## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	ne 2023 calend	dar year, or tax year beg	inning			202	3, and end	in-						
P				Fairbanks	Animal	Ch - I	7, 202	3, and end	ing		, 20				
В		if applicable:	C Name of organization	Fallbanks	Animal	2ueT	ter	runa			loyer identification number				
$\vdash$	Addres	s change	Doing business as							73-	-1628436				
	Name o	hange	Number and street (or P.O.	box if mail is not delivered t	o street address)			Room/su	ite	E Teler	phone number				
	Initial re	etum	P.O. Box 72:	120							07)388-9676				
П	Final re	turn/terminated	City or town, state or proving	ce, country, and ZIP or forei	an nostal code										
$\overline{\Box}$	Amenda	ed return	Fairbanks,	AK 99707	an boardt code						s receipts				
H										\$	391,028.				
	Applica	tion pending	F Name and address of princi						H(a) Is this a	Bronb iernw	for subordinates? Yes No				
		-	Ronnie Rosei	iberg P.	O. Box 72120	Fairbar	nks, AK	99707	H(b) Are all:	subordinat	es included? Yes No				
	Tax-exe	mpt status:	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	52	7		If "No,"	attach a lis	st. See instructions				
J	Website	g fairba	anksanimalsh	elterfund.c	org				H(c) Group e						
K Form of organization: X Composition Total Association Other															
Part I Summary    Vear of formation: 2002   M State of legal domicile: AK											al domicile; AK				
The same of	1		ribe the organization's mi	ssion or most signific	ant activitios:										
	1.	Enhanc	ce care for s	shelter and	mala										
Ф			te adoption of												
E C		FLOMO	e adobeton c	or sherter	animais										
Ĕ		Check this box if the organization discontinued its approximation as disposed of more than 2004 at the continued its approximation as disposed of more than 2004 at the continued its approximation as disposed of more than 2004 at the continued its approximation as disposed of more than 2004 at the continued its approximation as disposed of more than 2004 at the continued its approximation as disposed of more than 2004 at the continued its approximation as disposed of more than 2004 at the continued its approximation as disposed of more than 2004 at the continued its approximation as disposed of more than 2004 at the continued its approximation as disposed of more than 2004 at the continued its approximation and approximation as disposed of the continued its approximation and approximation as disposed of the continued its approximation and approximation as disposed of the continued its approximation and approximation as disposed of the continued its approximation and approximation at the continued its approximation at the continued i													
οve	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)													
Activities & Governance	3	Number of v	oting members of the go	verning body (Part VI	, line 1a)					3	6				
60 ()	4	Number of in	ndependent voting memb	ers of the governing	body (Part VI, li	ne 1b)				4	6				
iţie	5	Total numbe	r of individuals employed	in calendar vear 202	23 (Part V. line 2	?a)		5. Dec		5	0				
Ę.	6	Total numbe	r of volunteers (estimate	if necessary)					%						
Ac	7a	Total upralate	ed business revenue from	m Part VIII. golumn //	N line 40					6	25				
		Not uproloto	d husinoss tovable incom	on fam Fam 000 T	2), III le 12					7a	0.				
_	- 10	ivel unielale	d business taxable incom	le irom Form 990-1,	Paπ I, line 11 .			(*) (*)		7b	0.				
									Prior Year		Current Year				
	8		s and grants (Part VIII, lin	173,9	24.	390,418.									
ne	9	Program sen	vice revenue (Part VIII, lir	ne 2g)											
Revenue	10	Investment in	ncome (Part VIII, column	(A), lines 3, 4, and 70	d)				3	30.	610.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									010.				
_	12										201 020				
	13		imilar amounts paid (Par						212/2	J-2 .	391,028.				
	14		to or for members (Part							_					
	15	Solorion other	ar componentian or re-	in, column (A), line 4	/										
S			er compensation, employ												
JS6	16a	Professional	fundraising fees (Part IX,	column (A), line 11e	)										
Expenses	b	Total fundrais	ising expenses (Part IX, column (D), line 25)1,393.												
ũ	17		ses (Part IX, column (A),						188,0	25.	184,284.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)									184,284.				
	19	Revenue less	s expenses. Subtract line	18 from line 12					-13,7		206,744.				
_ 8									ning of Curren						
Net Assets or Fund Balances	20	Total assets (	(Part X, line 16)					Dogun	346,5		End of Year				
Bal	21		s (Part X, line 26)								581,420.				
T T	22		fund balances. Subtract						4,5		3,133.				
Par		Signature		ille 21 iroin irie 20					342,08	30.	578 <b>,2</b> 87.				
true,	correct, a	and complete. Deck	are that I have examined this retu gration of preparer (other than off	im, including accompanying licer) is based on all informs	) schedules and state tion of which prepare	ements, and er has anv l	d to the bes knowledge.	st of my knowle	dge and belief,	it is					
		1 1	D 7.	^						7					
0:		160	e / lage	Dars						K	Dr. 7. 2024				
Sign Signature of officer Date									19 1/cac 1						
Here	•	Ronnie	Rosenberg,	President											
		Type or print name	e and title												
		Print/Type prep	arer's name	Preparer's signature		П	ate			7 1	775.1				
Paid	1	1							Check	"	TIN				
	arer	Finale							self-emplo	byed					
	only	Firm's name						Fin	n's EIN						
JSE	UIIIY	Firm's address						Ph	one no.						
∕lay t	he IRS	discuss this n	etum with the preparer s	hown above? See in:	structions		1000 · 10			. 3 2	. Yes No				

_	m 990 (2023) Fairbanks Animal Shelter Fund	73-1628436 Page
Pa	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:  Enhance care of shelter animals	
	Promote adoption of shelter animals	
	Fromote adoption of shelter animals	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 🕱 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants are required to report the grants	ations to others,
	the total expenses, and revenue, if any, for each program service reported.	
la	(Code:) (Expenses \$ 176,116. including grants of \$ ) (R	evenue \$
ru	Provide veterinary care to sick or injured animals as	well as
	preventative care to other adoptable animals at the SI	helter Many
	animals required major dental care, including tooth ex	xtractions
	The state of the s	ACTAC CIONS.
	·	
4b	(Code:) (Expenses \$ 3,531. including grants of \$ ) (Re	
+13	The Fund purchased security vests for animal control of	evenue \$)
	ensure safety during animal seizure. Additionally the fu	orrects to
	large freezer for the shelter.	und purchased a
	anago andessa ava one situates.	
c	(Code: ) (Expenses \$ 1,276. including grants of \$ ) (Re	evenue \$ }
	The Fund purchased supplies for the well being and can	evenue \$)
	of shelter animals including grooming supplies, collar	
	special foods, toys and treats. The fund also purchase	ts, medications,
	of informational brochures re: adoption awareness, car	ed the printing
	the Shelter Fund.	nine training and
	the Sherter rund.	
d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	`
e	Total program service expenses	180,923.
rA		Form <b>990</b> (2023)
		i U/III 33U (/U/3

			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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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			**
7	"Yes," complete Schedule D, Part I	6		X
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3.5
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part IL	7		X
0	complete Schedule D, Part III			37
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
•	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 donor-restricted endowments	9		A
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X, as applicable.			
а				
	complete Schedule D, Part VI	11a		x
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 V.II.	11b		X
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 V.III	11c		X
ď	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	X	
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		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u> _
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	_	X
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			32
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
10	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			X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	_
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ,	46		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	-	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	
	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?	10	-	
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule.H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

_	nr 190 (2023) Fairbanks Animal Shelter Fund / Int IV Checklist of Required Schedules (continued)	3-16	284	36	Page
Га	It IV Checklist of Required Schedules (continued)			Yes	N
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	9				
	\$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	-	X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
al.	to defease any tax-exempt bonds?		24c	+	X
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	*: •	24d	-	X
<b>23</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				7
b		×	25a	-	X
IJ	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		256		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	* * •	25b		A
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	7,93	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule			TO SE	100
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?				(3-43
	"Yes," complete Schedule L, Part IV		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part.IV.		28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	1.180	28c		X
29	Did the organization receive more than \$25,000 in noncash 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 L		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		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		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 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				37
7.7	related organization? If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				37
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			v	
Par	19? Note: All Form 990 filers are required to complete Schedule Q		38	X	
ran	Check if Cahadula O contains a passance on note to apply line in this Dout V				
	Check if Schedule O contains a response or note to any line in this Part V				B1 -
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0	NE S	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	THE		
	Did the organization comply with backup withholding rules for reportable payments to vendors and				

reportable gaming (gambling) winnings to prize winners?

1c X

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<b>I</b>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		33.4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	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).	1983		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			**
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b		100
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? ,	7-	1,000	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		_
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		luft(i)
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b>138</b>	120	
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds,			2
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:		100	
	Initiation fees and capital contributions included on Part VIII, line 12	1949		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		133	
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			v
	Note: See the instructions for additional information the organization must report on Schedule O.	13a		<u>X</u>
	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	440		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q.	14a 14b	-	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	+	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	10	RLH.	1991
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	-		
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.		5501	1881

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 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 on Schedule O. 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 5 X 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 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Each committee with authority to act on behalf of the governing body?..... X 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. . . 11a X h Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Ç X 12c 13 13 X 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed AK 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

Jennifer L. House 1951 Gilmore Trail Fairbanks, AK 99712

20

(907)460-4267

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any rela		ition co	mpens	ated	any cui	rren	t officer, director, o	or trustee.	
				(C)					
(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	or director	Institutional trustee	Key employee	Highest compensated employee	romer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) Ronnie Rosenberg President	24.00	v	v						
	02.00	X	X	1	_	-			
(2) Judith Warwick Vice President	02.00	x	x						
(3) Jennifer House	02.00								=======================================
Treasurer		X	X						
(4) Jennifer McMillan	01.00								
Secretary		X	X						
(5) Mary Ann Fortune	02.00					П			
Director		X							
(6) Barbara Rothrock	01.00								
Director		X							
_(7)	×								
(8)						1			
(9)									
(10)									
(11)						1			
(12)									
(13)									
(14)									

10003101	(F) Estimated amo of other compensatio	
(17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (29) (29	from the ganization ted organi	ion and
(19)		
(29) (29) (29) (29) (29) (29) (29) (29)		
(22)  (23)  (24)  (25)  1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual sited on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's ta		
(22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (29) (29) (29) (29) (29) (29		
(22) (23) (24) (25)  1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual isted on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's ta  (A) (B) (B) (C)		
(22) (23) (24) (25)  1b Subtotal  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's ta		
(23)  (24)  (25)  1b Subtotal  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ind		
25    1b   Subtotal     C   Total from continuation sheets to Part VII, Section A		
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's ta		
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's ta		
to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Joid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's ta		
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Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	s N
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		77
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's ta  (A)  (B)  (C)		X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's ta		X
(A) (B) (C)		
ivame and business address Description of services Compen	)	ar.
	sation	
Total number of independent contractors (including but not limited to those listed above) who		

Part VIII Statement of Revenue

		Check if Schedule C	COM	ains a res	ponse	or note to any ii	ne in this Part VII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns			1a					
	b				1b		7-16-19 BEAR			
nts	C				1c	6,811.				
Contributions, Gifts, Grants and Other Similar Amounts	d				1d	-				
Am Am	е				1e					
<u>a</u>	f									
Sir		and similar amounts not included above 1f				383,607.				
buti	g				<u> </u>					DE HISTORY
돌충	۶	lines 1a-1f			1g	s 836.				
နှင့်	h	Total. Add lines 1a-1f				390,418.				
-	† · · ·	Total Mod Id II				Business Code				
	2a					Dusiness Code		Description Provide	SOURCE STEELINGS	
9	b									
Program Service Revenue	C						-			
yram Serv Revenue	d									
Rev Rev	e		_		_					
5	1	All other program service	reven	ПФ						
о.		Total. Add lines 2a-2f .				1911		BUCKEN SKILL	S. Wells Line	
	-									
	3	Investment income (include other similar amounts)					610.			610.
	4	Income from investment or					020.			010.
	5	Royalties								
	•	Noyalico I I I I I I I	$\dot{\Box}$	(i) Real		(ii) Personal	**************************************			THE VALUE OF THE PARTY OF
	62	Gross rents	6a	(I) Neal		(II) Personal				
		Less: rental expenses	6b		_					
		Rental income or (loss)	6c		_					
		Net rental income or (loss)			75.00	22 22 200	N. L			
				(i) Securitie		(ii) Other	BEGINNERS.	NEEDS NO.		F1. 50V. F. B. F.
	/a	Gross amount from sales of assets		(i) Securiti	75	(II) Other				
		other than inventory	72							and the King
	h	Less: cost or other basis	7 CI							
c)	"	and sales expenses	7b							
Revenue		Gain or (loss)	<del></del>							
eve		Net gain or (loss)						44444		
_		Gross income from fundra		3	<u> </u>		Sales and the sales	HEX STATES		
Other	•	events (not including \$		,811.						
U		of contributions reported o								District Services
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
	1	Net income or (loss) from t			_					
		Gross income from gaming		nomig event	Ť					NAME OF THE PERSON
	""	activities. See Part IV, line	_		9a					
	h	Less: direct expenses .			9b					
	1	Net income or (loss) from g			JD					THE RESERVE OF THE PARTY OF THE
			-	g activities				ret-28		
	10a	Gross sales of inventory, le returns and allowances.			10a					
	h	Less: cost of goods sold			10b					
		Net income or (loss) from s								
	Ť	Trot moorne or (lood) norm	50100	or in recinion y		Business Code		( Leanesters		Car les evani
so.	11a					Daonicoo Obde				
ne ne	ь				_					
Miscellanous Revenue	c									
sce Rev	1 7	All other revenue		2 0 .	540					
Ξ				8.8				19 mg 1 3 8 8 1 mg	No district	
	-	Total revenue. See instruc					391,028.			610.

### Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must complete			st complete column (A	).
	Check if Schedule O contains a response or no				
Do 1	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total experience	expenses	general expenses	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				
	organizations, foreign governments, and		,		
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	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 Schedule O.)				
12	Advertising and promotion	293.		100.	193.
13	Office expenses	1,912.	234.	1,408.	270.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	430.			430.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Veterinary Services	176,116.	176,116.		
b	Animal supplies	1,042.	1,042.		
C	Security vests for staff	3,531.	3,531.		
d	Rent P.O. box; garage sale	960.		460.	500.
e	All other expenses				
:5	Total functional expenses. Add lines 1 through 24e	184,284.	180,923.	1,968.	1,393.
:6	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)				

Part X **Balance Sheet** 

	Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	14,687.	1	33,817
2	Savings and temporary cash investments	81,414.	2	267,503
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,	38 00 00		
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			Line we have to
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
8 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			Kelephen III:
	basis. Complete Part VI of Schedule D 10a		131	
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	8,629.	11	8,773
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	241,864.	15	271,327
16	Total assets. Add lines 1 through 15 (must equal line 33)	346,594.	16	581,420
17	Accounts payable and accrued expenses	4,514.	17	3,133
18	Grants payable		18	0,100
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,		21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		00	
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties			
25	Other liabilities (including federal income tax, payables to related third		24	
25	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	4,514.	25	2 122
20	Organizations that follow FASB ASC 958, check here	4,514.	26	3,133
	and complete lines 27, 28, 32, and 33.		Barrie.	
27		94,661.	1600-1100-	200 405
27		247,419.	27	300,405
28	Net assets with donor restrictions	241,419.	28	277,882
	Organizations that do not follow FASB ASC 958, check here		100	
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	0.40 0.00	31	
32	Total net assets or fund balances	342,080.	32	578,287
27 28 29 30 31 32 33	Total liabilities and net assets/fund balances	346,594.	33	581,420

Forn	n 990 (2023) Fairbanks Animal Shelter Fund	73-162	8436	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			X	Ž
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,028	
2	Total expenses (must equal Part IX, column (A), line 25)	2	184	,284	
3	Revenue less expenses. Subtract line 2 from line 1	3	206	,744	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	342	,080	
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 on Schedule O)	9	29	,463	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				Ī
-	32, column (B))	10	578	,287	
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				res No	5
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			in the	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			77 SA	
	Schedule O.		JULY S		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		of the second		
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	· · · · · ·	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		Jay 1		
	Schedule O.		SALE!		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	1 to 1 + 1 to 2	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	*	3b		
UYA			Form 9	90 (202	3)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990)

**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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Fairbanks Animal Shelter Fund

Employer identification number

	Animal Shelt					73-1628436	5			
Part I Re	ason for Public Cha	arity Status.(A	II organizations mus	st compl	ete this j	part.) See instruct	ions.			
	n is not a private found									
	ch, convention of churc					'0(b)(1)(A)(i).				
	ol described in section									
	ital or a cooperative ho									
	hospital's name, city, and state:									
section	section 170(b)(1)(A)(iv). (Complete Part II.)									
	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	ed in <b>section 170(b)(</b> 1		,							
	munity trust described i									
	cultural research orgar									
	ersity or a non-land-gra	ant college of agi	riculture (see instructi	ons). Ent	er the na	me, city, and state	of the college or			
univers										
acquire	anization that normally s from activities related t from gross investmen d by the organization a	iner June 30, 19	/o. See section buy	a)(2). (C	ompiete i	art III.)	hip fees, and gross n 33 1/3 % of its n businesses			
	anization organized and									
12 An orga	nization organized and	operated exclus	ively for the benefit of,	to perfor	m the fun	ctions of, or to carry	out the purposes of			
one or i	nore publicly supported	d organizations d	lescribed in section 5	09(a)(1)	or sectio	n <b>509(a)(2)</b> . See se	ection 509(a)(3).			
Check	he box on lines 12a thro	ough 12d that de	scribes the type of sup	porting o	rganizatio	on and complete line	es 12e, 12f, and 12g.			
a ∐ Type	I. A supporting organia	zation operated,	supervised, or control	lled by its	supporte	ed organization(s), t	ypically by giving			
the su	ipported organization(s	s) the power to re	egularly appoint or ele	ect a majo	ority of th	e directors or truste	es of the supporting			
	ization. You must con									
b L Type	II. A supporting organi	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by having			
	ol or management of th			e same p	ersons t	nat control or mana	ge the supported			
	ization(s). You must c									
	III functionally integrated						ly integrated with,			
	pported organization(s)									
d ∐ Type	III non-functionally in	itegrated. A sup	porting organization	operated	in connec	ction with its suppor	ted organization(s)			
triat is	not functionally integrement (see instructions	ated. The organi	mulate Part IV Seet	satisty a	distribut	ion requirement and	f an attentiveness			
	this box if the organiz onally integrated, or Ty						II, Type III			
	number of supported									
g Provide t	ne following information	n about the curr	orted organization(s)							
	upported organization	(ii) EIN	(iii) Type of organization			(se) A manufacture of the second				
(I) Name of s	apported organization	(11) 2114	(described on lines 1-10		organization organization		(vi) Amount of other support (see			
			above (see instructions))	docu	ment?	instructions)	instructions)			
				Yes	No					
					- 110					
(A)										
/D)										
(B)	5)									
(C)										
(D)										
(-)										
(E)										

m 990) 2023 Fairbanks Animal Shelter Fund 73-162843 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						177
	membership fees received. (Do not						
	include any "unusual grants.")	167,234.	138,881.	180,386.	173,924.	390.418.	1 050 843
2	Tax revenues levied for the				7		2,030,043.
	organization's benefit and either paid						
	to or expended on its behalf			1			
3	The value of services or facilities						<u> </u>
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		138 881	180 386	173 924	300 410	7 050 040
5	The portion of total contributions by	207,232.	150,001.	100,300.	#13,324.	330,416.	1,050,843.
3	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)						205 200
6	Public support. Subtract line 5 from line 4.						395,889.
	on B. Total Support						654,954.
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7					173 924	390 419	1,050,843.
8	Gross income from interest, dividends,	201,201.	130,001.	100,300.	173,324.	390,416.	1,050,843.
•	payments received on securities loans,						l
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						<u> </u>
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	(ann inntmunt				40.	1,050,843.
13	Einst Execute If the Earn 000 is for the	. (see instructi	ons)	. S. W 1876	COL 4	12	
13	First 5 years. If the Form 990 is for the corresponding check this hay and stop he	organization's 1	irsi, secona, i	nira, rourtn, or	τιπη tax year a	is a section 50	1(c)(3)
Sooti	organization, check this box and stop he on C. Computation of Public Suppo	et Doroomtoe					
14	Public support percentage for 2023 (line	6 column /f)	divided by line	11 column (f)	\		
15	Public support percentage from 2022 Sch	bodulo A. Dort	ilvided by line	i i, column (i)	) · · :::::: · · ::: ::::::::::::::::::	14	62.33%
16a	33 1/3 % support test-2023. If the organ					15	86.35%
IOa	box and stop here. The organization and	difice on a pub	light supported	l organization	d line 14 is 33	1/3 % or more,	check this
b	box and <b>stop here</b> . The organization qua 33 1/3 % <b>support test–2022</b> . If the organ	mires as a pub	shock a basis	i organization		:- 00 4 - 04	<b> X</b>
D							
47-	check this box and stop here. The organ						
17a	10%-facts-and-circumstances test–202						
	10% or more, and if the organization me	ets the facts-a	nd-circumstar	ices test, chec	k this box and	stop here. Ex	plain in
	Part VI how the organization meets the fa						
	organization						
b	10%-facts-and-circumstances test-202	22. If the organ	nization did no	t check a box	on line 13, 16a	i, 16b, or 17a,	and line
	15 is 10% or more, and if the organizatio						
	Explain in Part VI how the organization m						
	supported organization						
18	Private foundation. If the organization d						
	instructions		S 8 6 6 8	E + 1 (6)30 + 1 (8)	- 19839 N N 13	68V - 8	

Fairbanks Animal Shelter Fund Support Schedule for Organizations Described in Section 509(a)(2) Part III

/Complete only if yo	u checked the box on li	no 10 of Dort Lor if	the ergonization	failed to accelify.	
(Complete only if yo	a cliecked file box off il	ne io di Pail I di II	i trie organization	raneo to quality t	Inger Part II
If the ever-planting for	All and a second limited and a second and the second	talandar Marka at Intelligence to	2011		
ur ine organization ta	ails to qualify under the	rests listed below i	niesse complete i	2art II ∖	
ti mid disperimentali id	and to quality arradi are	tooto notou boiott,	DIVAVO VOITIDIGICE	CHLILL	

Sect	ion A. Public Support				The state of the s		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees					(-/ =	(i) i otai
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
_	Amounts included on lines 1, 2, and 3						
7 4	received from disqualified persons						
h	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.)						
Sect	ion B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(4) = 0 10	(2)2020	(0/2021	(4) 2022	(6) 2023	(i) i otai
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						-
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, th	ird, fourth, or f	ifth tax vear as	a section 501	(c)(3)
	organization, check this box and stop here						
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2023 (lir	ne 8, column	(f), divided b	y line 13, col	umn (f)).	15	%
16	Public support percentage from 2022 \$						%
Secti	on D. Computation of Investment Inc						,,,
17	Investment income percentage for 2023 (	line 10c, colu	mn (f), divided	by line 13, col	lumn (f)	17	%
18	Investment income percentage from 2022	2 Schedule A,	Part III, line 1	7		18	%
19a	331/3 % support tests-2023. If the organi	ization did no	t check the bo	x on line 14, a	and line 15 is n	nore than 331/3	3%, and
	line 17 is not more than 331/3 %, check this t	oox and stop h	nere. The organ	nization qualifie	es as a publicly	supported orga	nization.
b	331/3 % support tests-2022. If the organiz	ation did not	check a box on	line 14 or line	19a, and line 1	6 is more than	33 <sup>1</sup> /3 %, and
	line 18 is not more than 331/3%, check this b	ox and stop h	ere. The organi	ization qualifie	s as a publicly s	upported orgai	nization 🗍
20	Private foundation. If the organization did	not check a	box on line 14,	19a, or 19b, o	check this box a	and see instruc	tions

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

	Section	A. All	Supporting	<b>Organizations</b>
--	---------	--------	------------	----------------------

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			1838
	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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		Track in	1.5
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	IEN		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		1
þ	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.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	(839)		
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	2015		THE P
	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.	4b		
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	3577		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	X 34		5%
-	purposes.	4c		
5a	o many transfer of the transfe			138
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	3.77	1914	200
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
b	was accomplished (such as by amendment to the organizing document).	5a		
D	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?	25118	FRE	13.13
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	33	1	
	benefited by one or more of its supported organizations, or (iii) 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.	6	Enil	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	F(S)		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?	19.00	1000	
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		-7.1	
	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.	9a	-	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which		3100	127
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	1150	481	UE II
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	68	DU	PV LA
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1	5,14	
		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	200		

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
4.4			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?			
Q.	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		+
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		$\vdash$
	ion B. Type I Supporting Organizations	1110	-	_
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed	= 1		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstruc	tions	).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity. Instructions).	entity (	see	
2	Activities Test. Answer lines 2a and 2b below.	[	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 Fairbanks Animal Shelter Fun		7.	1 COO 4 O C Dans
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O		/ :	3-1628436 Page
Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VII
See instructions. All other Type III non-functionally integrated supporting			
Section A - Adjusted Net Income	organ	(A) Prior Year	(B) Current Yea
1 Net short-term capital gain	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		
Section 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):			
a 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		
e Discount claimed for blockage or other 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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A. line 8. column A)	1	The second sections	

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-functionall instructions).	y in	tegrated Type III supporting	organization (see

2

3

4

5

2 Enter 0.85 of line 1.

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

	le A (Form 990) 2023 Fairbanks Animal S	Shelter Fund		7.	3-1628436 Page 7
Part		(3) Supporting Orgai	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		1		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	rted	2	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	l - provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is res	sponsive	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			/in		/!!!\
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6	DEME, Dispose Espir			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required- explain in <b>Part VI</b> ). See instr.				
3	Excess distributions carryover, if any, to 2023			BU	
а	From 2018			MI	
b	From 2019				
С	From 2020				
d	From 2021		E E O PRE LE		
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount	TEVERS A DE AUSTRIA			
$\equiv$ i	Carryover from 2018 not applied (see instructions)		E STATE OF THE STA		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		LEN FOR KITCH	088	
4	Distributions for 2023 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				CONTROL FRENCH
b	Applied to 2023 distributable amount		THE THE PERSON NAMED IN		
С	Remainder. Subtract lines 4a and 4b from line 4.		PERSONAL TO	150	
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			1	
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				NEW YEAR OF THE
а	Excess from 2019 a				Physical Company

b Excess from 2020 c Excess from 2021 . . . . . . d Excess from 2022 e Excess from 2023

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Employer identification number

	rbanks Animal Shelter Fund			28436
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fu	nds or Ad	counts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
		(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		funde are th	o organization's
•	property, subject to the organization's exclusive legal control			
6	Did the organization inform all grantees, donors, and donor			
٠	purposes and not for the benefit of the donor or donor advis		-	chantable
Part	private benefit?		f. (1) (1)	Yes No
ı arı	Complete if the organization answered "	Ves" on Form 990 Part IV line 7		
4				
1	Purpose(s) of conservation easements held by the organiza			
	Preservation of land for public use (for example, recrea	. =		
	Protection of natural habitat	☐ Preservation of a	certified hist	oric 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	on easement on the last day
	of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic si	tructure included on line 2a	20	
d	Number of conservation easements included on line 2c acq	uired after July 25, 2006, and not on a histor	ic	
	structure listed in the National Register		- Eggs - 2d	1
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the		*
	organization during the tax 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		lations.	
	and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.			11 8970 5 50
_		, remaining or resourcing and employing control		ions during the year
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	n escemente	during the year
•	Amount of expenses mounted in monitoring, inspecting, har	iding of violations, and emorcing conservation	ni cascincins	during the year
8	Does each conservation easement reported on line 2d abov	a esticity the requirements of costion 170/b/	4\/D\/5\	
o				
9	and section 170(h)(4)(B)(ii)?			
Ð	In Part XIII, describe how the organization reports conserva			
	include, if applicable, the text of the footnote to the organiza conservation easements.	tion's financial statements that describes the	organization	's accounting for
Dort		of Art Historical Traceures of	Other Ci	mailan Assata
Part			Other 31	milar Assets
	Complete if the organization answered "			
1a	If the organization elected, as permitted under FASB ASC 9			
	of art, historical treasures, or other similar assets held for pr		therance of p	ublic
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 9			
	art, historical treasures, or other similar assets held for publi	lic exhibition, education, or research in furthe	rance of pub	lic service,
	provide the following amounts relating to these items.			
	(i) Revenue included on 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 tre			the following amounts
	required to be reported under FASB ASC 958 relating to the			• • • • • • • • • • • • • • • • • • • •
а	Revenue included on Form 990, Part VIII, line 1		<b>.</b> . <b>.</b>	
b	Assets included in Form 990, Part X			

Par	Organizations Maintaining C	ollections of A	art, Historicai	reasures, or O	tner Similar As:	sets (continued)			
3	Using the organization's acquisition, accession (check all that apply).	n, and other records,	check any of the fo	llowing that make sig	nificant use of its coll	ection items			
а	Public exhibition		d 🗌 Loan	or exchange program	I				
b									
c	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain h	ow they further the	organization's exemp	t purpose in Part XIII.				
5	During the year, did the organization solicit or	eceive donations of	art, historical treasu	res, or other similar a	ssets to be sold to rai	ise funds			
	rather than to be maintained as part of the orga								
Par									
	Complete if the organization a 990, Part X, line 21.	nswered "Yes" (	on Form 990, P	art IV, line 9, or	reported an amo	ount on Form			
1a	Is the organization an agent, trustee, custodiar	or other intermedia	ry for contributions	or other assets not inc	cluded				
	on Form 990, Part X?					Yes No			
b	If "Yes," explain the arrangement in Part XIII a	nd complete the folio	wing table:						
					Amou	nt			
C	Beginning balance		30 1 1 6 5 1 53 .T	1	c				
d	Additions during the year	· region of a risk	37* * 8 8 * 1831 *		d				
e	Distributions during the year	· · [8508] · · · 20 80 • 180	35 · · 3 & ·   E93   ·		e				
f	Ending balance								
2a	Did the organization include an amount on For								
b	If "Yes," explain the arrangement in Part XIII.	heck here if the exp	lanation has been p	rovided on Part XIII.	8 · · · · · · · · · · · · · · · · · ·				
Par	Endowment Funds		_						
	Complete if the organization a				7511				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance	241,864.	274,748.		218,886.	189,644.			
b	Contributions		1,052.	26.	103.	101.			
C	Net investment earnings, gains, and								
	losses	31,790.	-31,595.	32,670.	27,570.	31,110.			
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses	2,327.	2,341.	2,427.		1,969.			
g	End of year balance	271,327.	241,864.	274,748.	244,479.	218,886.			
2	Provide the estimated percentage of the currer	it year end balance (	line 1g, column (a))	held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment 100.00%								
C	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess	ion of the organizati	on that are held and	administered for the					
	organization by:					Yes No			
	(i) Unrelated organizations?	<b></b>		* • • (609 • 0 × • 10)	9 + 90 90 + 1 1881 + 1	. 3a(i) X			
	(ii) Related organizations?								
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Schedule R?	00 - 140004 - 00 10 - 1000		3b			
4	Describe in Part XIII the intended uses of the o		ment funds.						
Par	VI Land, Buildings, and Equipn								
	Complete if the organization a	nswered "Yes" o	on Form 990, P	art IV, line 11a.	See Form 990, P	art X, line 10.			
	Description of property	(a) Cost or other	۱, ۱	1 ' '	Accumulated	(d) Book value			
		(investme	nt) (o	ther) d	epreciation				
1a	Land			2 4 2					
b	Buildings	03.20							
C	Leasehold improvements	sates;							
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. <i>(Column (d) must equa</i>	l Form 990, Part X,	line 10c, column (B)	)	E R E: (639)				

Schedule D (Form 990) 2023

Part VII	Investments — Other Securities			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11b. See Form 99	0, Part X, line 12.
	(a) Description of security or category	(b) Book value		d of valuation:
	(including name of security)		Cost or end-o	f-year market value
	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, col. (B))			11 15 15 5 15
Part VIII				
	Complete if the organization answered "Yes" on Forn	n 990. Part IV. line	11c. See Form 99	0. Part X. line 13
	(a) Description of investment	(b) Book value		of valuation:
			Cost or end-o	f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets	- 000 D B7 P	44   0   5   00	
-	Complete if the organization answered "Yes" on Form	1 990, Paπ IV, line	11d. See Form 99	
(4) Endos	(a) Description			(b) Book value
	ment AK Comm Fndn			271,327
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 15, col. (B))			271,327
Part X	Other Liabilities			214,721
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11e or 11f. See Fo	rm 990. Part X.
	line 25.			,
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 25, col. (B))		(40) - N (6 N - 23)	
<ol><li>Liability for i</li></ol>	uncertain tax positions. In Part XIII, provide the text of the footnote to the	ne organization's financia	I statements that reports	the

Par	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, P			Retur	n
1					
	Total revenue, gains, and other support per audited financial statements			1	
2		1. 1		m/E	
a	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants	-			
d	Other (Describe in Part XIII.)			77	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i · · i	salauar	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1.0	
а	Investment expenses not included on Form 990, Part VIII, line 7b. a	-			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Page 1990, Page 199			er Ret	urn
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:	25	2527 8 8 1009 0		
	Donated services and use of facilities	1 1		B)	
a		-			
b	Prior year adjustments	-			
C	Other losses	-			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	i · · · i		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			ni Vi	
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	0 0	890 • 8 8 • - 8859 • R R	5	
	XIII Supplemental Information				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			rt X, line	2;
raitAi	inites 20 and 4b, and Fait Air, lines 20 and 4b. Also complete this part to provide any ad	lulliona	information.		
P5,	Ln 4				
	endowment principal is restricted. The inc	ome	is used for	ODE	rations
	The state of the s	-	TO GOEG TOT	Ope	tations.

Schedule D (	-orm 990) 2023	Fairbanks	Animal	Shelter	Fund		73-1628436	Page 5
Part XIII	Suppleme	Fairbanks ntal Information	(continued)					
							_	
					_			

#### **SCHEDULE 0** (Form 990)

### 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 Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Fairbanks Animal Shelter Fund	73-1628436					
Part VI LINE 11b						
The Treasurer & President prepare the 990 & deliver vi	a email to other					
Part VI LINE 11b						
officers for review						
Part VI LINE 12c						
Conflict of interest policy reviewed annually with all board						
Part VI LINE 12c						
members, no conflict of interest has been identified						
Part VI LINE 18						
http://fairbanksanimalshelterfund.org for public inspection						
Part VI Line 19						
Copies of all documents & policies are available on Sho	elter Fund's					
Part VI Line 19						
website http://fairbanksanimalshelterfund.org						
	1					