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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

Α	For the 2009 calendar	r year, or tax year beginning	, 2009, and e	nding		<u> </u>
В	Check if applicable	c			Employer id	lentification number
	Address change use IRS]	23-72	21675
	Name change label or print or	FO DOX 1002/3		E	Telephone	number
\vdash	Initial return type.	ANCHORAGE, AK 99510			272-7	469
⊣	Permination Specific			<u> </u>		
⊨	tions.			\F	Group Ex Number	remption
1	Application pending			C A		Cook V Approx
_	• Section 501(c)(must att	3) organizations and 4947(a)(1) non tach a completed Schedule A (Form	exempt charitable trusts 990 or 990-EZ).	G Accounting m Other (specification)	y) ►	Cash X Accrual
ı	Website: ► N/A			H Check ► X required to a 990-EZ, or 99	ttach Sche	ganization is not dule B (Form 990,
<u>J</u>	Tax-exempt status (check			<u> </u>	·	
_	\$25,000 A Form 990-E	ganization is not a section 509(a)(3) Z or Form 990 return is not required, b	out if the organization chooses to fi	le a return, be sure	to file a con	not more than nelete return.
_	<u>Instead of Form 990-E</u>				. ▶\$	42,820.
P		Expenses, and Changes in Expenses in Expen		ices (See the in	<u>istruction</u>	
	1	gifts, grants, and similar amounts re			1	37,098.
	1	e revenue including government fee	s and contracts .	•	2	
	1 .	es and assessments	•		3	
	4 Investment inco				4	5,722.
		from sale of assets other than invent	· ———	·		
ъ		ther basis and sales expenses	5b			
14-2011	C Gaill Of (1055) If Oill	sale of assets other than inventory (Subtract activities (complete applicable parts of Schedi	•	nook horo	5c	
	a Gross revenue		, ,	leck liele _ [
Ź	a Gross revenue	· · · · · · · · · · · · · · · · · · ·	of contributions		April 1	
	reported on line	enses other than fundraising expen	ses 6b			
ပ		from special events and activities (Subtract	<u></u> 1		. 6c	
DEC		inventory, less returns and allowance	·			
	b Less: cost of go	_	76		La S	
	· ·	(loss) from sales of inventory (Subtr			7c	
Ž	8 Other revenue (des		BEOUNTD)) 8	
	1	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and	8 HECEIVED		´ ▶ 9	42,820.
<u>} —</u>	10 Grants and sim	ular amounts paid (attach schedule)	SEE	STATEMENT 1	10	61,002.
5	11 Benefits paid to	o or for members	2 NOV 1 8 2010 7 2	, martine in the second	11	01,002.
E X P	•	compensation, and employee benef	1 110 V I V 1761		12	
P	•	es and other payments to independe	1 ~ - X		13	11,072.
N S		nt, utilities, and maintenance	OGDEN	•	14	· · · · · · · · · · · · · · · · · · ·
Ε		ations, postage, and shipping.			15	
S		scribe - SEE STATEMENT 2)	16	3,979.
		. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·		▶ 17	76,053.
	18 Excess or (defin	cit) for the year (Subtract line 17 fro	m line 9)		18	-33,233.
:	Al	und balances at beginning of year (f	rom line 27 column (A)) (must	agree with end-of-	VAST TOTAL	
N E T	[on prior your o rotainly	•		19	266,124.
	a curior changes	in net assets or fund balances (atta		STATEMENT 3	20	1,450.
_	21 Net assets or fu	und balances at end of year Combii			▶ 21	234,341.
P	art II Balance	Sheets. If Total assets on line 25,		ore, file Form 990	instead of	Form 990-EZ
		(See the instructions for Part	II)	(A) Beginning		(B) End of year
2			•	341,		260,787.
2				<u> </u>	23	
2		ribe ► SEE STATEMENT 4)		280. 24	3,554.
.2					124. 25	264,341.
		scribe SEE STATEMENT 5)		000. 26	30,000.
2	/ Net accets or fund	halances (line 27 of column (R) mu	et agree with line 21)	266	124 27	234 341

Form 990-EZ (2009) ALASKA BAR FOUNT	DATION		23-	-722	1675 Page 2
Partill Statement of Program Ser	vice Accomplishments	(See the instruction	ns.)		Expenses
What is the organization's primary exempt purpose? SEE				(Regu	uired for section (3) and (4) vizations and section (a)(1) trusts, optional
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purp	oses. In a clear and co	ncise manner,	organ	izations and section
describe the services provided, the number of program title	persons benefited, or other r	elevant information for	each	4947((a)(1) trusts, optional hers.)
28 SEE STATEMENT 7					
20 DEE DIATEMENT /	- 				
			- – – – – - -		
(Cranta & A6, 602,) 16 th	s amount includes foreign gr			28a	56,864.
(Grants \$ 46,692.) If the PRO BONO PROGRAM - FUNDIN			DVICEC TO	20 a	
_ECONOMICALLLY_DISADVANTAG	ED LEKZONZ				
					44.040
(Grants \$ 14,310.) If th	is amount includes foreign gr	ants, check here		29 a	14,310.
30					
	- --				
7,5		· - ,,- -			
	is amount includes foreign gr	ants, check here		30 a	
31 Other program services (attach schedule	-		. □		
(Grants \$) If th 32 Total program service expenses (add lin	is amount includes foreign gr	ants, check here		31 a	71,174.
		pleyees List seek as			
Partive List of Officers, Directors,	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plai	ns and	and other allowances
	to position		deferred compensa	ition	
GARY A. ZIPKIN	TREASURER	0.		0.	0.
510 L ST. , STE. 700	1.00				
ANCHORAGE, AK 99501					
WILLIAM B. SCHENDEL	TRUSTEE	0.		0.	0.
250 CUSHMAN ST., STE. 500	1.00				
FAIRBANKS, AK 99701	_,,,		ļ		
KENNETH P. EGGERS	TRUSTEE	0.		0.	0.
2600 CORDOVA ST, STE 110	1.00			٠.	J .
ANCHORAGE, AK 99503	1.00				
JEAN MCKNIGHT	SECRETARY	0.		0.	0.
PO BOX 200588	1.00	,		٥.	0.
ANCHORAGE, AK 99520-0588	1.00				
THOMAS V. WANG	VICE PRESIDENT	0.		0.	0.
				υ.	0.
1227 W 9TH AVE., STE. 200	1.00]		
ANCHORAGE, AK 99501	PDEGEDATE		<u> </u>		
BETHANN BOUDAH CHAPMAN	PRESIDENT			0.	0.
ONE SEALASKA PLAZA, STE 202	1.00				
JUNEAU, AK 99801-1246					
DEBORAH O'REGAN	EX-OFFICIO			0.	0.
PO_BOX_100279	1.00				
ANCHORAGE, AK 99510-0279					
JOE FAULHABER	TRUSTEE]	0.	0.
345 PAY STREAK DR.	1.00				
FAIRBANKS, AK 99712-2231					
			1		
		·			
					-
			1		
			1		
BAA	TEEA0812L (01/30/10	1		Form 990-EZ (2009
	120,00126				\ \

Par	<u>t V</u>	Other Information (Note the statement requirements in the instrs for	Part V.) SEE ST	ATEM	ENT	8
	•				Yes	No
33	Did ti each	he organization engage in any activity not previously reported to the IRS? If 'Yes,' attach activity	a detailed description of	33		Х
34	Were	any changes made to the organizing or governing documents? If 'Yes,' attach a conform	med copy of the changes	34		Х
35	If the a	organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), l a statement explaining why the organization did not report the income on Form 990-T.	but not reported on Form 990-T,		, ,	***
	repor	he organization have unrelated business gross income of \$1,000 or more or was it subjecting, and proxy tax requirements?	ect to section 6033(e) notice	35 a		Х
b	If 'Ye	es,' has it filed a tax return on Form 990-T for this year?		35 b		
	year ·	he organization undergo a liquidation, dissolution, termination, or significant disposition? If 'Yes,' complete applicable parts of Schedule N	_	36		Х
		r amount of political expenditures, direct or indirect, as described in the instructions he organization file Form 1120-POL for this year?	37a 0.	37b		X
38 a	Did thany s	he organization borrow from, or make any loans to, any officer, director, trustee, or key such loans made in a prior year and still outstanding at the end of the period covered by	employee or were this return?	38a	- 7° . 4	X
b	If 'Ye amou	es,' complete Schedule L, Part II and enter the total unt involved	38b N/2	1	, '} , a'' }	***
		ion 501(c)(7) organizations. Enter	*;	1		*
		tion fees and capital contributions included on line 9.	39a N/A		á.	
		s receipts, included on line 9, for public use of club facilities	39b N/2	<u>, , , , , , , , , , , , , , , , , , , </u>		
40 a		ion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	=			
	section	on 4911 ► 0., section 4912 ► ; section 4955	0.		<u> </u>	
b	trans	ion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 49 saction during the year or is it aware that it engaged in an excess benefit transaction witl year, and that the transaction has not been reported on any of the organization's prior F complete Schedule L, Part I	h a disqualified person in a	40 ь		X
C	Secti mana	ion 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization agers or disqualified persons during the year under sections 4912, 4955, and 4958.	• 0.	Consideration of the Constant		
d	Section Sectio	ion 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed ne organization	▶ 0		17 %	. Y
	shelt	rganizations. At any time during the tax year, was the organization a party to a prohibite ier transaction? If 'Yes,' complete Form 8886-T he states with which a copy of this return is filed.	d tax	40 e		X
42 a	books	rganızatıon's are ın care of ► KAREN SCHMIDLKOFER	Telephone no. ► 907-2		469	
	Locate	ed at P.O. BOX 100279 ANCHORAGE, AK	ZIP + 4 > _9951 0	<u> </u>	-	
b	Tinan	ny time during the calendar year, did the organization have an interest in or a signature of icial account in a foreign country (such as a bank account, securities account, or other fives, enter the name of the foreign country:	or other authority over a nancial account)?	42b	Yes	No X
c	At ar	ne instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Fin hy time during the calendar year, did the organization maintain an office outside of the Uss,' enter the name of the foreign country.	ancial Accounts. IS.? .	42c	•	Х
43		ion 4 947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chenter the amount of tax-exempt interest received or accrued during the tax year	neck here . ► 43		- []	N/.
44	Did ti	he organization maintain any donor advised funds? If 'Yes,' Form 990 must be complete	d instead		Yes	No
	or Fo	rm 990-EZ. Virelated organization a controlled entity of the organization within the meaning of sector		44		X
	Form	1990 must be completed instead of Form 990-EZ		45	L	X
BAA		TEEA0812L 01/30/10	Fo	rm 99 0	1-EZ (2009

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and sec 46-49b and complete the tables	ction 4947(a)(1) non	exempt charitable	charitable trusts only. e trusts must answer q	All sections	on	
46 Did t	the organization engage in direct or indire	ct political campaign acti	vities on behalf of or	in opposition to candidates	Ye	s No X	
for p	oublic office? If 'Yes,' complete Schedule (ublic office? If 'Yes,' complete Schedule C, Part L					
	the organization engage in lobbying activit	· ·	·	·	47	<u> </u>	
	ne organization a school as described in se				48	X	
	the organization make any transfers to an	•	elated organization?	•	49a	X	
	es,' was the related organization a section	J		•	49b		
50 Com emp	nplete this table for the organization's five ployees) who each received more than \$10	0,000 of compensation fi	om the organization	. If there is none, enter 'Nor	ie '		
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens account an other allowa	nd	
NONE _							
		}					
						-	
- Tale	al number of other employees paid over \$	100,000					
51 Com	nplete this table for the organization's five ipensation from the organization. If there	s none, enter 'None.'	dependent contractor				
NONE	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Compens	ation	
7077							
d Tota	al number of other independent contractor	s each receiving over \$1	00,000				
	Under penalties of perjury, I declare that I have exar	nined this return, including accomm	inanying echodules and state	tements and to the hest of my knowle	idge and helief	ıt ıc	
	true, correct, and complete Declaration of preparer	(other than officer) is based on al	Information of which prepa	arer has any knowledge	aye and bellet	14 13	
Sign 11/11/2010							
Here	Signature of officer	TH. MARNA	A/A AC f	Date			
	- PRESIDENT	, THIMAS V.	NUMP				
	Type or print name and title					- A1 1	
Paid	Preparer's signature • Charlotte	G Thans	Date		rer's Identifying nstructions) 094982	j Number	
Pre- parer's	Firm's name (or DANIEL, HEWKO &	THARP, CPA'S		200000000			
Use	yours if self- employed). ► 1500 W 33RD AVE	NUE #110		EIN ► 92	2-007846	57	
Only	address, and ZIP + 4 ANCHORAGE, AK 9			Phone no ► (907)	561-41	.75	
May the I	RS discuss this return with the preparer s	hown above? See instruc	tions		X Yes	No (2000)	

SCHEDULE A (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.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name o	of the	organı	zation							Employer	ıdentificati	ion number
ALA	ALASKA BAR FOUNDATION 23-7221675											
Par	Paral Reason for Public Charity Status (All organizations must complete this part.) See instructions											
The c	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1		A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).										
2		A sc	hool described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ.)						
3	Г				organization described		n 170(t	χ1χΑχί	ii).			
4	Г			•	d in conjunction with a hi		•		-	ХЬХ1ХА	Xiii) En	ter the hospital's
	_	•	e, city, and sta		•							•
5		An o	rganization ope		of a college or university	owned	or opera	ated by	a gover	nmental	unit des	scribed in section
6 7	X	An o	rganization tha		governmental unit descrit substantial part of its su art II)					or from	the ger	neral public described
8		1			170(b)(1)(A)(vi). (Complet	te Part I	1)					
9		from	activities relatei stment income	d to its exempt function and unrelated busine	more than 33-1/3 % of its s s — subject to certain exce ss taxable income (less	eptions, a	ınd (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aross
	_	June	: 30, 1975. See	e section 509(a)(2). (C	omplete Part III)					•	.,	-
10	-	1	-	•	exclusively to test for pu		•			• •		_
11	L	An o more desc	organization org e publicly supp cribes the type	ganized and operated orted organizations of of supporting organiz	exclusively for the benef lescribed in section 509(a ation and complete lines	fit of, to a)(1) or s 11e thr	perform section ough 11	the fun 509(a)(2 th	ctions o 2) See	of, or car section	rry out th 509(a)(3	ne purposes of one or). Check the box that
	_	_ a [_	Type I	b Type II	c 🗌 Type III	l — Fund	tionally	ıntegrat	ed		d 🗌	Type III- Other
е	L	⁻ than	thecking this book foundation ma (a)(2)	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led directupportec	tly or in Lorgani	directly zations	by one describe	or more ed in se	disquali ction 509	ified persons other P(a)(1) or section
f		If the	e organization ck this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organization,
g		Sinc	e August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	;?
		a .										Yes No
		(i)	a person who below, the go	o directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons d	escribed	ל (וו) מו ל	and (III)	11 g (i)
		(ii)	_	ber of a person desc			•	•••	•		•	11 g (ii)
			•	•	described in (i) or (ii) al	hove?			•			11 g (iii)
h					the supported organization		•	• •	• •	•	•	<u></u>
		(i) Name	e of Supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) listed	is the ion in col i in your	the organ	rou notify nization in (i) of upport?	organizat	is the ion in col zed in the S ?	(vii) Amount of Support
						Yes	rning ment?	Yes	No	Yes	No	
-						1,62	No	162	140	162	110	
						ļ						
		-										
			···-									
Tota												

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') 109,897 156,388 170,858 120,535 48,548 606,226. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. 109,897 156,388 Total. Add lines 1-through 3 170,858 606,226. 120,535 48,548 No. 1800 . 184 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. Public support. Subtract line 5 from line 4 606,226. Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Amounts from line 4 109,897 156,388 170,858 120,535 48,548 606,226. Gross income from interest, dividends, payments received on securities loans, rents. royalties and income form 4,645 similar sources 8,733 10,848 7,461 5,722 37,409. Net income from unrelated business activities, whether or not the business is regularly carried on 0. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. *** \$ \$ \$ \$ \$ \$ E # 4 ٠,٠ Total support. Add lines 7 through 10 à 4 15 6 643,635. Gross receipts from related activities, etc. (see instructions) 12 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 94.2% 14 15 Public support percentage from 2008 Schedule A. Part II. line 14 15 95.1% 16a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization..... 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions BAA Schedule A (Form 990 or 990-EZ) 2009 Schedule A (Form 990 or 990-EZ) 2009 ALASKA BAR FOUNDATION 23-7221675 Page 3 Part III J Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total **(e)** 2009 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1, 30, 5 Frage ... 1 se ... was the second of the second of 13 Total support. (add Ins 9, 10c, 11, and 12) يطهر لاوه وا First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 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 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)). 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . **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 9	990 or 9	990-EZ)	2009	AL	ASKA	BAR	FOU	INDA'	CION					23	-722	1675		Page 4
Part IV	Suppl Part II	emen . line	tal Inf 17a o	ormat	ion. and	Comp	olete III. lu	this p	part f	to pro	ovide anv o	the e	xplanati addition	ions r	equire	d by l	Part II	, line 1 structio	0; ns.
		<u>, </u>		<u> </u>															
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FEDERAL STATEMENTS

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ALASKA BAR FOUNDATION

23-7221675

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

GRANT FOR LEGAL SERVICES ALASKA LEGAL SERVICES 1016 W 6TH AVE, STE 200 ANCHORAGE, AK 99501

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

29,150.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

PROVIDE LEGAL SERVICES
ALASKA PRO BONO PROCES ALASKA PRO BONO PROGRAM PO BOX 140191 ANCHORAGE, AK 99514

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

NONE 14,310.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

PROVIDE LEGAL SERVICES AK INNOCENCE PROJECT PO BOX 201656 ANCHORAGE, AK 99520 NONE

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

5,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

REFUGEE LEGAL SERVICES AK IMMIGRATION JUSTICE PROG. 431 W 7TH AVE., STE 208 ANCHORAGE, AK 99501

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

NONE Ś 9,540.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S NAME: DONEE'S ADDRESS:

EDUCATIONAL UNITED YOUTH COURTS OF ALASKA PO BOX 1765

RELATIONSHIP OF DONEE:

PALMER, AK 99645 NONE

CASH AMOUNT GIVEN:

2,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

EDUCATION PROGRAM ALASKA TEACHING JUSTICE NETWORK 303 K ST, 4TH FLOOR ANCHORAGE, AK 99501

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

NONE 1,002.

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BANK FEES DUES & MEMBERSHIPS INSURANCE .. PROFESSIONAL FEES
RABINOWITZ PUBLIC SVC AWARD

\$	302. 150.
	1,404. 959.
	1,164.
TOTAL \$	3,979.

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STATEMENT 3 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

RETURN OF PRIOR YEAR EXCESS GRANT FUNDS

TOTAL \$ 1,450.

STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

ACCOUNTS RECEIVABLE
PREPAID EXPENSES AND DEFERRED CHARGES

 BEGINNING
 ENDING

 \$ 3,953.
 \$ 3,195.

 327.
 359.

 TOTAL
 \$ 4,280.
 \$ 3,554.

STATEMENT 5 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

GRANTS PAYABLE

BEGINNING ENDING

\$ 80,000. \$ 30,000.

TOTAL \$ 80,000. \$ 30,000.

STATEMENT 6 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE LEGAL SERVICES TO THE DISADVANTAGED; IMPROVE THE ADMINISTRATION OF JUSTICE; AND PROMOTE OTHER PROGRAMS APPROVED BY THE ALASKA SUPREME COURT FOR EXCLUSIVELY PUBLIC PURPOSES

STATEMENT 7 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

IOLTA PROGRAM - PROVIDES GRANTS AND SCHOLARSHIPS TO COMMUNITY ORGANIZATIONS THAT PROVIDE LEGAL SERVICES TO THE GENERAL PUBLIC, IMPROVE THE ADMINISTRATION OF JUSTICE, AND CONDUCT EDUCATIONAL ACTIVITIES

2009

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STATEMENT 8
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO