990

UVA

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 Open to Public

Form 990 (2022)

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.

For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization Fairbanks Animal Shelter Fund D Employer identification number Doing business as Address change 73-1628436 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return P.O. Box 72120 (907)488-9072 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Fairbanks, AK 99707 G Gross receipts \$ 174,254. Application pending Name and address of principal officer: Ronnie Rosenberg H(a) is this a group return for subordinates? P.O. Box 72120 Fairbanks, AK 99707 H(b) Are all subordinates included? Yes No **X** 501(c)(3) 501(c)(Tax-exempt status:) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions fairbanksanimalshelterfund.org H(c) Group exemption number X Corporation Trust Association Other L Year of formation: 2002 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Enhance care for shelter animals Governance Promote adoption of shelter animals 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 6 5 Total number of individuals employed in calendar year 2022 (Part V, fine 2a). 0 6 Total number of volunteers (estimate if necessary). 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11. 0. **Prior Year Current Year** 180,386. 173,924. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 183 330. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 12 180,569 174,254. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . b Total fundraising expenses (Part IX, column (D), line 25) 165,625. 188,025. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 165,625. 188,025. 19 Revenue less expenses. Subtract line 18 from line 12 . 14,944. -13,771. Assets or d Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 396,109. 346,594. Total liabilities (Part X, line 26) 7,374 4,514. Net assets or fund balances. Subtract line 21 from line 20 . 388,735. 342,080. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 1600 Signature of officer Sign Here Ronnie Rosenberg, President Type or print name and title Preparer's signature Print/Type preparer's name **Paid** Date Check if Preparer self-employed Firm's name Use Only Firm's EIN Firm's address Phone no. May the IRS discuss this return with the preparer shown above? See instructions Yes For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.	73-1628436 Page
1	Briefly describe the organization's mission:	
•	Enhance care of shelter animals	
Part 1	Promote adoption of shelter animals	
	remove adoption of sherter animars	
_	PM.	
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 🕱 No
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	у
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	S,
4-	the total expenses, and revenue, if any, for each program service reported.	
48	/ Interest to the state of the)
	Provide veterinary care to sick or injured animals as well	as
	preventative care to other adoptable animals at the Shelter	r. Many
	animals required major dental care, including tooth extract	ions
	throughout the year.	
40	(Code:) (Expenses \$ 4,504. including grants of \$) (Revenue \$ The Fund purchased security vests for animal control office ensure safety during animal seizure.	ers to
4c	(Code:) (Expenses \$ 859 . including grants of \$) (Revenue \$	
	The Fund purchased supplies for the well being and care	
	of shelter animals including grooming supplies, collars, me	dications.
	special foods, toys and treats. The fund also purchased the	printing
	of informational brochures regarding adoption awareness, ca	nine
	training, and the Shelter Fund.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	ř
4e	Total program service expenses	104 500
JYA		184,580.

			Yes	Al-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		165	No
2	complete Schedule A	1	х	
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			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
*	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
•	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,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III	8		_X_
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
11	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	Х	
• • •	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.		10000	
а	• • • • • • • • • • • • • • • • • • • •	MI		
b	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		X
	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
ď	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
е	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		<u>X</u>
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	_	<u>X</u>
	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		<u>X</u>
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	_	<u>X</u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	13	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	-	X
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	\rightarrow	X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16	-	<u>X</u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	X
	Part VIII, lines 1c and 8a? If "Ves " complete Schedule G. Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	-	X
	If "Yes." complete Schedule G. Part III	.		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	-	X
b	If "Yes," to line 20a, did the organization attach a copy of its guidited financial attachments to the arrangement of the control of the cont	20a	-	X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A) line 12, # "Voo." complete School of Daylor II.	.		
UYA	y management of the state of th	21		<u>X</u>

D 4 13 1				
Part IV	Checklist	of Required	Schedules	(continued)

	Print and the second se		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$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			
b		24a		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		X
	to defease any tax-exempt bonds?			
d		24c		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	_	X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			-
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		X
	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		w
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	-	X
	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or	20	-	Α
	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 L,	Table 1		-1
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	-13	File	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?		Constitution of	
	If "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	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
22	Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	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,			
35 a	or IV, and Part V, line 1	34	_	<u>x</u>
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	<u>X</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	_	<u>x</u>
-	related organization? If "Yes,", complete Schedule R, Part V, line 2.			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	_	X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37	-	X
	19? Note: All Form 990 filers are required to complete Schedule O			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	_
	Check if Schedule O contains a response or note to any line in this Part V		9	
14	and the state of t			Ļ.
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	10 S S S S S S S S S S S S S S S S S S S	Yes	No
Б	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	100	1/4 1/1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reporable gaming (gambling)	024	TOWN.	
	winnings to prize winners?	1c	x	1000
JYA			990 (2022)

Form 990 (2022) Fairbanks Animal Shelter Fund 73-1628436 Page 6 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 1 a Enter the number of voting members of the governing body at the end of the tax year. 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 \mathbf{x} Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X b Each committee with authority to act on behalf of the governing body?. X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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? 10h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 X Did the organization have a written document retention and destruction policy?. 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X 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 List the states with which a copy of this Form 990 is required to be filed AK 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) 18 available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website 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, 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 20 Jennifer L. House 1951 Gilmore Trail Fairbanks, AK 99712

(907) 460 - 4267

Form 990	(2022)	Fairba	nks	Animal	Shell	ter	Fund

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 related organization compensated any current officer, director, or trustee. (C) (A) (B) (D) Position (F) Name and title Average (do not check more than one Reportable Reportable Estimated amount hours compensation compensation box, unless person is both an of other per week from the from related compensation officer and a director/trustee) (list any organization (W-2/ organization (W-2/ from the Individual to Officer Former Institutional employee hours for Highest compensated 1099-MISC/ 1099-MISC/ organization and related 1099-NEC) employee 1099-NEC) related organizations organizations trustee below trustee dotted line) (1) Ronnie Rosenberg 24.00 President X X (2) Judith Warwick 02.00 Vice President X X (3) Jennifer House 02.00 Treasurer X X (4) Jennifer McMillan 01.00 Secretary X X (5) Mary Ann Fortune 01.00 Director X (6) Barbara Rothrock 01.00 Director X (7) (8)(9) (10)(11)(12)(13)(14)

	101000, 110	y =:::	рιυ			nu n	ıyır	esi compensat	ea Employees	continued)	
(A) Name and title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe d a d	rson	than of the thick the thic	n an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related	Estima of comp	(F) ted amount f other pensation
	related organizations below dotted line)	18 5	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	organization (W-2/ 1099-MISC/ 1099-NEC)	orģani:	om the zation and organization
(15)						2					
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal c Total from continuation sheets to Pa d Total (add lines 1b and 1c) 2 Total number of individuals (including b				901	isto	ode h	avo)	who received a	24 than 2400 00		
reportable compensation from the orga	nization	eu io	liio	361		u abu	ive)	who received mi	ore than \$100,00	0 ot	
3 Did the organization list any former office employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch .	indi	vidu	ıal	:	na s a rosa o		3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of repeater than t	ortab \$150,	le c 000	om ? <i>If</i>	pen "Y∈	satio ss. " c	n an omb	nd other compensioners	sation from the		
individual										4	х
for services rendered to the organization?	If "Yes," o	compl	ete	Sch	nedu	ıle J	for s	such person		5	х
Section B. Independent Contractors 1 Complete this table for your five highest of compensation from the organization. Reptax year.	compensate ort comper	ed ind	lepe on fo	ende or th	ent d	contra	acto ar y	rs that received rear ending with	more than \$100, or within the orga	000 of anization	า'ร
(A) Name and business address								(B) Description of se	rvices C	(C) compensa	ation
2 Total number of independent contractors	(including t	out no	ot lin	nite	d to	thos	e lis	sted above) who		1	en con
received more than \$100,000 of compens	ation from	the o	rgai	niza	tion	1	_				200 (0000)

Part VIII State	ement of	Revenue
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		Check if Schedule O contains a response or note to any line	in this Part VIII	20 90 00 0000	X X X 20	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
के क	1a	Federated campaigns	ALTHOUGH DASK MODE		TOVETIGE	sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	b		W. San San San			E TAKET MAPA
O. F	C	Fundraising events	53			
ar 4	l d	Related organizations				
% E	e	Government grants (contributions) . 1e	10 1000			
Sis	l f	All other contributions, gifts, grants,	1 2 2 2 3 1 1 1 2 4 1 1			1700
but		and similar amounts not included above . 1f 167,5	71			
E O	a		10.			
and	h	Total. Add lines 1a–1f				Manual Control of the
		Business C				
200	2a					The second second second
Program Service Revenue	b					
	c					
Sen	d					
E	e					
<u> </u>	f	All other program service revenue				
<u> </u>	g	Total. Add lines 2a-2f		STUDIES OF		
	3	Investment income (including dividends, interest,				
		and other similar amounts)	330.			330.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Person				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b	May coom			
	С	Rental income or (loss) 6c	The Drill Said	70 E 05 129		
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				38 TV 52 F/U SVI
		assets other than inventory 7a				
	b	Less: cost or other basis	155 Y 64 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		and sales expenses	7.73 F. 10 F	Contract of the		
		Gain or (loss)	and the state of			
	d	Net gain or (loss)				
en						
evenue	Вa	Gross income from fundraising				
		events (not including \$6,353.		BEATRICK!		
Other R		of contributions reported on line 1c).				
ö	١.	See Part IV, line 18			100	
		Less: direct expenses	Appropriate the property of		A STANFORM	
		Net income or (loss) from fundraising events	Single-makes			
	34	See Part IV, line 19 9a				
		Less: direct expenses 9b				
	1	Net income or (loss) from gaming activities				SHIP SHIP
		Gross sales of inventory, less	(Settles all entered	SECUES INCIDENT		
		returns and allowances 10a		Peter Harris		
	ь	Less: cost of goods sold				
		Net income or (loss) from sales of inventory				The state of the s
10		Business Co		Washington and the		
	11a					THE ARISTON SEE
scellaneo Revenue	b					
	С					
Miscellaneous Revenue	d	All other revenue				
	е	Total. Add lines 11a-11d		A THE WAY SHOW THE		The last the same of
		Total revenue. See instructions				330.
LIVA						

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, 8b, 9b, (A) (C) (D) Total expenses Program service Management and and 10b of Part VIII. Fundraising general expenses expenses expenses Grants and other assistance to domestic organizations Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Compensation of current officers, directors, trustees, Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 11 Fees for services (nonemployees): b Legal socor ac . esa a so socor e Professional fundraising services. See Part IV, line 17 . . . 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 740 548. 192. 1,715. 272. 1,423. 20. 14 Information technology. 15 16 17 Payments of travel or entertainment expenses for any 19 Conferences, conventions, and meetings 20 21 Payments to affiliates Depreciation, depletion, and amortization 23 430. 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.) a Veterinary Services 179,217. 179,217 b Animal Supplies 587. 587 c Security vests, shelter staff 4,504. 4,504. d Rent P.O. box; garage sale 832. 432 400. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 188,025 184,580. 2,403 1,042. 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)

	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
1	Cash — non-interest-bearing	30,479.	1	14,687
2	Savings and temporary cash investments	82,380.		81,414
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			SUMPLE OF STREET
	trustee, key employee, creator or founder, substantial contributor, or 35%		1990	
	controlled entity or family member of any of these persons		5	
ω 6	Loans and other receivables from other disqualified persons (as defined		000	
56	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
SIBSSET 7	Notes and loans receivable, net		.7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other	281		RINGS IN COLUMN
	basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation		10c	
11	Investments — publicly traded securities	8,502.	11	8,629
12	Investments — other securities. See Part IV, line 11 and a graph of the control o		12	0,023
13	Investments — program-related. See Part IV, line 11. 15 15 15 15 15 15 15 15 15 15 15 15 15		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	274,748.	15	241,864
16	Total assets. Add lines 1 through 15 (must equal line 33).	396,109.	16	346,594
17	Accounts payable and accrued expenses	7,374.	17	4,514
18	Grants payable	.,,	18	7/311
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or			P
Ē	founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	Control of the last of the las
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
	not included on lines 17-24). Complete Part X of Schedule Danage and the complete Part X of Schedule Danage and		25	
26	Total liabilities. Add lines 17 through 25	7,374.	26	4,514
2	Organizations that follow FASB ASC 958, check here		20	7,514
200	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	108,632.	27	94,661.
27	Net assets with donor restrictions.	200,032.	21	34,001
2		280,103.	28	247 410
3	Organizations that do not follow FASB ASC 958, check here	200,105.	20	247,419.
	and complete lines 29 through 33.		100	
29 30 31	Capital stock or trust principal, or current funds		20	A CHOZINA
30	Paid-in or capital surplus, or land, building, or equipment fund		29	
31	Retained earnings, endowment, accumulated income, or other funds		30	
32	Total net assets or fund balances.	388,735.	31	240 000
33	Total liabilities and net assets/fund balances.		32	342,080.
JYA		396,109.	33	346,594. Form 990 (2022

Par	^{90 (2022)} Fairbanks Animal Shelter Fund XI Reconciliation of Net Assets	73-16	<u> 2843</u>	6 P	age 12
1 01					
1	Check if Schedule O contains a response or note to any line in this Part XI				. X
2	Total expenses (must equal Part VIII, column (A), line 12)	1			54.
3	Total expenses (must equal Part IX, column (A), line 25)	2	18	8,0	25.
4	Revenue less expenses. Subtract line 2 from line 1	3	-1	3,7	71.
5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38	8,7	35.
6	Net unrealized gains (losses) on investments	5			
-	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	-3	2,8	84.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	34	2.0	80.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII.	· A WWA S & L.			\Box
				Yes	_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		300	100	110
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C).	77		15
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	8 2 KC U	2a	-	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	n a senarate	La		11000
	basis, consolidated basis, or both:	r d doparato	1808	198	220
			1251040		
	Separate basis Consolidated basis Both consolidated and separate basis		100		
b			25	001	v
b	Were the organization's financial statements audited by an independent accountant?	asis connolidated	2b	111	x
b		asis, consolidated	2b	101	x

2¢

X

Form 990 (2022)

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?

Schedule O.

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If the organization changed either its oversight process or selection process during the tax year, explain on

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.

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 **Employer identification number** Fairbanks Animal Shelter Fund 73-1628436 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization listed in your governing support (see (vi) Amount of (described on lines 1-10 other support (see above (see instructions)) document? instructions) instructions) Yes No (A)

(B)

(C)

(D)

(E) Total

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.) Section A Public Support

	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and					10/2022	(i) Total
	membership fees received. (Do not	1					
	include any "unusual grants.")	225,899.	167,234.	138,881.	180,386.	173 924	886,324.
2	Tay levelines levied for file						000,324.
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the			:			
	organization without charge						
4	Total. Add lines 1 through 3	225,899.	167,234.	138.881.	180 386	173 924	006 204
5	The portion of total contributions by	RESPONDED AND RES	ALCOHOL: NAME OF THE OWNER, WHEN	Maries	200,300.	113,344.	000,324.
	each person (other than a governmental		THE LEVEL OF THE PARTY OF THE P			THE STATE OF	
	unit or publicly supported organization)		Stor on an	HENS LOSSES			
	included on line 1 that exceeds 2%					TO SERVICE A	
	of the amount shown on line 11,			Section 18	STREET, STREET	PARAME	
	column (f)	XOL STATE	H. D. C. S.	ALCOHOL: US		Million and Police	
6	Public support. Subtract line 5 from line 4.	XXVIII CON	DESCRIPTION OF THE PERSON OF T				120,981.
Secti	on B. Total Support						765,343.
	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(-) 0000	10
7			167 234	138 891	190 396	(e) 2022	(f) Total 886,324.
8	Gross income from interest, dividends,	225,055.	107,232.	130,001.	100,386.	1/3,924.	886,324.
_	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
9	Net income from unrelated business						
_	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						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		4	MINA SHIP	*19) / / Jas	HOM A HING		886,324.
13	Gross receipts from related activities, etc	. (see instruction	ons)		mamı • S Second	12	
13	First 5 years. If the Form 990 is for the corresponding check this have and other had	rganization's t	irst, second, th	nird, fourth, or	fifth tax year a	s a section 50°	1(c)(3)
Conti	organization, check this box and stop he	re			. 12 12 12 12 12 12 12 12 12 12 12 12 12		
<u> 3ecti</u> 14	on c. computation of Public Suppo	rt Percentag	e				
15	Public support percentage for 2022 (line	o, column (t), c	divided by line	11, column (f)) was a gg _ [14	86.35%
	Public support percentage from 2021 Sch	iedule A, Part	II, line 14			15	89.78%
16a	33 1/3 % support test-2022. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33	1/3 % or more,	check this
	box and stop here. The organization qua	lifies as a publ	licly supported	organization .	a w u mang g g	rever a constant	3 3 3 3 3 · · · X
b	33 1/3 % support test-2021. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15	is 33 1/3 % or i	more
	check this box and stop here. The organi	ization qualifie	s as a publicly	supported org	anization		
17a	10%-facts-and-circumstances test-202	22. If the organ	ization did not	check a box o	n line 13, 16a	or 16h, and lie	no 14 is
	10% or more, and if the organization me	ets the facts-a	nd-circumstan	ces test, check	this boy and	stop hara Ev	nloin in
	Part vi now the organization meets the fa	cts-and-circum	istances test.	The organization	on qualifies as	a publicly sun	ported
	organization,		- 0 0 0000 a	al real table of the line	79 Y 5 ST. II		
b	10%-facts-and-circumstances test=202	If the organ	nization did no	t check a box of	on line 13, 16a	16h or 17a	and line
	15 is 10% or more, and if the organization	n meets the fac	cts-and-circum	istances test (check this hov	and stop here	
	Explain in Part VI how the organization m	eets the facts-	and-circumsta	nces test. The	organization of	uualifies as a n	ublioby
	supported organization		0.00000000				
18	rrivate loundation. If the organization di	id not check a	box on line 13	. 16a. 16b. 17a	a or 17h chec	k this boy and	
	instructions	* * * * * * * *	109 DE 00 9254009		11 11 11/20	The box allu	
UYA							••••

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

Section A. Public Support

	don A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees			17	(-) LUL1	(6) 2022	(i) Iolai
_	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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	MANUAL CONTRACT		Service Control			
	line 6.)						
	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6				1.7	(J) ZUZZ	(i) Iotai
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						
C	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 fir	rst, second, th	ird, fourth, or f	ifth tax year as	a section 501	(c)(3)
	organization, check this box and stop here)			· · · · · · · · · · · · · · · · · · ·		
	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2022 (lin	e 8, column	(f), divided b	y line 13, col	umn (f))	15	%
16	Public support percentage from 2021 S	chedule A, F	Part III, line 1	5		16	%
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2022 (I	ine 10c, colur	nn (f), divided	by line 13, col	umn (f))	17	%.
18	Investment income percentage from 2021	Schedule A.	Part III, line 1	7		40	0.4
19a	331/3 % support tests-2022. If the organize	zation did not	check the bo	x on line 14 a	and line 15 is n	noro than 221	0/ and
	The Tr is not more than 33 1/3 %, check this b	юх and stop h	ere. The organ	ization qualifie	es as a publicly o	supported orga	nizotion [7]
b	331/3 % support tests-2021. If the organize	ation did not c	heck a box on	line 14 or line	10a and line 1	Gio mara thai	201 1
	in a to is not more than 33 /3 %, Check this of	ox and stop n e	e re. I ne organi	zation qualifie	s as a publicly s	supported organ	nization [7]
20	Private foundation. If the organization did	not check a b	ox on line 14.	19a, or 19b, o	heck this hove	and see instruc	tions H

Part IV Supporting Organizations

(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.)

	Annual Cultural Cultu		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	UUX	1	10150
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		1000	PO
	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	1707		THE SE
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	11151	145.5	
	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	William	2131	W-V
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1931		52011
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	14,881	100	复练
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		(illeni	THE P
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		TX.U	176
	"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	1-19	III.	17/25
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	105	Dist.	Barrier St.
	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	SILE	30.30	1000
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ALC: CO	133	THE ST
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	10		1985
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	Sec.	1910	11
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	*	1	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;		1	Dir.
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	199	1/3	Bach
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- 31	20 33	
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	132	TON!	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		2000	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	781.5		
-	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	NO.	130	100
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	100		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
0	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			MEGI
9a	If "Yes," complete Part I of Schedule L (Form 990).	8		
34	Was the organization controlled directly or indirectly at any time during the tax year by one or more	1000		
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 500(c)(4) or (2)(2) 15 (1)(c) 17 (c)			
b	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
IJ	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which		Day.	SE.
_	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	7-1-10		1, 11
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
IVd	Was the organization subject to the excess business holdings rules of section 4943 because of section	7418	100	6 9
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	58	Ma F	
9_	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			1
	determine whether the organization had excess business holdings.)	10b		

Part	IV Supporting Organizations (continued)	0201	:30	raye .
44	Hoo the exercisetion exercise to the second state of the second st		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?	0.13		
_	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?	4.4	4120	BI
b	A family member of a person described on line 11a above?	11a	-	
C	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		-
Secti	on B. Type I Supporting Organizations	1110		
1	Did the gaverning hady march as a file and the second seco		Yes	No
'	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,		USTUIT	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively	23		1000
	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.	18/3	(FEEL	
2		1		
2	Did the organization operate for the benefit of any supported organization other than the supported	15.73		
	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,	100		
	supervised, or controlled the supporting organization.	2	HISTORY	1111111
Secti	on C. Type II Supporting Organizations	1 2		
			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 Part VI how control	DIE S		1919
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	1	190.0
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	613		- 716
	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	115	BOES.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		134.34	Die
	organization(s) or (ii) serving on the governing body of a supported organization? If "No " explain in Part VI how		100	
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		P.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	109	56	
	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).
a	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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.			
	instructions).	entity (see	
2	Activities Test. Answer lines 2a and 2b below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	- 0		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	153	1	
	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	OHE SELECT	281
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	La	.000	Vigit (
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes " explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	56	má.	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	NES		
b	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI,	3a	and of the	111/0
D	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	3h		ilm.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	nizations	1020430
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trus	t on Nov. 20, 1970 (avail	ain in Part VII)
See instructions. All other Type III non-functionally integrated supporting	orgar	nizations must complete	Sections Athrough F
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	
1 Net short-term capital gain	1		(optional)
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):			la l
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)	11		
2 Enter 0.85 of line 1.	2	THE PARTY OF THE P	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		7.
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	illy int	egrated Type III support	ng organization (see

-	ule A (Form 990) 2022 Fairbanks Animal S	Shelter Fund		7	3-1628436 Page 7
Par	lype III Non-Functionally Integrated 509(a)	(3) Supporting Organ	nizations (conti	nued)	3-1020436 Fage 1
Sect	ion D - Distributions		100710	T	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	Current rear
2		orted			
3	Administrative expenses paid to accomplish exempt purp	noses of supported orga	nizations	2	
4	Amounts paid to acquire exempt-use assets	pooco or supported orga	HIZAUOHS	3	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	f V/N	4	
6	Other distributions (describe in Part VI). See instructions	provide details in Fair	1 41)	5	
7	Total annual distributions. Add lines 1 through 6.			6	
8	Distributions to attentive supported organizations to which	sh Ale a series in all series		7	
	(provide details in Part VI). See instructions.	n the organization is res	sponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ons	(iii) Distributable
1	Distributable amount for 2022 from Section C, line 6		116-2022		Amount for 2022
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required- explain in Part VI). See instr.				# 15 v 10 V
3	Excess distributions carryover, if any, to 2022			_	MATERIAL PROPERTY.
a	From 2017				
b	From 2018		William St. St. St. St.		The Designation of
C	From 2019				
d	From 2020				
	From 2021		KILLS CO. C.		
f	Total of lines 3a through 3e				Miller Charles (1978)
g	Applied to underdistributions of prior years		THE WHOLE IN THE		
<u>9</u> _	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)			100	
-	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		Hill and the last		
4	Distributions for 2022 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
<u> </u>	Applied to 2022 distributable amount		S) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	253	
C	Remainder. Subtract lines 4a and 4b from line 4.			Maria	NOVE BOTH AND THE
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:			2 -	
a	Excess from 2018				
b	Excess from 2019		THE REAL PROPERTY.		
С	Excess from 2020		THE PARTY OF	37	

d Excess from 2021 . . . e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

Supplemental Financial Statements

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Fai	rbanks Animal Shelter Fund			73-162	28436
Par		ised Funds or	Other Similar Fun	ds or Acc	counts
	Complete if the organization answered "	Yes" on Form 99	0. Part IV. line 6.		
			r advised funds	(b) Funds and other accounts
1	Total number at end of year			† · · · ·	y . and and other accounts
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		s held in donor advised	fundo ara the	argentustit-
	property, subject to the organization's exclusive legal contro	17	to field in dollor advised	iuilus ale lile	organization's
6	Did the organization inform all grantees, donors, and donor	advisors in writing the	at grant funde can be use	od onlyfarat	· · · · · · L Yes L No
	purposes and not for the benefit of the donor or donor advis	or or for any other nu	rrose confering import	siocible	laritable
	private benefit?	en, an ren anny dation pe	"pooc our crining imperio	IIOOIDIE	
Par	Conservation Easements.			60 6 2	Yes No
	Complete if the organization answered "	Yes" on Form 99	0 Part IV line 7		
1	Purpose(s) of conservation easements held by the organiza	tion (check all that an	nly)		
	Preservation of land for public use (for example, recreal	tion or education)		hantauth churc	
	Protection of natural habitat	don or education)	Preservation of his Preservation of a c	corically impo	rtant land area
	Preservation of open space		Freservation of a c	ertified histor	ic structure
2	Complete lines 2a through 2d if the organization held a qual	ified concentration are	della diaminata de la compa		
_	of the tax year.	inied conservation cor	illibution in the form of a	conservation	
а	Total number of conservation easements				Held at the End of the Tax Year
b	Total acreage restricted by conservation easements		• 39 (8 (8 9) 6(90) 8 (8 10 10	2a	
С	Number of conservation easements on a certified historic st	tructure included in (e	· 100 100 100 101 101 101 101 101 101 10	2b	
d	Number of conservation easements included in (c) acquired	defter luiv 25 2006) - 12 0 H H H EG G W W W W	2c	
-	listed in the National Register	aiter July 25, 2006, i	and not on a historic stru	cture	
3	Number of conservation easements modified, transferred, re	placed audientished	and a section to all the section of	2d	
_	organization during the tax year	eleased, extiliguished	, or terminated by the		
4	Number of states where property subject to conservation ea	roment is lessted			
5	Does the organization have a written policy regarding the pe		and an invalid		
	and enforcement of the consensation excements it holds?	monitoring, insp	bection, nandling of viola	lions,	
6	and enforcement of the conservation easements it holds? . Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	and outside access		Yes No
	otal and volunted hours devoted to monitoring, inspecting,	nanding of violations	, and enforcing conserva	ation easeme	nts during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations and	d andaustus assessments		
-	the state of the s	dirig or violations, and	a enforcing conservation	easements (luring the year
8	Does each conservation easement reported on line 2(d) abo	we eatisfy the require	ments of coation 170/h\/	4\/D\/:\	
	and section 170(h)(4)(B)(ii)?	we sausiy the requirer	nents of section 170(n)(4)(B)(I)	
9	In Part XIII, describe how the organization reports conservation	ion escements in its	nunnun and aumana at-	 	Yes No
_	include, if applicable, the text of the footnote to the organization	tion cascine its in its i	everiue and expense sta	tement and c	palance sheet, and
	conservation easements.	ion s mianolal statem	cins that describes the C	ganizations	accounting for
Part	III Organizations Maintaining Collections	of Art. Historic	al Treasures or i	Other Sim	ilar Accote
	Complete if the organization answered "Y	es" on Form 99	0. Part IV. line 8	Julier Oill	iliai Assets.
1a	If the organization elected, as permitted under FASB ASC 9			halanca shoo	t septen
	of art, historical treasures, or other similar assets held for pu	ublic exhibition educa	tion or recearch in furth	arango of nuk	t works
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	describes these items	statice of put	ліс
b	If the organization elected, as permitted under FASB ASC 9			naa ahaat	atom of
	art, historical treasures, or other similar assets held for publi	c exhibition education	ones statement and Dala	nce of subli-	NKS OT
	provide the following amounts relating to these items:	- Samuravii, oddodiioi	., or research at futulets	noe or public	service,
	(i) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X		H · · · · · · · · · · · · · · · · · · ·	\$	
2	If the organization received or held works of art, historical tre	active or other shell	or consistent for fire and of		5.00 ·
	required to be reported under FASB ASC 958 relating to the	ee iteme:	ai assets for financial ga	ıп, provide th	e tollowing amounts
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990. Part X		· · · · · · · · · · · · · · · · · · ·	\$	

Contract of the last of	Gue D (Form 990) 2022 Fairbanks	Animal	Shelte:	r Fund			73-1	628436	Page
	t III Organizations Maintaining	Collection	s of Art, F	listorical	Treasures,	or O	ther Similar As	sets (cor	ntinueo
3	Using the organization's acquisition, access (check all that apply):	sion, and other r	ecords, checi	k any of the fo	ollowing that mal	ke sigr	nificant use of its co	llection items	•
а	Public exhibition			Loan	or exchange pro	ogram			
b	Scholarly research			Othe					
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and e	xplain how the	ey further the	organization's e	xempt	purpose in Part XII	l.	
5	During the year, did the organization solicit or	or receive donat	ions of art, his	storical treasu	ıres, or other sin	nilar a:	ssets to be sold to r	aise funds	
Par	rather than to be maintained as part of the o	rganization's co	llection?			• •		. Yes	☐ No
	Complete if the organization 990, Part X, line 21.		Yes" on Fo	orm 990, P	art IV, line 9	, or ı	eported an am	ount on F	orm
1a	Is the organization an agent, trustee, custod	ian or other inte	rmediant for a	ontributions .	or other enerts -		1		
	on Form 990, Part X?		Titledialy for C	ontributions (or other assets i	IOC INC	luaea		Π.,
b	If "Yes," explain the arrangement in Part XIII	and complete t	he following t	able:		• • •	1 3 3 3 3 3 3 3 W · ·	· Yes	No
			o ronownig t	ubic.			Amor	ınt	
С	Beginning balance		e sesse e v			10		JIII.	
d	Additions during the year			ESSANT SOLD IN	TOTAL TO SERVE S	10			_
е	Distributions during the year								
f	Ending balance			200.00 0 0 0		1f			
2a	Did the organization include an amount on F	orm 990, Part >	(, line 21, for	escrow or cus	stodial account li	ability	2	. Yes	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if	the explanation	n has been o	rovided on Part	XIII	· 96 90 403004 96 40 · ·	· res	HNO
Par	Endowment Funds.					7 (111.	# * * # # # * * * * * * * * * * * * * *	* * * * * *	
	Complete if the organization	answered "	Yes" on Fo	rm 990, P	art IV. line 1	0.			
		(a) Current ye		Prior year	(c) Two years		(d) Three years back	(e) Four ye	are hack
1a	Beginning of year balance	274,7	48. 24	14,479.	218,8		189,644		, 285
b	Contributions	1,0		26.		03.	101.		875
С	Net investment earnings, gains, and						2021		075
	losses	-31,5	95.	32,670.	27,5	70.	31,110	-7	279
d	Grants or scholarships								000
e	Other expenditures for facilities and								000
	programs								
f	Administrative expenses	2,3	41.	2,427.	2,0	80.	1,969.	2	,237
9	End of year balance	241,8	64. 27	74,748.			218,886.		644
2	Provide the estimated percentage of the curr	rent year end ba	lance (line 1g	, column (a))	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
C	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the org	anization that	are held and	administered fo	r the			
	organization by:							Ye	es No
	(i) Unrelated organizations	888	0.503 (5.2)		1822 8 8 6	(10)3 3	X(100)30 (0) (0)	. 3a(i)	
	(ii) Related organizations						900009 90 90 40040 · ·	3a(ii)	
Ь	If "Yes" on line 3a(ii), are the related organization	ations listed as	required on S	chedule R?		31 00 00	900000 90 90 4000 · ·	. 3b	
4 Par	Describe in Part XIII the intended uses of the Land, Buildings, and Equip		endowment fu	ınds.					
	Complete if the organization		es" on Fo	rm 990. P	art IV. line 1	1a. S	See Form 990 F	Part X line	o 10
	Description of property	(a) Cost	or other basis vestment)	(b) Cost or	other basis	(c) A	ccumulated preciation	(d) Book va	
1a	Land				400	2500			
b	Buildings				100	URI		_	
C	Leasehold improvements								
d	Equipment 4 24 403205 22 45 4034 21 12 20 20 12 2								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990. I	Part X, colum	n (B), line 10a	2.).				
UYA			,	,-,,	7	*		ule D (Form	DD01 2022

	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line	11b. See Form	990. Part X. line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation:
(1) Financia	al derivatives		00010101	id-oi-year market value
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments — Program Related.		estate and all and	
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line	11c. See Form	990. Part X line 13
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation: d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.)		Section 1	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form	990. Part IV. line	11d See Form	000 Part Y line 15
	(a) Description		77d. 000 T 01111	(b) Book value
(1) Endo	wment AK Comm Fndn			241,864
(2)				241,004
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 15.)			044 044
Part X	Other Liabilities.		000 8 8 00 9 9 F	241,864
	Complete if the organization answered "Yes" on Form line 25.	990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(h) Pook value
	al income taxes			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		N N N N N N N N N N N N N N N N N N N	
. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote to th	e organization's financie	I statements that re-	arte the
organizatio	on's liability for uncertain tax positions under FASB ASC 740. Check her	n if the test of the feet		TIGUIE

	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
٦	otal revenue, gains, and other support per audited financial statements	1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	50 F.
N	let unrealized gains (losses) on investments	
-	Donated services and use of facilities	
F	Recoveries of prior year grants	
	Other (Describe in Part XIII.)	
-	add lines 2a through 2d.	2e
۵	Subtract line 2e from line 1.	3
	mounts included on Form 990, Part VIII, line 12, but not on line 1: nvestment expenses not included on Form 990, Part VIII, line 7b. 4a	(2)
	Other (Describe in Part XIII.)	
A	dd lines 4a and 4b.	
Т	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c
X	Reconciliation of Expenses per Audited Financial Statements With Expenses pe	5 Dotum
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Return.
Т	otal expenses and losses per audited financial statements	4
Α	mounts included on line 1 but not on Form 990, Part IX, line 25:	1
	onated services and use of facilities	
	rior year adjustments	(200)
	other losses	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
0	ther (Describe in Part XIII.)	
Α	dd lines 2a through 2d	2e
	ubtract line 2e from line 1	3
	mounts included on Form 990, Part IX, line 25, but not on line 1:	
lr	evestment expenses not included on Form 990, Part VIII, line 7b	
0	ther (Describe in Part XIII.)	
A	dd lines 4a and 4b a a round a a round a state a natural a state a natural a state a stat	4c
YI	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.	5
i un Ge	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Par	t X, line 2;
, 11113	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

Schedule D (I	Form 990) 2022	Fairbanks al Information	Animal	Shelter	Fund	7	3-1628436	Page \$
Part Aiii	Supplement	ai information	(continued)					

SCHEDULE O (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. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization

OMB No. 1545-0047 Inspection

	3 - 3 3	41		Employer identification number
Fairbanks	Animai	Sneiter	Fund	73-1628436
-				