•	i relat		
		below	Individual trustee or director	Institutional trustee	 	Key employee	est co	₅₅					nızatı		
		line)	Indiv	Instr	Officer	Key e	Highest compensated employee	Former				•			
									-						
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		1				<u> </u>	1		00.006		_ 				
	Sub-total			•					88,326.		<u>0 .</u>			0.	
	Total from continuation sheets to Part \	/II, Section A							0.		<u>0 .</u>			0.	
	Total (add lines 1b and 1c)								88,326.		0.			0.	
2	Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	,000 of reportable				_	
	compensation from the organization													0	
											Г		Yes	No	
3	Did the organization list any former office			e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on					
	line 1a? If "Yes," complete Schedule J for										F	3		X	
4	For any individual listed on line 1a, is the s								•	the organization					
	and related organizations greater than \$15	50,000? If "Yes,	• co	mpl	ete S	Sch	edul	e J i	for such individual	•	L	4		X	
5	Did any person listed on line 1a receive or							elat	ted organization or indiv	dual for services		ĺ			
	rendered to the organization? If "Yes," con	mplete Schedu	e J	for s	uch	per	son			<u></u> _	\bot	5		X	
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest c										ensa	ition fr	om		
	the organization. Report compensation fo	r the calendar y	ear	endı	ng v	vith	or w	rthir	n the organization's tax	year			·		
	(A)								(B)		_	(C			
	Name and busines	s address	N	INC	3				Description of s	services	Cc	omper	ısatıoı	п	
								\neg							
_								_							
										1					
2	Total number of independent contractors	(including but r	not li	mite	d to	the	se lu	ster	d above) who received n	nore than					
_	\$100,000 of compensation from the organ	_	••				0		,o . 3001100 11						
	,											orm (990	2014\	
												- VIIII 🛊		_∪ ı →)	

432008 11-07-14

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a **b** Membership dues 1b 24,940. c Fundraising events 1c d Related organizations 1d 689,689. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 517,261 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 231,890 Business Code 2 a RECYCLING 900099 85,941. 85,941. Program Service 43,314. **b PROGRAM SERVICE FEES** 624100 43,314. c TWIN BEARS CAMP 900099 24,327. 24,327. All other program service revenue 153,582. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,717 other similar amounts) 1,717. Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 14,400. 6 a Gross rents 0. b Less rental expenses 14,400. c Rental income or (loss) 14,400. 14,400. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 24,940. of including \$ contributions reported on line 1c). See 13,567 Part IV, line 18 а 7,203. **b** Less direct expenses 6,364. 6,364. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 а 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 Business Code 11 a MISCELLANEOUS 900099 10,138. 10,138. d All other revenue 10,138. e Total. Add lines 11a-11d 418,091. 178,120. 0. Total revenue. See instructions. 8,081.

Form 990 (2014) FAIRBANKS RESCUE MISSION, INC.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
_	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
•	Compensation of current officers, directors,	-			
5		87,633.	21,908.	35,053.	30,672.
_	trustees, and key employees	67,033.	21,300.		30,072.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B)	611,941.	E02 772	76 970	22 200
7	Other salaries and wages . Pension plan accruals and contributions (include	011,741.	502,772.	76,879.	32,290.
8	section 401(k) and 403(b) employer contributions				
9	Other employee benefits	86,108.	64,582.	13,776.	7,750.
10	Payroll taxes	51,891.	38,918.	8,303.	4,670.
11	Fees for services (non-employees).				
а	Management				
b	Legal				
c	Accounting	13,600.	2,720.	10,880.	
d	Lobbying .				
e	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	17,614.	14,286.	1,000.	2,328.
13	Office expenses	6,163.	4,622.	986.	555.
14	Information technology				
15	Royalties				
16	Occupancy	178,692.	134,019.	28,591.	16,082.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,732.	3,732.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	138,998.	133,751.	5,247.	
23	Insurance	28,231.	26,683.	1,548.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MINISTRY PROGRAM	202,091.	202,091.		
b	REPAIR & MAINTENANCE	45,964.	31,293.	14,671.	
С	SUPPLIES	44,567.	33,425.	7,131.	4,011.
d	COMMUNITY SERVICE PROJE	15,669.	15,669.		
е	All other expenses	19,141.	7,814.	8,412.	2,915.
25	Total functional expenses. Add lines 1 through 24e	1,552,035.	1,238,285.	212,477.	101,273.
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)				
			-	·	Form 990 (2014)

Form 990 (2014)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	 		
		` Check if Schedule O contains a response of flote to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1 `	Cash · non-interest-bearing .	20,333.	1	7,187.
	2	Savings and temporary cash investments	225,796.	2	246,709.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	46,591.	4	38,035.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	ļ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net .		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,875.	9	34,222.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,188,063.			
	b	Less: accumulated depreciation 10b 1,809,075.	4,501,350.	10c	<u>4,378,988.</u>
	11	Investments - publicly traded securities	- 	11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,834,945.	16	4,705,141.
	17	Accounts payable and accrued expenses	70,183.	17	74,323.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u>,, ,,, , , , , , , , , , , , , , , , ,</u>
"	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons		İ	
Ē		Complete Part II of Schedule L			
<u>:</u>	23	Secured mortgages and notes payable to unrelated third parties		22	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties		23	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third		24	
	~~	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	70,183.	26	74,323.
		Organizations that follow SFAS 117 (ASC 958), check here			, 1,025
S		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	342,857.	27	321,757.
ala	28	Temporarily restricted net assets	4,415,484.	28	4,302,678.
B	29	Permanently restricted net assets	6,421.	29	6,383.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	-		
þ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
188	31	Paid in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	4,764,762.	33	4,630,818.
	34_	Total liabilities and net assets/fund balances	4,834,945.	34	4,705,141.
					Form 990 (2014)

orm	990 (2014) FAIRBANKS RESCUE MISSION, INC.	23-7	326856	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,418		
2	Totàl expenses (must equal Part IX, column (A), line 25)	2	1,552	<u>2,0</u>	<u>35.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	133		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,764	<u>1,7</u>	62.
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			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	4,630),8	<u> 18.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		X
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1 1		
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	:		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

Name of the organization

23-7326856 FAIRBANKS RESCUE MISSION. Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in ection 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 5 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 \mathbf{x} section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-9 listed in your support (see other support (see organization governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Form 990 or 990-EZ. 432021 09-17-14

14

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)

Sec	ction A. Public Support						
Cale	ndar yèar (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	925,670.	955,604.	1067746.	943,056.	1231890.	5123966.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	925,670.	955,604.	1067746.	943,056.	1231890.	5123966.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						5123966.
	ction B. Total Support					,	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
-	Amounts from line 4	925,670.	955,604.	1067746.	943,056.	1231890.	5123966.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		0 200	0 164	0 04 4	4 545	46 564
	and income from similar sources	7,978.	2,388.	2,164.	2,314.	1,717.	16,561.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	000	04 650	20 401	00 000		445 540
	assets (Explain in Part VI.)	209.	24,658.	32,481.	29,299.	30,902.	
	Total support. Add lines 7 through 10						5258076.
	Gross receipts from related activities,	•				12	602,005.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
Sec	organization, check this box and storection C. Computation of Publ	<u>ic Support Pe</u>	rcentage				
				naluma (6)		44	97.45 %
	Public support percentage for 2014 (Public support percentage from 2013		•	Diumi (i))		15	97.45 % 98.00 %
	33 1/3% support test - 2014. If the		•	n line 13, and line	. 1.4 is 33 1/3% or n		•
100	stop here. The organization qualifies	-			14 15 33 1/3/6 01 11	nore, check this bo	× and
	33 1/3% support test - 2013. If the		-	• •	line 15 is 33 1/3%	or more check th	
•	and stop here. The organization qual	J		•	ine 13 is 33 1/3/0	or more, check ti	
179	10% -facts-and-circumstances tes				13 16a or 16b s	and line 1/Lie 10%	or more
110	and if the organization meets the "fac	_					·
	meets the "facts-and-circumstances"		•			t tribott the organ	▶ □
ŀ	10% -facts-and-circumstances tes	•	•	. , .,	J	17a and line 15 ie	. ► □ 10% or
•.	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization						s S
	The real real real real real real real rea	s.c onoon a				edule A (Form 990	
						,	

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

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

blic Support						
scal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
, contributions, and						
fees received. (Do not						
'unusual grants ")						
ts from admissions,						
•	;					
its from activities that						
nrelated trade or bus-						
section 513						
s levied for the organ-						
efit and either paid to						
on its behalf						
services or facilities						
a governmental unit to					İ	
tion without charge						
nes 1 through 5						
luded on lines 1, 2, and						
om disqualified persons						
•					}	
· ·					<u> </u>	
and 7b			<u> </u>		<u> </u>	
			ļ.,	ļ	<u> </u>	
tal Support		T	,			1
iscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
		ļ				
ì						
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· · ·						· · · - · - ·
-						
						
			1			
ain in Part VI)		<u> </u>	 			
· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>			<u> </u>
	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	o Cunnert De	raantaaa			· · -	
		•	(6)		145	
			column (i))			<u>%</u>
				-	16	%
					47	0/
	•		rie 13, Widinii (i))	•		<u>%</u>
, ,			on line 14 and ha			
· •	-		•		· ·	IOII CI TI
	-					and
· ·						
			•		•	
	iscal year beginning in) contributions, and fees received. (Do not funusual grants ") its from admissions, e sold or services per- icilities furnished in that is related to the fis tax-exempt purpose its from activities that inrelated trade or bus- section 513 is levied for the organ- iefit and either paid to it on its behalf services or facilities a governmental unit to ition without charge ines 1 through 5 fudded on lines 1, 2, and iom disqualified persons that ier of \$5,000 or 1% of the 3 for the year is and 7b iont (Subbactline 7c from line 6) iotal Support iscal year beginning in) iom line 6 ine from interest, ayments received on ans, rents, royalties from similar sources iness taxable income full taxes) from businesses June 30, 1975 iotal and 10b from urrelated business tincluded in line 10b, into the business is med on ie. Do not include gain the sale of capital ain in Part VI) . (Add lines 9, 10c, 11, and 12) iorts. If the Form 990 is for iox and stop here iomputation of Public ort percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income percentage from 2013 iomputation of Invest income than 33 1/3%, che income than 33 1/3%, che	(a) 2010 (a) 2010 (a) 2010 (b) contributions, and fees received. (Do not runusual grants ") (b) the from admissions, a sold or services perceitites furnished in that is related to the stax-exempt purpose at from activities that inrelated trade or bussection 513 (a) selvied for the organish and either paid to a governmental unit to a governmental unit to a tion without charge the services or facilities a governmental unit to a g	(a) 2010 (b) 2011 contributions, and fees received. (Do not vunusual grants ') its from admissions, as sold or services perculities furnished in that is related to the 's tax-exempt purpose its from activities that inrelated trade or bussection 513 s levied for the organiefit and either paid to lon its behalf services or facilities are governmental unit to tion without charge mes 1 through 5 sluded on lines 1, 2, and orm disqualified persons that er of \$5,000 or 1% of the 3 for the year and 7b loot (Subbactine 7c from line 6) that Support liscal year beginning in) loot (Subbactine 7c from line 6) that Support since ye received on ans, rents, royalties from similar sources liness taxable income 511 taxes) from businesses June 30, 1975 that and 10b from unrelated business is need on line 10b, not the business is need on line 10b, not the business is need on line 10b, not the business is need on line 10b, not the business for capital ain in Part VI) can and stop here computation of Public Support Percentage on percentage from 2013 Schedule A, Part III, line 15 computation of Investment Income Percentage income percentage from 2014 (line 8c, column (f) divided by line 31, 37%, check this box and stop here. The organization did not check a box of time from than 33 1/3%, check this box and stop here. The organization did not check a box of timere than 33 1/3%, check this box and stop here. The organization did not check a box of timere than 33 1/3%, check this box and stop here. The organization did not check a box of timere than 33 1/3%, check this box and stop here. The organization did not check a box of timere than 33 1/3%, check this box and stop here. The organization did not check a box of timere than 33 1/3%, check this box and stop here. The organization did not check a box of timere than 33 1/3%, check this box and stop here. The organization did not check a box of timere than 33 1/3%, check this box and stop here. The organization did not check a box of timere than 33 1/3%, check this box and stop h	scal year beginning in)	scal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 contributions, and fees received. (Do not furnissial strains (Op not furnissial strains (Op not furnissial strains) is from admissions, sold or services periodities furnished in hart is related to the stax-exempt purpose is stream at the strain of the stax-exempt purpose is section 513 is levied for the organization of levies and or services or facilities a governmental unit to tion without charge nes 1 through 5 ludded on lines 1, 2, and om disqualified persons is do in line 2 and 3 necessary and 3 necessa	seal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (e) 2014 (d) 2013 (e) 2014 (e) 2014 (d) 2013 (e) 2014 (e) 2014 (e) 2014 (e) 2015 (d) 2015 (e) 2014 (e) 2015 (e) 2014 (e) 2015 (e) 2014 (e) 2015 (e) 2

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35 percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	-	Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	_4a		
	4b		
	4c		
	5a		
	5b 5c		
			:
	6		
	7		
	8		
	9a		
	9b		
	9c		
		_	
	10a		
	10b		
_	~~~~~		

	dule A (Form 990 or 990 EZ) 2014 FAIRBANKS RESCUE MISSIC			23-7326856 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on i	Nov. 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		1,1,,1,,
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		<u></u>	
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	·	
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		·	
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Sched Par	dule A (Form 990 or 990 EZ) 2014 FAIRBANKS RES			<u>3-7326856 р</u>	<u>age 7</u>
		(a)(3) Supporting Orga	inizations (continued)	0 14	
	on D - Distributions			Current Year	
	Amounts paid to supported organizations to accomplish exe		. ,		
	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>S</u>		
4	Amounts paid to acquire exempt-use assets		·		
_5	Qualified set-aside amounts (prior IRS approval required)		····		
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI) See instructions				
9	Distributable amount for 2014 from Section C, line 6		<u></u>		
10	Line 8 amount divided by Line 9 amount				
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable	
Secti	on E - Distribution Allocations (see instructions)	EXCOCC BIBLIDATION	Pre-2014	Amount for 201	
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:			,	
а					
b					
С					
d			· · · · · · · · · · · · · · · · · · ·		
е	From 2013			<u></u>	
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2014 distributable amount				
i	Carryover from 2009 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2014 from Section D,				
	line 7· \$				
а	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
С	Remainder Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2014, if				
	any Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract lines 3h				
-	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2015. Add lines 3				
•	and 4c.				
8	Breakdown of line 7				
a					
b					
c					
	Excess from 2013				

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 FAIRBANKS RESCUE MISSION, INC. 23-7326856 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Part VI	Supplemental Information. 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)
•	
-	
_	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	FAIRBANKS RESCUE M		23-7326856
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	oncally important land area
	Protection of natural habitat	Preservation of a cert	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	•	ıre
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	· ·
	year▶	,	
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements	tt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements d	
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	-
	include, if applicable, the text of the footnote to the organization	•	•
	conservation easements		3
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc		,
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items		.,
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		*
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financia	
-	the following amounts required to be reported under SFAS		. g, p. 2
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		* * * * * * * * * * * * * * * * * * *
_		• • • •	· · · · · · · · · · · · · · · · · · ·

		KS RESCUE	MISS	ION,	INC.			<u>23-73</u>	<u> 326856</u>	Page 2
Pai	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical	Treasures, c	r Othe	r Simil	ar Asse	ts(continu	red)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of t	he following that	t are a si	gnıfıcant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	C	ı 🖳	Loan or e	exchange progra	ıms				
þ	Scholarly research	•	• 📖	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how th	ney furthe	er the organization	on's exer	npt purpo	ose in Pai	rt XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical ti	reasures, or othe	er sımılar	assets			
,	to be sold to raise funds rather than to be ma								Yes	No_
Pai	rt IV Escrow and Custodial Arrangereported an amount on Form 990, Par		ete if the	organiza	ation answered "	'Yes" to l	Form 990), Part IV,	line 9, or	
	Is the organization an agent, trustee, custodi		diary for	contribut	ions or other as	sets not	ıncluded			
	on Form 990, Part X?		alary for	0011011001			ii loldaca		Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina t	 table	•			L	_ 163	L 140
	Too, explain the arrangement in rail xiii	and complete the R	JiiO Wii Ig	abic					Amount	
С	Beginning balance						1c		Amount	
ď	Additions during the year				•		1d			
-	Distributions during the year			•		•	1e			
f	Ending balance			•		•	1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	e 21. for e	escrow o	r custodial acco	unt liabili		<u> </u>	Yes	□ No
	If "Yes," explain the arrangement in Part XIII							_	03	— "
	rt V Endowment Funds. Complete						0.			
		(a) Current year		rior year				vears back	(e) Four y	ears back
1a	Beginning of year balance	(4)			(6) 1110 7011	,	<u>u, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	100.0 500	(6) . 66. 7	<u> </u>
b	Contributions									
c	Net investment earnings, gains, and losses							-		
ď	Grants or scholarships		ļ							
e	Other expenditures for facilities									·
	and programs									
f	Administrative expenses		1							
g	End of year balance								†	
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1	a. columi	n (a)) held as:				· 1 	
a	Board designated or quasi-endowment	,	%	J ,	(-),					
b	Permanent endowment	%								
c	Temporarily restricted endowment	 %								
_	The percentages in lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posse	· ·	zation tha	at are hele	d and administe	red for th	ne organiz	zation		
	by:	J					J		Ty	res No
	(i) unrelated organizations			_					3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's end	owment	funds			-			
Pa	rt VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 99	0, Part IV	, line 11a	. See Form 990	, Part X, I	ine 10.			
	Description of property	(a) Cost or			ost or other		cumulate	ed	(d) Book	value
	· ,	basis (invest			sis (other)		reciation		• •	
1a	Land			1	145,000.				145	,000.
	Buildings				555,000.	1.4	198,5	75.	4,156	
	Leasehold improvements				•					
	Equipment				388,063.	3	310,5	00.	77	,563.
	Other						<u> </u>			
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Par	t X. colur	nn (B), lin	e 10c.)				4.378	,988.

Schedule D (Form 990) 2014

	edule D (Form 990) 2014 FALKBANKS RESCUE MISS.		23-/326856	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial S		e per Heturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a	Net'unrealized gains (losses) on investments	. 2a		
b		2b		
С.		2c		
d	•	2d		
	Add lines 2a through 2d Subtract line 2e from line 1	-	2e 3	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		3	
a		4a		
b		4b		
			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
_	rt XII Reconciliation of Expenses per Audited Financial		ses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV		•	
1	Total expenses and losses per audited financial statements	_	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	. 2b		
С	Other losses .	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	, , ,	. 4a		
b	,	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lines YIII Supplemental Information	e 18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a		art v, line 4, Part X, line 2; Par	τ ΧΙ,
11162	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provid	e arry additional information.		
-				
		The Book Walls		
		············		
				
				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2014

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Inspection

OMB No 1545-0047

FATRBAN	KS RESCUE MISSION,	TN	C .			:mployer idei 23-7326	ntification number
	Complete if the organization answe			Form 990, Part IV, I			
1 Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p eviduals or entities (fundraisers) pursi	tion of tion of fundra (includ	non-g gover ising i ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees o	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions		(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
<u></u>							
otal			_				
 List all states in which the organization or licensing. 	in is registered or licensed to solicit o	contrib	utions	s or has been notified	ditise:	kempt from re	gistration
				·			
							
					1,12		
							
	 -						
	 -						
			-				<u></u>

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

	edu irt i	le G (Form 990 or 990-EZ) 2014 FAIRBAN I Fundraising Events. Complete if the				7326856 Page 2
		of fundraising event contributions and gr	•			•
	l .	· ·	(a) Event #1	(b) Event #2	(c) Other events	1
			DINNER AND	OTHER	NONE	(d) Total events
		•	AUCTION	FUNDRAISING	1101112	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
ЭĽ	ŀ		(5.6.1. 1)/25/	(0.0.0.0)	(1012111211)	
Revenue	1	Gross receipts	24,995.	13,512.		38,507.
	2	Less: Contributions .	14,145.	10,795.		24,940.
	3	Gross income (line 1 minus line 2)	10,850.	2,717.		13,567.
	-	Gross moonie (me i minas mie 2)	10,030.	2,,1,		13,307
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ω		Entertainment				
	8	Other direct expenses	2,447.	4,756.		7,203.
	10			±,/50•		7,203.
	11					6,364.
Pa	irt l	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	0,304.
		\$15,000 on Form 990-EZ, Ine 6a.		,	,	
_				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
e e						
ď	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-	Other direct experience	☐ Yes %	☐ Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		. ▶	
_		tor the atata(a) in which the argenization condi	unto gamina antivitica.			
		ter the state(s) in which the organization condi	_	-1-1-0		
		the organization licensed to conduct gaming a		•		└── Yes └── No
r.) IT "	No," explain				
	_					
10-	\\\\	ere any of the organization's gaming licenses re	avoked evenended ar to	arminated during the tax	vear?	Yes No
					your .	LITES LINO
		Yes, explain				
			 -			
	_					
4320	82 0	8-28-14			Schedule G (For	rm 990 or 990-EZ) 2014

Sch	edule G (Form 990 or 990-EZ) 2014 FAIRBANKS RESCUE MISSION, INC. 2	<u>3-7</u>	3268	56	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es [No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?			es [□ No
13	Indicate the percentage of gaming activity conducted in:		<u> </u>		
	The òrganization's facility	1	13a		%
	An outside facility	ļ	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name				
	Address >				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es [□ No
				_	
h	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	. +			
	of gaming revenue retained by the third party \$\bigs\sum_{	,t			
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Coming manager companyation • •				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to				
-				es [□ No
	retain the state gaming license?			es L	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
_	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part IV	rt III, br	nes 9, 9	b, 10b	, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)				
			-		

Schedule 0	3 (Form 990 or 990-EZ)	FAIRBANKS	RESCUE	MISSION.	INC.	23-7326856 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	mation (continued)				
<u> </u>	Supplemental into	madon (continued)				
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Inspection

Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

FAIRBANKS RESCUE MISSION, INC.	<u> </u>						
FORM 990, PART VI, SECTION B, LINE 11:							
PROVIDED COPIES OF FORM 990 TO BOARD OF DIRECTORS FOR REV							
AT BOARD MEETING.							
FORM 990, PART VI, SECTION B, LINE 12C:							
MATTERS ARE PRESENTED TO THE BOARD.							
FORM 990, PART VI, SECTION B, LINE 15:							
THE BOARD RESEARCHED EXECUTIVE DIRECTOR SALARIES OF COMPAN	RABLE POSITION,						
EDUCATION, JOB DESCRIPTION, BUDGET, AND TIME IN SERVICE.	SALARIES FOR KEY						
EMPLOYEES ARE REVIEWED AND APPROVED BY THE EXECUTIVE DIREC	CTOR AND BOARD OF						
DIRECTORS, VIA THE ANNUAL BUDGET.							
FORM 990, PART VI, SECTION C, LINE 19:							
ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.							
FORM 990, PART XII, LINE 2C							
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE ORGA	ANIZATION'S						
BOARD OF DIRECTORS OVERSEES THE ANNUAL FINANCIAL STATEMENT	T AND TAX						
RETURN PREPARATION PROCESSES, AND THE FINANCIAL STATEMENTS	S AND TAX						
RETURN ARE PRESENTED AT A MEETING OF THE ENTIRE BOARD.							