

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



Form **990-EZ** 

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$\$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

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

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning and ending	9		
В	Check if applicab	Please C Name of organization	D Em	oloyer ider	ntification number
Г	Addres	s use IRS	1		
F	Name change	label or   print or   ALASKA LIBRARY ASSOCIATION	2	3-712	29276
F	Initial	Number and street (or P.O. boy if mail is not delivered to street address)		ephone nu	
F	return Termi	n- Specific D O BOY 81084	1		224-4008
눋	== ated  Amer	moduc-			
⊢	returr Applica pendin			up Exemp	uon
ᆂ			<del></del>	mber 🕨	• 0
	• Sec	1111	Accounting m		Cash Accrual
		Schedule A (Form 990 or 990-EZ).	Other (specify		<del></del>
			H Check 🕨 L		organization is <b>not</b>
<u>J</u>	Tax-ex				B (Form 990, 990-EZ, or 990-PF)
K	Check	· · · · · · · · · · · · · · · · · ·		than \$25,0	000. A Form 990-EZ or
		Form 990 return is not required, but if the organization chooses to file a return, be sure to file a co			
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 9		▶ \$	286,441.
LP	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See	the instructions	for Part I.	<u> </u>
	1	Contributions, gifts, grants, and similar amounts received		1	<u> 173,562.</u>
	2	Program service revenue including government fees and contracts		2	<u>78,771.</u>
	3	Membership dues and assessments		3	<u>28,191.</u>
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less; cost or other basis and sales expenses 5b			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
e	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, chec	ck here ➤ 🔙		
Revenue	a	Gross revenue (not including \$ of contributions			
æ		reported on line 1) 6a	4,774.		
	Ь	Less: direct expenses other than fundralsing expenses VED 6b		1	
		Nat income or (loce) from energy events and activities (Subtract lind 6h from line 6a)		6c	4,774.
	7a	. IXI IVI I I			
	Ь	Gross sales of inventory, less returns and allowances 2010 2 7a Less: cost of goods sold 2 7b			
	C	Gross profit or (loss) from sales of inventory (Subtract line-7b from filtre 7a)		7c	
	8	Other revenue (describe > OGDFN UT SEE STATEM	ENT 2)	8	1,143.
	9	<b>Total revenue</b> . Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	286,441.
	10	Grants and similar amounts paid (attach schedule)		10	<del></del>
	11	Benefits paid to or for members		11	
Ś	12	Salaries, other compensation, and employee benefits		12	
enses	13	Professional fees and other payments to independent contractors		13	672.
	14	Occupancy, rent, utilities, and maintenance		14	
70 Etho	15	Printing, publications, postage, and shipping		15	2,214.
7	16	Other expenses (describe ► SEE STATEM	ENT 1)	16	283,245.
4	17	Total expenses. Add lines 10 through 16	<b>•</b>	17	286,131.
>_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-	18	310.
≧	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
Ξ§.		(must agree with end-of-year figure reported on prior year's return)		19	105,811.
_£	20	Other changes in net assets or fund balances (attach explanation)		20	
毳	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>•</b>	21	106,121.
鈩	17 18 19 20 21	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 ins	stead of Form 99		
Ţ		(0.1)	eginning of year		(B) End of year
၂ ၇2	2 Cas	h, savings, and investments	105,811	. 22	106,121.
2:		d and buildings	<u> </u>	23	
2		er assets (describe 🔪)		24	
2		al assets	105,811	$\rightarrow$	106,121.
2		al liabilities (describe	0		0.
2	7 Net		105,811		106,121.
	2171	I HA For Privacy Act and Panerwork Reduction Act Notice see the senarate instructions			Form <b>990-EZ</b> (2009)

Forr	n 990-EZ (2009) ALASKA LIBRARY ASSOCIATI	ON		23-	71292	76 Page 2
Pá	art III Statement of Program Service Accomplishm	ents (See the instructions for	Part III.)		Ex	penses
Wha	at is the organization's primary exempt purpose? SEE STATEMEN	T 5			1''	r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt p	urposes. In a clear and conc	ise manner, descr	be	1	i) organizations and 7(a)(1) trusts, optional
the	services provided, the number of persons benefited, and other relev	ant information for each prog	ram title		for others)	. (-Д -) и и и и и и
28	SEE STATEMENT 4					
	(Grants \$ ) If this amount includes foreign	n grants, check here	. •		28a	285,247.
29						
		·			1 1	
	(Grants:\$ ) If this amount includes foreign	n grants, check here	<u> </u>	<del></del> _	29a	
30	) in this amount modern to long.	<u>graine, or</u>	<u>_</u>			<del></del>
•						
			<del>-</del>		i	
	/Create C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	n granta, chaok bara		$\overline{\Box}$	30a	
0.4	(Grants \$ ) If this amount includes foreign	n grants, check here		ш	Jua	
31	Other program services (attach schedule)	.,	_			
••	(Grants \$ ) If this amount includes foreign	n grants, check here	<u>P</u>	<u> </u>	31a	205 247
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key	Employooo			32	<u>285,247.</u>
Р	art IV List of Officers, Directors, Trustees, and Key	Lilipioyees. List each one ev	en if not compensated	1 -		for Part IV)
		(b) Title and average hours	(c) Compensation	, ,	ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
				com	pensation	
MA	ARY JO JOINER	PRESIDENT				
<u>P.</u>	O.BOX 81084, FAIRBANKS, AK 99708	5.00	0.	ļ	0.	0.
SU	JSAN MITCHELL	VICE PRESIDEN	T			
P.	O.BOX 81084, FAIRBANKS, AK 99708	5.00	0.		0.	0.
	NE FUERSTENAU	PAST PRESIDEN	T			
	O.BOX 81084, FAIRBANKS, AK 99708	5.00	0.		0.	0.
	OYCE MCCOMBS	SECRETARY				
	O.BOX 81084, FAIRBANKS, AK 99708	5.00	0.		0.	0.
	ATHERINE POWERS	TREASURER				
	O.BOX 81084, FAIRBANKS, AK 99708	5.00	0.		0.	0.
	HARLOTTE GLOVER	ALA REPRESENT				<u> </u>
	O.BOX 81084, FAIRBANKS, AK 99708	5.00	0.	ŀ	0.	0.
	CLEN HILL	PNLA REPRESEN		<u> </u>	· ·	- 0.
_	O.BOX 81084, FAIRBANKS, AK 99708	5.00	0.		0.	0
	INDA THIBIDEAU	STATE LIBRARI		1	<u> </u>	0.
_	O.BOX 81084, FAIRBANKS, AK 99708	5.00	0.		0.	
<u>P</u> •	O.BOX 01004, FAIRBANKS, AK 99700	3.00	0.		<u> </u>	0.
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932	172 08-10	- 4			Form	990-EZ (2009)
						\/

P	art V Other Information (Note the statement requirements in the instructions for Part V.)			
	1		Yes	No
33	Did'the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		_X_
37 a	Enter-amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	]		
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	]	]	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	]		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it 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	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization   • 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.   NONE			
42 a	The organization's books are in care of ▶ PATRICIA LINVILLE Telephone no. ▶ (907) 2			8
	Located at ► P.O.BOX 2389, SEWARD, AK ZIP+4 ► 9	966	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<b>.</b>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	<del></del>
	account)?	42b		X
	If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1
_		40-		
Ü	At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:	42c		<u> </u>
49	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and effici the amount of tax-exempt interest received of accrace during the tax year	M/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1 63	140
~ <b>~</b>	Form 990-EZ	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	<b></b>		<u> </u>
73	completed instead of Form 990-EZ	45		x
_	Completed metode of 1 of 11 000 EZ	•	OO EZ	(2000)

Form	990-F	7 (2009	1

#### ALASKA LIBRARY ASSOCIATION

23-7129276

Page 4

•	organizations and section 4947(a)(1) nonexempt charita and 51.	ble trusts must answer questio	ns 46-49b and cor	mplete the table:	s for lines \$	50		
46 Did tl	he organization engage in direct or indirect political campaign activit	ies on behalf of or in opposition to	candidates for public		Yes	No		
office? If "Yes," complete Schedule C, Part I								
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
<b>48</b> Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "	Yes," complete Schedule E			48	X		
49a Did tl	he organization make any transfers to an exempt non-charitable rela	ted organization?		L	49a	X		
b If "Ye	s," was the related organization a section 527 organization?			Ĺ	49b	<u> </u>		
	plete this table for the organization's five highest compensated empl \$100,000 of compensation from the organization. If there is none, e	· ·	s, trustees and key e	mployees) who ea	ch received	more		
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allov	and		
<b>51</b> Com	number of other employees paid over \$100,000 plete this table for the organization's five highest compensated indeposition. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid m		ived more than \$100	,	tion from th			
<b>d</b> Total	number of other independent contractors each receiving over \$100	0,000	- - -					
Sign Here	Under perfattes of perjury, I declare that I have examined this return, includir correct, and complete. Beclaration of pregner (other than office) is based or Signature of officer  PATRICIA LINVILLE, TREASURE	n all information of which preparer has any	nts, and to the best of m knowledge	y knowledge and beli 10/12/ Date	ef, it is true,	0		
Paid Preparer's	Preparer's signature		eck if self-	parer's identifying nui	mber (See inst	Γ)		
Use Only	Firm's name (or yours of self-employed), address, and ZIP+4  COOK & HAUGEBERG LLC 119 NORTH CUSHMAN ST FAIRBANKS, ALASKA 99	, SUITE 300	EIN I	<b>&gt;</b>	6-776	2		
May the IF	S discuss this return with the preparer shown above? See instruction		•	<b>&gt;</b> [	Yes [	No		

### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

20047

Open to Public Inspection

Name of the organization

Employer identification number

Part I	Reason		ity Status (All organiz			te this par	t ) See inst	tructions.	4.	3-1149416
<u> </u>			because it is: (For lines							<del></del>
1 🗔			s, or association of chur					<b>,</b>		
2 🗀			' <b>0(b)(1)(A)(ii).</b> (Attach Sc			Cuon 170	יואראוי איטאי			
3 🔲			tal service organization			170/h)/1)	(A\/;;;)			
			operated in conjunction					/hV4VAVii	i) Enter t	he hospital's name
<del></del>	city, and stat		operated in conjunction	***************************************	pital desci	1000 111 36	Clion 170	ייארי אליי	ıy. Emer t	ne nospital s name,
5 🗀			benefit of a college or ur	niversity o	wned or or	nerated by	a governi	mental uni	t describe	ed in
<b>5</b>	<del>-</del>	(b)(1)(A)(iv). (Comple	_			, o. a. o. a	a goro	nontal and	. GOOOND	JG 111
s 🗀			ent or governmental unit	t describe	d in sectio	n 170/hV	1// // // //			
7		-	eives a substantial part					r from the	general i	oublic described in
,	_	(b)(1)(A)(vi). (Comple	· ·	or its supp	OIL HOIH A	governine	intal unit c	n nom the	general	Judiic described in
8 🗆			section 170(b)(1)(A)(vi).	(Complete	Part II )					
9 X			eives: (1) more than 33 1			rom contri	butions m	nembershi	n fees ar	nd aross receints from
	-		nctions - subject to certa							- '
			axable income (less sect							-
		509(a)(2), (Complete	· ·		,	0.1100000	.oquou 5	y the orga	Zution t	1107 Gano Go, 1076.
10			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(a	11		
11	_		perated exclusively for the	-	-			-	v out the	purposes of one or
			ations described in section							
			organization and comple		•		,,			
	а 🔲 Туре	· · · · · ·	7 <u>.</u>		e III · Func		tegrated		d□	Type III - Other
е 🔲			t the organization is not			-	•	r more disc		
		<del>-</del>	han one or more publicly		•	•	•		•	
f		=	ten determination from t						( // /	( // /
	-	rganization, check th					,,			
g		•	organization accepted ar	nv aift or c	ontribution	from anv	of the follo	owina pers	sons?	· —
•	-		irectly controls, either al	- +		•				Yes No
	• • • •	-	upported organization?			•		`, `		11g(i)
	-	• •	n described in (i) above?	,						11g(ii)
		-	person described in (i) o		e?					11g(iii)
h	Provide the f	following information	about the supported or	ganization	(s).					
		-								
(i) Name	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amount of
• •	janization	(11) 2.11	organization (described on lines 1-9		sted in your		ion in col.	organizátio (i) organiz	on in col.   ed in the	support
·	•		above or IRC section	governing	document?	(i) of you	r support?	U.S	.7	
			(see instructions))	Yes	No	Yes	No	Yes	No	
								ļ		
										<del>-</del>
								<u> </u>	l I	
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							<u> </u>		<u> </u>	
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Total				<u> </u>					<u>                                     </u>	
LHA For	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Forr	n 990 or 990-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

	edule A (Form 990 or 990-EZ) 2009						Page 2
Pa	rt II Support Schedule for	_			0(b)(1)(A)(iv) an	d 170(b)(1)(A)(\	/i)
_	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I)	1			
	tion A. Public Support	T	ı ————	1		<u> </u>	<del></del>
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")			<del> </del>		<del> </del>	
2	Tax revenues levied for the organ-	,					
	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities			<del> </del>	<del> </del>	<del> </del>	
	-furnished-by-a-governmental-unit-to-						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions	<del></del>					
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					,	•
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_	•		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>		<u> </u>
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income Do not include gain			1		<del></del>	
10	or loss from the sale of capital	1					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	. etc. (see instructi	ons)			12	····
	First five years. If the Form 990 is fo	•	•	rd, fourth, or fifth	tax vear as a section	`	
	organization, check this box and stop	ŭ			•	( ),	ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (	line 6, column (f) d	ıvıded by line 11,	column (f))		14	%
15	Public support percentage from 2008	3 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2008. If the o	irganization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac			•	•	art IV how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	=					
	more, and if the organization meets t				•		•
	organization meets the "facts-and-cir		=		-		
18	Private foundation. If the organization	an ala not check a	DOX OR LINE 13, 16	oa, 100, 1/a, 011			
					3CII	edule A (Form 990	・い・フラン・ビエ】 といいり

		_	
check this box and stop here			
Section C. Computation of Public Support Percentage			
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.43	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.44	%
Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.14	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.17	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is m	ore than 33 1/3%, and	d line 17 is not	
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supporte	d organization	<b>▶</b> □	X
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and lin	e 16 is more than 33 1	i/3%, and	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a pub	icly supported organiz	zation ▶	П

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

#### **SCHEDULE C**

(Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organ	ization answered "Yes," to	Form 990, Part IV, line 5 (Prex	y-Tax) <del>, then</del>		
	501(c)(4), (5), or (6) organiza	tions: Complete Part III.		1	
Name of org				Empl	oyer identification number
	ALASKA	<u>LIBRARY ASSOCIAT</u>	ION	<u> </u>	23-7129276
Part I-A	Complete if the org	janization is exempt und	er section 501(c	) or is a section 527 o	rganization.
1 Provide	e a description of the organiz	cation's direct and indirect politic	al campaign activities		
2 Politica	ıl expenditures			▶\$	
3 Volunte	eer hours	•			
Part I-B	Complete if the org	janization is exempt und	ler section 501(c	)(3).	· · · · · · · · · · · · · · · · · · ·
		incurred by the organization und		. ▶\$	
2 Enter th	ne amount of any excise tax	incurred by organization manag	ers under section 495	<b>&gt;</b> \$	
3 If the o	rganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a	correction made?				Yes No
<u>b</u> If "Yes	" describe in Part IV				
Part I-C	Complete if the org	janization is exempt und	ler section 501(c	), except section 501(	c)(3).
1 Enter to	he amount directly expended	d by the filing organization for se	ction 527 exempt fun	ction activities > \$	
2 Enter to	he amount of the filing organ	ization's funds contributed to ot	her organizations for	section 527	
exemp	t function activities			▶\$	
3 Total e	xempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	
line 17	b .		•	▶\$	
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
		nployer identification number (El			
		the amount paid from the filing o			
		ivered to a separate political org	anization, such as a s	eparate segregated fund or a	a political action committee
(PAC).	if additional space is needed	d, provide information in Part IV			<del></del>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0	contributions received and promptly and directly
				lands if flotte, effect o	delivered to a separate
					political organization If none, enter -0
		<u> </u>		-	ii none, enter-o
		-			
	<del></del>		_		

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009	ALASI	KA LIB	RARY ASSOCI	ATION	23-	7129276 Page 2
Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and file	ea Form 5/68	
(election under sec		·		<del></del>		<del></del>
A Check  if the filing organiza	_					
B Check Lifthe filing organiza	tion check	ed box A a	nd "limited control" pre	ovisions apply	51	(1) A (C)
		ying Expe eans amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence publ	ic opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a leg	jislative bo	dy (direct lobbying)	[		
c Total lobbying expenditures (add li	nes 1a and	i 1b)				
d Other exempt purpose expenditure	es					
e-Total-exempt-purpose-expenditure	s-(add-line:	s-1c-and-1d				
f Lobbying nontaxable amount. Enter	er the amou	unt from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	iter 25% of	f line 1f)				
h Subtract line 1g from line 1a If zer	o or less, e	nter -0-			·	
i Subtract line 1f from line 1c. If zero	•					
j If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this			•			Yes No
, ,	ations tha	t made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pag		
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						<u> </u>
					Schedule C (Form	990 or 990-EZ) 2009

## Schedule C (Form 990 or 990-EZ) 2009 ALASKA LIBRARY ASSOCIATION 23-7129276 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	(a)		o)
	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities? If "Yes," describe in Part IV	X			000,
j Total. Add lines 1c through 1i			19	000,
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> </ul>		2		<u>-</u> -
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Schedule C (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
TRAVEL COMMUNICATION SUPPLIES PROGRAM EXPENSE LOBBY DUES		12,148. 1,140. 69. 245,700. 19,000.
MISCELLANEOUS SCHOLARSHIP		3,528. 1,250.
TOTAL TO FORM 990-EZ, LINE 16		283,245.
FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST MISCELLANEOUS REVENUE		13. 1,130.
TOTAL TO FORM 990-EZ, LINE 8		1,143.

FORM 990-EZ	990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT		
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESEARCHLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[ ]	YES [X	] NO	
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [ ]	YES [X	] NO	

990-EZ PG 2

STATEMENT

THE ALASKA LIBRARY ASSOCIATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR EDUCATIONAL PURPOSES, INCLUDING PROMOTING LIBRARY SERVICES AND DEVELOPMENT WITHIN THE STATE, RAISING THE STANDARDS OF LIBRARY SERVICES, AND FOSTERING PROFESSIONAL AND FRATERNAL RELATIONS AMONG LIBRARIANS AND OTHERS INTERESTED IN LIBRARY SERVICES.

990-EZ PG 2

STATEMENT

CONTINUING EDUCATION, SEMINARS, TELECONFERENCES, AND PUBLICATIONS TO IMPROVE STATEWIDE QUALITY OF LIBRARY SERVICES AND PUBLIC USAGE AND KNOWLEDGE OF LIBRARY SERVICES.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature >

amount paid previously with Form 8868.

Title ▶

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

CPA

Date > 8/11/10

Form **8868** (Rev 4-2009)

#2071

FILE COPY

# Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If y	you are ot comp	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II lete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee	(on page 2 previously fi	of this t	orm).		
		required to file Form 990-T and requesting an automatic 6-month extension—chec	k this box a	nd con	nplete ▶ □		
		porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form come tax returns.	7004 to red	juest ar	extension of		
one elect retur	of the r ronically ns, or a	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at sturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed are details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file	over, you ca is 990-BL, 6 nd signed pa	innot fi 3069, oi age 2 (P	e Form 8868 r 8870, group art II) of Form		
Type or print File by the due date for filing your return. See		1		Employer Identification number 23-7129276			
		Number, street, and room or suite no. If a P O. box, see instructions.  c/o Cook & Haugeberg LLC, 119 N. Cushman Street, Suite 300  City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instruc	ctions.	Fairbanks, Alaska 99701					
Check type of return to be filed (file a separate application for each return):  ☐ Form 990 ☐ Form 990-BL ☐ Form 990-EZ ☐ Form 990-FZ ☐ Form 990-T (trust other than above) ☐ Form 990-PF ☐ Form 1041-A				☐ Form 4720 ☐ Form 5227 ☐ Form 6069 ☐ Form 8870			
Tele If to	ephone he orga his is fo ne whole	are in the care of ►Alaska Library Association  No. ► FAX No. ►  Alaska Library Association  FAX No. ►  Alaska Library Association	box	· ·	f this is		
1	I reque	st an automatic 3-month (6 months for a corporation required to file Fo August 16 , 20 10 , to file the exempt organization return for the organization organization's return for: alendar year 20 09 or					
2		ax year beginning, 20, and endingx year is for less than 12 months, check reason:   Initial return   Final return [	_				
		oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax nonrefundable credits. See instructions.	(,   3a	\$	-0-		
b	If this a	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated to the made. Include any prior year overpayment allowed as a credit.		s	-v -		
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.					-0-		
		ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 instructions.	3c 53-EO and	Form 8	879-EO		
				000			

FILE COPY

Form **8868** (Rev 4-2009)