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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)

OMB No 1545-0047

2009

Open to Public ins

Department of the Treasury Internal Revenue Service

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

	For ti	ne 2009 calen	oar year,	or tax year beginning	, 2009,	and endi	ng			<u>. </u>	
В	Check	ıf applicable		C Name of organization				D Employ	er identi	fication Number	
	A	ddress change	Please use IRS label	Alaska Injury Prev	rention Center,	Inc.		92-0	0169	574	
	□ Na	ame change	or print or type	Number and street (or P O box if	mail is not delivered to street ad	ldr) Room/	suite	E Telepho	ne numb	er	
	\vdash	ıtıal return	Sée specific	3701 East Tudor		#10	5	(90	71 9:	29-3939	
	\vdash	ermination	Instruc- tions.	City, town or country	State	ZIP code +		130	.,	3333	
	-		dons.	1						704 005	
	\equiv	mended return	<u></u>	Anchorage	AK	99321	-0736	G Gross re			$\overline{}$
		oplication pending		and address of principal officer				a group return affiliates incl		⊨ = '°°	X No
				Saylor 3701 E, Tudor R	d Anchorage AK	<u> 99507</u>		attach a list		ructions) Yes	No
<u></u>	Tax	-exempt statu	ıs X 501	(c) (3) ((insert no)	4947(a)(1) or	527					
<u>J</u>	We	bsite: ► N/	Ά				H(c) Group	exemption nu	ımber 🏲		
<u>K</u>	Form	of organization	X Corpora	ation Trust Association	Other► L Y	ear of Forma	ation 199	9 M s	tate of le	gal domicile AK	
Pa	(i)	Summa	ary		<u> </u>						
	1	Briefly descri	be the org	ganization's mission or most s	ignificant activities. Sa	fety 6	ducati	on and	res	earch	
ø				ational and safety					-		. – – –
Ĕ				ns of Alaska design					- -		
Ë				safety issues.							
Ş	2			if the organization discontinue	ed its operations or dispo	osed of m	ore than 2	25% of its	assets	- -	
Ö	3			nbers of the governing body (F						12	
တ	4			nt voting members of the gove		1b)				12	
ij	5	Total number	r of emplo	yees (Part V, line 2a)					5	14	
Activities & Governance	6	Total number	r of volunt	teers (estimate if necessary)					6	0	
ď	7 a	Total gross u	inrelated b	business revenue from Part V	II, Icolumn (C), ine 12				7 a		0.
	b	Net unrelated	d business	s taxable income from Form 9	90-T, line 34				7 b		
							F	rior Year		Current Yo	ear
4	8	Contributions	and gran	nts (Part VIII, line 1h)				460,6	03.		,061.
Revenue	9		Program service revenue (Part VIII, line 2g)								,866.
ě.	10								90.		22.
ď				III, column (A), lines 5, 6d, 8c				1	37.	5	,346.
				nes 8 through 11 (must equal		ne 12)		807,2	31.		,295.
	13			ounts paid (Part IX, column (/							
	14	Benefits paid	l-to-or-for	members (Part IX, column (A). line 4)						
	131	30 F-1/1F	Omne	sation, employee benefits (P	art IX column (A) lines	5-10)	•	362,8	90	279	,664.
es	162	Brotocolonal	fundal (C)	g fees (Part IX, column (A), I	une 11a)	0 .0,	-		-		, 001.
E2EXBehses	104	Fiolessional		g lees (Fart IX, Coldinii (A), I		•		10.00			10 m S
THE STATE OF	ሰ	Ciptal tandigu	ang ekpe	nses (Part IX, column (D), lin	e 25) >	0.		A Charles	وفرتن	1.10	بت برموس
囧				(X, column (A), lines 11a-11d				415,3		440	<u>,002.</u>
1			Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25).						46.	719	,666.
.	19(Revenue less expenses Subtract line 18 from line 12							85.	4	<u>,629.</u>
88							Begi	nning of Y	'ear	End of Ye	ar
Not Assets Fund Baland	20	Total assets	(Part X, Iı	ine 16)				201,0			,124.
A P	21	Total liabilitie	s (Part X	, line 26)				49,4	-		,964.
Ž	22	Net assets or	r fund hal:	ances Subtract line 21 from I	ne 20			151,5	31.	156	,160.
P	rt W		ure Blo					101/0		100	, 1001
-32	Ų O OO.				ro including accompanying Scho	dules and st	atements and	t to the best o	of my kno	wledge and helief	ıt ıc
		true, correct, a	and complete	I declare that I have examined this return to Declaration of preparer (other than off	icer) is based on all information	of which prep	parer has any	knowledge	ii iiiy kiic	wiedge and belief,	(13
Siz	ın	▶ 9	VIAN.	cia Hall			1	10-2	2-1	Λ	
Sign Here		Signature	of officer	na work				ate	<u> </u>	<u> </u>	
•••		Signature		rcia Housell	-	D: -					
		Type or n	rint name an		Executive	Dire	C+01				
		туре огр				Data .	<u>[</u>		To-	eparer's identifying	number
			_			Date		Check if elf-	(se	ee instructions)	Humber
Pa		Preparer's		1/2X CON		10.10	_ e	mployed P	X		
Pre	_	signature	<u> </u>	COT OF H		10-17.	2010				
ра Us	rer's e	Firm's name (Foster & Compan	y					
Or		yours if self- employed),	► PO	Box 872194			E	in ►			
	- 5	address, and ZIP + 4		illa	AK 9968	7	F	hone no	(907	7) 376-69)1
Ma	/ the	IRS discuss th		with the preparer shown above	e? (see instructions)					X Yes	No

<u>Fórm</u>	990 (2009) Alaska Injury Prevention Center, Inc.	92-0169574	Page 2
Par	t-III - Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	Safety education and research		
	Operated educational and safety programs and provide information		
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior	
	Form 990 or 990-EZ?	Yes X	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 service	es? Yes X	No
-	If 'Yes,' describe these changes on Schedule O.		,
4	Describe the exempt purpose achievements for each of the organization's three largest program services b	v evnences Section 501/c\/	3/
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	illocations to others, the tota	ıl
	expenses, and revenue, if any, for each program service reported.		
4 -	(Code) (Expenses \$ 638,011. including grants of \$ 0.) (I	Pavanua \$ 638 I	011 \
	To operate educational and safety programs regarding aspect of		
	10 operate educational and safety programs regarding aspect of		. – – –
	highway safety including promoting highway safety through media		
			
			.
			-
41	(Code) (Expenses \$ including grants of \$) (
			
			- -
			-
			-
40	: (Code) (Expenses \$ including grants of \$) (Revenue \$)
			- -
			- -
			
			 -
		_	
			-
			-
			
	1 Other and the Company of Compan		
4	d Other program services. (Describe in Schedule O.)	•	
	(Expenses \$ including grants of \$) (Revenue \$		
4	e Total program service expenses ► 638, 011.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes, complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? Yes, complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments from the organization of the	10		х
11	Is the organization's answer to any of the following questions 'Yes'? so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10% 'Yes,' complete Schedule D, Part VI			
•	 Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			
•	• Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X 			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If es, 'complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9alf 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H .	20	<u> </u>	X

		İ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1?If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 'Yes,' complete Schedule J	23		<u>x_</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002 If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>x</u>
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ# 'Yes,' complete Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual if 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	: An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c	Х	X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If 'Yes,' complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations 7f '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 # 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х_
34	Was the organization related to any tax-exempt or taxable entity If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line I	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)7 f 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O .	38	х	
		Forn	990	(2009)

Alaska Injury Prevention Center, Inc. 92-0169574 Partive Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4 2 **b** 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 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a provided to the payor? Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

	Did the organization make any distribution to a donor, donor advisor, or related person?
10	Section 501(c)(7) organizations. Enter:
а	Initiation fees and capital contributions included on Part VIII, line 12
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
11	Section 501(c)(12) organizations. Enter
а	Gross income from other members or shareholders
L	Cross upone from other sources (Do not not amounts due or noid to other sources applies

Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization and the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business

iva	
10b	
11 a	· · · · · · · · · · · · · · · · · · ·
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
116	Patrick alter vist

b Gross income from other sources (Do not net amounts due or paid to amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

of Form 1041?	12 a	1
12b		,

BAA

holdings at any time during the year?

Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966?

. . . .

8 **3**7,

9a

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Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management						
					Yes	No		
1 a	Enter the	number of voting members of the governing body	1a 12		1 1 1	£		
t	Enter the	number of voting members that are independent	1b 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر د د	ş - 7		
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?							
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4		ganization make any significant changes to its organizational documents		4		X		
		prior Form 990 was filed?						
5	Did the o	ganization become aware during the year of a material diversion of the organizatio	n's assets?	5		Х		
		organization have members or stockholders?		6		Х		
7 a	Does the	organization have members, stockholders, or other persons who may elect one or body?	more members of the	7a		х		
t	•	lecisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		Х		
8	Did the o	ganization contemporaneously document the meetings held or written actions unde	ertaken during the year by		, , ,	٤ .		
	the follow	ing	,	- 13-44	¥			
	_	rning body?		8a	X			
		mittee with authority to act on behalf of the governing body?		8b	Х			
9	Is there a organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9		x		
Sec	tion B.	Policies (This Section B requests information about policies not	required by the Internai					
Reve	enue Code)						
					Yes	No		
		organization have local chapters, branches, or affiliates?		10a		X		
	and bran	oes the organization have written policies and procedures governing the activities of the organization?		10b				
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						<u></u>		
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990						أللت		
12a Does the organization have a written conflict of interest policy 7f 'No,' go to line 13								
	to conflic			12b	х			
•	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the polynomial O how this is done	olicy¶ 'Yes,' describe in	12c	х			
13	Does the	organization have a written whistleblower policy?		13		X		
14	Does the	organization have a written document retention and destruction policy?		14	X	L		
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent ecision?	5 . ~ 6 ~ 78	٠ ٠	·		
		nization's CEO, Executive Director, or top management official		15a	Х	L		
ı	Other off	cers of key employees of the organization		15 b		<u>x</u>		
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instructions.)		1	, ,			
16	Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similai ing the year?	r arrangement with a taxable	16a	<u>-</u> –			
ł	If 'Yes,' h	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard	n to evaluate its participation d the organization's exempt	7.71	1 5			
	status wi	th respect to such arrangements?		16b	L	<u> </u>		
		Disclosures						
		tates with which a copy of this Form 990 is required to be filed						
18	inspectio	in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an indicate how you make these available. Check all that apply.	and אטרו (סטו(כ)(אוס only) a	vallab	ie ror	public		
	_	website Another's website X Upon request						
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public	ments, conflict of interest po	ісу, а	nd fina	ancıal		
		name, physical address, and telephone number of the person who possesses the				2022		
	- <u>Amand</u>	a Seethaler 3701 E Tudor, #105, Anchorage, A	7K	<u>u /) _ </u>	929-	3939		

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee (B) (E) (F) (A) (c) (D) Average hours per week Position (check all that apply) Estimated amount of other Reportable compensation from Reportable compensation from Name and Title compensation from the organization and related adıvıcı the organization (W 2/1099-MISC) related organizations (W-2/1099-MISC) pioyee š employee ğ į, 8 organizations Susan Soule 0. 1.00 Х X 0 0 Secretary Herb Everett 0 0 0. 1.00 Director Х Gordon Glaser 0 0. 1.00 Х 0 Director Ronni Sullivan 1.00 0 0 0. Vice President Х Anita Shell 0. 1.00 0 0 Director Х Soren Orley 0. 0. 0. Treasurer 1.00 Х Х Brian Saylor 1.00 0 0 0. X President Kyla Hagan 0 0 0. 1.00 Х Director Corlis Taylor 0 0 0. 1.00 Х Director Mary Leemhuis 1.00 Х 0 0 0. Director Jennifer Lincoln 0. 0. 1.00 Х 0 Director Marcia L. Howell 80,232 0 0. 40.00 Х X X Executive Director Mary Thompson 0 0. 0 1.00 Х Director Philip Somervell 0. 0 0 1.00 Director

(A)	(B)				c)			(D)	(E)	(F)
Name and Title		verage Position (check a hours r week or direction of the hours)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099 MISC)	Estimated amount of other compensation
	per week	vidual to	Institutional	cer	employee	nest com ployee	mer	(W-2/1099-MISC)	(W-2/1099 MISC)	from the organization and related organizations
		ustee	trustee	ĺ	8	Highest compensated				
		_		_	_			_		
	-									
										
	-								<u> </u>	
									- ···	
				_			_			
						_				
	- 		-				<u> </u>			
41.7.1								00 000		
1 b Total	-1.111			l.				80,232.	<u> </u>	0. 0
2 Total number of individuals (including but not limited from the organization ► 0	a to tho	SE 11	5160	1 au		, wii				
 3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such if 4 For any individual listed on line 1a, is the sum of re 	<i>ndıvıdua</i> •nortable	il Picoi	mne	nsa	tion	and	l oth	er compensation	from	Yes No
the organization and related organizations greater tindividual										4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	compens nedule J	atio for	n fro suci	om a h <i>pe</i>	any rsol	unre 1	elate	ed organization fo	r services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inde	nen/	dent	cor	ntra	ctors	tha	at received more t	han \$100,000 of	
compensation from the organization								 -		
(A) Name and business addres	ss	_						Description	of Services	(C) Compensation
							_			
2 Total number of independent contractors (including \$100,000 in compensation from the organization)		lımı	ted	to t	hose	e list	ed a	above) who receiv	red more than	0.5

Pai	t VIII Statement of Revenue	, · · · · 			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
F S	c Fundraising events 1c				ļ
FA	d Related organizations 1 d				
S,G	e Government grants (contributions) 1e 425, 632.				;
NO.					1
물됨	f All other contributions, gifts, grants, and similar amounts not included above 1f 16, 429.				
E 0	g Noncash contribns included in lns 1a-1f \$ 0.				j
요₹	h Total. Add lines 1a-1f	442,061.			
	Business Code				
EN	2a Contract Fees 999999	276,866.	276,866.	0.	0.
PROGRAM SERVICE REVENUE	b			•	
/ICE	с				_
ËF	d				
Σ	e				
S.	f All other program service revenue				
PRO	g Total. Add lines 2a-2f	276,866.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	22.	22.	0.	0.
	4 Income from investment of tax-exempt bond proceeds ►			· · · · · · · · · · · · · · · · · · ·	
	5 Royalties			· · · · · · · · · · · · · · · · · · ·	
1	(i) Real (ii) Personal				
	6a Gross Rents				
1	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				,
	assets other than inventory				·
	b Less, cost or other basis	1			
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
4UE	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c)	[
2	See Part IV, line 18				
풀	b Less direct expenses b				
0	c Net income or (loss) from fundraising events			 	
	9a Gross income from gaming activities See Part IV, line 19				,
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns		· ·-		
	and allowances a			•	
	b Less [,] cost of goods sold . b				ļ -
	c Net income or (loss) from sales of inventory	1			
	Miscellaneous Revenue Business Code	 			<u>-</u>
	11a Refunds 999999	5,346.	5,346.	0.	0.
	b				-
	c	-			
	d All other revenue .				
	e Total. Add lines 11a-11d .	3,340.	000 001		
	12 Total revenue. See instructions	724,295.	282,234.	0.	0.

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) but are not required to complete columns (B), (C), and (D).

Do :	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80,233.	67,396.	12,837.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	180,454.	151,581.	28,873.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	18,977.	15,941.	3,036.	0.
11	Fees for services (non-employees)				
á	a Management				
ı	L egal				
(c Accounting	15,087.	12,071.	3,016.	0.
	d Lobbying				
	e Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	g Other .	216,438.	201,287.	15,151.	0.
	Advertising and promotion			1 647	
	Office expenses	4,451.	2,804.	1,647.	0.
14	Information technology				
15	Royalties	00.460	02.014	4 555	
16	Occupancy	28,469.	23,914.	4,555.	0.
17 18		14,186.	14,186.	0.	0.
19	Conferences, conventions, and meetings	20,363.	20,363.	0.	0.
20	Interest				
21	Payments to affiliates	_			
22	Depreciation, depletion, and amortization	6,043.	0.	6,043.	0.
24	Insurance Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	9,832.	7,079.	2,753.	0.
	a	1,006.	795.	211.	
	Telephone and internet	83,181.	83,181.	0.	0.
	c Program Supplies d Professional Services	1,992.	1,306.	686.	0.
	e Printing & Publications	21,394.	18,547.	2,847.	0.
	f All other expenses	17,560.	17,560.	0.	0.
	Total functional expenses. Add lines 1 through 24f	719,666.	638,011.	81,655.	0.
26		715,000.	330,011.	01,000.	<u></u>
20	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	\				Form 990 (2009)

Page 11

Balance Sheet Part X (B) End of year (A) Beginning of year 74,069 28,260. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 102,297 3 152,650. 3 Pledges and grants receivable, net 4 Δ Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 4,349. 4,349 8 Inventories for sale or use 6,794. 1,199 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 10a 53,491. Complete Part VI of Schedule D 10b 42,178. 17,356 10 c 11,313. **b** Less accumulated depreciation 11 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 1,758. 1,758 15 Other assets See Part IV, line 11 15 201,028 16 205,124. Total assets Add lines 1 through 15 (must equal line 34) 16 19,810 17 13,154. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 29,687 19 35,810. 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 49,497. 26 48,964. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 118,248. 27 140,119. Unrestricted net assets 27 33,283. 28 16,041. Temporarily restricted net assets 29 Permanently restricted net assets Q R and complete Organizations that do not follow SFAS 117, check here► lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 156,160. 151,531 33 33 Total net assets or fund balances 34 205,124. Total liabilities and net assets/fund balances 201,028. 34

BAA

Form 990 (2009)

			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X
	b Were the organization's financial statements audited by an independent accountant?	2b	Χ_	
	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?	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Х	
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	36	¥	

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

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

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

Employer identification number

		a Injury												69574			
	_	Reason fo											See II	nstruct	ions		
he c	rga	nization is no	t a priv	vate found	dation beca	ause it	ıs (For lı	nes 1 thro	ugh 11,	check o	nly one	box)					
1	Ц	A church, cor	nventi	on of chu	rches or as	sociati	on of chu	rches des	cribed in	section	170(b)(1)(A)(i).					
2		A school des	cribed	ın sectio	n 170(b)(1)	(A)(ii).	(Attach S	Schedule E	<u>:</u>)								
3		A hospital or	coope	erative ho	spital servi	ce orga	anızatıon	described	ırsectio	n 170(b)	(1)(A)(ii	i).					
4		A medical re-	search	n organiza	ation operat	ted in d	conjunctio	n with a h	nospital d	describe	d iisecti	on 170((b)(1)(Α)	iii). Ente	er the hosp	ntal's	
_	_	name, city, a											. – – – -				
5		An organizat 170(b)(1)(A)(i	iv). (C	Complete	Part II)			-			_	_	rnmental	unit des	scribed se	ction	
6		A federal, sta															
7	in section 170(b)(1)(A)(vi). (Complete Part II)										ribea						
8	님	A community				٠,,		•		•							
9		An organizati from activitie investment in June 30, 197	s relat ncome	ed to its of and unre	exempt fun elated busir	ictions- iess ta:	– subject xable inco	to certain ome (less	exception	ons, and	(2) no	more th	ian 33-1 <i>i</i>	/3 % of ı	ts support	from o	gross
10		An organizat	ion org	ganized a	nd operate	d exclu	isively to	test for pu	ublic safe	ety Se s	ection 5	609(a)(4).				
11		An organizati more publicly describes the	/ Supp	orted ord	anizations	descri	bed in se	ction 509(a)(1) or :	section	509(a)(2	ctions (2) Se s e	of, or car ection 50	ry out th 09(a)(3).	ne purpose Check the	s of or box t	ne or that
		a Type I		ь	Type I	l	c [Type II	I – Func	tionally	ıntegrat	ed		d \square	Type III	Other	
е		By checking than foundati 509(a)(2)	this bo	ox, I certif anagers a	fy that the ond other th	organiz ian one	ation is n	not control publicly s	led direc upportec	tly or in Lorgania	directly zations	by one describe	or more ed in sec	disquali tion 509	fied perso (a)(1) or s	ons oth section	ner
f		If the organiz		received a	a written de	etermır	nation froi	m the IRS	that is a	Type I	Type II	or Typ	e III sup	porting o	organizatio	n,	
g		Since August	t 17, 2	006, has	the organiz	zation a	accepted	any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	7		
																Yes	No
		(i) a perso	n who	directly o	or indirectly ody of the	/ contro	ols, either	alone or	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
			_	_	person des		_								11 g (ii)	<u> </u>	
		(iii) a 35%			•		• • •		hove?						11 g (iii)	_	\vdash
h		Provide the f		•	•			., .,							<u> </u>	<u> </u>	'
		Name of Support Organization			iı) EIN	(in	i) Type of org described on above or IRC (see instruc	ganization lines 1-9 Section	(iv) l organizat (i) listed gove	s the ion in col I in your ining	the organ	ou notify ization in (i) of upport?	(vi) I organizati (I) organiz U S	on in col	(vii) Amou	nt of Sup	port
						1			· · · · · ·	ment?	V	Na	Yes				
						+		· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	162	No			
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vial				No.			* · ·			STATE OF	THE PARTY OF	1.7	· P*				

Schedule A (Form 990 or 990-EZ) 2009 Alaska Injury Prevention Center, Inc. 92-0169574

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Sec	tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)					
Cale	ndar year (or fiscal year nning 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 ')	420,271.	495,994.	503,777.	460,603.	442,061.	2,322,706.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				:				
3	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.								
4	Total. Add lines 1-through 3	420,271.	495,994.	503,777.	460,603.	442,061.	2,322,706.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4	_					2,322,706.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	420,271.	495,994.	503,777.	460,603.	442,061.	2,322,706.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	459.	1,179.	645.	290.	22.	2,595.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.	0.	160.	137.		297.		
11	Total support. Add lines 7 through 10						2,325,598.		
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	1,248,039.		
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, c	or fifth tax year as	a section 501(c)(3) -		
Sec	tion C. Computation of Pul	blic Support P	ercentage		•	,			
14	Public support percentage for 20	09 (line 6, column	n (f) divided by lin	e 11, column (f)		14	99.88%		
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	99.88%		
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box blicly supported or	c on line 13, and ganization	the line 14 is 33-	1/3 % or more, o	check this box		
ŀ	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								
17 a	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 top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organiz	s' test, check this cation qualifies as	box an dtop here. a publicly suppo	Explain in Part rted organizatior	IV how the □		
	Private foundation. If the organization	zation did not che	ck a box on line,	13, 16a, 16b, 17a			nstructions 990 or 990-EZ) 2009		
RΔΔ	l .				30	HEUDIC A (FOIII)	ション・ロー ファン・ヒムノ とししろ		

Schedule A (Form 990 or 990-EZ) 2009 Alaska Injury Prevention Center, Inc. 92-0169574

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

(Complete only if you checked the box on line 9 of Part I)

	(Complete only if you chec	thed the box on h	ne s or r arci)					
	tion A. Public Support							
	ndar 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							
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							
	Total. Add lines 1 through 5 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 year							
c	: Add lines 7a and 7b							
8	Public support (Subtract line							
	7c from line 6)							
Sac	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		<u></u>	' '	·		
		(a) 200E	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	ndar year (or fiscal yr beginning in)	(a) 2005	(0) 2000	(C) 2007	(u) 2008	(e) 2009	(i) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV)							
13 14	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 50°	1(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage					
15				ne 13, column (f))		15 %	
_	Public support percentage from					Ţ.	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 %							
	70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
18 19	33-1/3 support tests = 2009. If th	ne organization di	id not check the b	ox on line 14, ar	nd line 15 is more iblicly supported a	 than 33-1/3%		
ı	more than 33-1/3%, check this box andstop 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 andstop 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	Supple	emental	Info	rmati	on. Con	nplete	this	part	to pi	rovide	the	explar	nations	reau	ired by	v Part	II. line	Page 4
	Part II,	line 17	a or	17b;	and Par	t III, I	ine 1	2. P	rovid	e any	othe	r addi	tional	inform	nation.	See ı	nstruct	ions.
2009 Re	<u>efunds</u>	5346																
																	- -	
Other_	[ncome	<u>Part</u>	<u>II</u> ,	<u>Lin</u>	e_10				-						_	_ _		
Descrip	otion:	Misce	<u>lla</u> r	<u>ieou</u>	s							- -						-
2005:_0	2										 -					·		
2006:_0	2		-															
2007:_	L60						- -											
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Ala	aska Injury Prevention Center	, Inc.	92-0169574
Pai	t Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		, ,
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and doi funds are the organization's property, subject		lonor advised Yes No
6	Did the organization inform all grantees, dono	rs, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or for	ids may be
Dai	t II Conservation Easements Comple		
	Purpose(s) of conservation easements held by		to romi 950, rait iv, line 7.
•	Preservation of land for public use (e.g., i		of an historically important land area
	Protection of natural habitat	—	of certified historic structure
	Preservation of open space		or certified historic structure
2		on held a qualified conservation contribution in	the form of a conservation easement on the
			Held at the End of the Year
á	Total number of conservation easements		2a
ı	Total acreage restricted by conservation ease	ments	2b
•	Number of conservation easements on a certi	fied historic structure included in (a)	2c
	Number of conservation easements included i	n (c) acquired after 8/17/06	2d
	Number of conservation easements modified,		ated by the organization during the tax
	year ►	-	
4	Number of states where property subject to co	onservation easement is located	_
5	Does the organization have a written policy re and enforcement of the conservation easeme	garding the periodic monitoring, inspection, ha	andling of violations, Yes No
6	Staff and volunteer hours devoted to monitori during the year ►		ements
7	Amount of expenses incurred in monitoring, if during the year ►	nspecting, and enforcing conservation easemen	nts \$
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection Yes No
9	In Part XIV, describe how the organization re- include, if applicable, the text of the footnote conservation easements	ports conservation easements in its revenue are to the organization's financial statements that	nd expense statement, and balance sheet, and describes the organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1:	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or research in further	nent and balance sheet works of art, historical ance of public service, provide, in Part XIV,
ı	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue statement lic exhibition, education, or research in further	and balance sheet works of art, historical ance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII	line 1 .	> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	ort, historical treasures, or other similar assets 116 relating to these items:	for financial gain, provide the following
;	a Revenues included in Form 990, Part VIII, line	e 1	- \$
	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2009 Alask Part III Organizations Maintai				92-016 Other Similar Ass			Page 2	
Using the organization's acquisition items (check all that apply)					•			
a Public exhibition		d ☐ Loan o	r exchange programs					
b Scholarly research		e Other	cxchange programs					
c Preservation for future genera	ations	e 🗀 Other		·				
Provide a description of the organ Part XIV		s and explain how	they further the organ	ızatıon's exempt purpos	se in			
5 During the year, did the organizar assets to be sold to raise funds re	tion solicit or receivather than to be ma	re donations of art, aintained as part o	historical treasures, of the organization's col	r other sımılar lection?	Yes	Γ	No	
Part IV Escrow and Custodial 9, or reported an amou	Arrangements	Complete if or	ganization answer		90, Part	IV, I	ine	
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No								
b If 'Yes,' explain the arrangement				•		-		
3		,	•		Amount			
c Beginning balance				1c				
d Additions during the year				1 d				
e Distributions during the year				1e				
f Ending balance				1f				
2a Did the organization include an a	mount on Form 990). Part X. line 21?			Yes		No	
b If 'Yes,' explain the arrangement		., , , , , , , , , , , , ,		·		L	٦٠	
Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.								
	(a) Current year	(b) Prior year	(c) Two years back		(e) Fou	ır vears	back	
1 a Beginning of year balance	(u) curront you.	(2)	(0) 1110) 5410 2410	(u) viii se yeare illusii	1 (0)	., ,		
b Contributions					 			
c Net Investment earnings, gains, and losses					<u> </u>			
d Grants or scholarships	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			 			
e Other expenditures for facilities and programs								
f Administrative expenses					1			
g End of year balance								
2 Provide the estimated percentage	of the vear end ba	alance held as		····				
a Board designated or guasi-endow	•	8	•					
b Permanent endowment ►								
c Term endowment ►								
3a Are there endowment funds not i		f the organization t	hat are held and admı	nistered for the		res	No No	
organization by (i) unrelated organizations					3a(i)		-110	
(ii) related organizations					3a(ii)			
b If 'Yes' to 3a(ii), are the related of	raanizations listad	as required on Sch	rodulo D2	•	3b			
4 Describe in Part XIV the intended	-	·			1 30 1			
Part VI Investments—Land, B				line 10				
		ost or other basis	(b) Cost or other		(d) Po	ale Ma		
Description of investment	(a) CC	investment)	basis (other)	(c) Accumulated Depreciation	(d) Bo	OK Va		
1a Land								
b Buildings	 							
c Leasehold improvements	ļ		50.401	40 170			212	
d Equipment .	<u> </u>		53,491.	42,178.		11,	313.	
e Other								
Total. Add lines 1a through 1e (Column	(a) must equal Fo	rm 990, Part X, co	iumn (B), line 10(c))	<u> </u>	tule D (Fo		313.	

Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	alue
inancial derivatives			
Closely-held equity interests			
Other			_
	_		
	-		-
. 	-		
	-		
	-		
	-		
otal. (Column (b) must equal Form 990 Part X, col (B) line 12)	-		
Part VIII Investments—Program Related (Se	e Form 990 Part X line	13)	<u> </u>
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market va	alue

		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
Total (column (c) made equal (crim ecc) (critic) con (c) mic (c)			
Part IX Other Assets (See Form 990, Part)			
	Description		b) Book value
Security Deposits			1,758.
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) must equal Form 990, Part X, col (B)) line 15)	•	1,758
Part X Other Liabilities (See Form 990, Part X)			27.00
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(5) /		
reactal meetine taxes			
	_1		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	1		

Schedule D (Form 990) 2009 Alaska Injury Prevention Center, Inc.

92-0169574

Page 3

Sche	dule D (Form 990) 2009 Alaska Injury Prevention Center, Inc. 92	-0169574	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		724,295.
2	Total expenses (Form 990, Part IX, column (A), line 25)		719,666.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		<u>4,</u> 629.
4	Net unrealized gains (losses) on investments .		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8	, 	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		4,629.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	803,156.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
a	Net unrealized gains on investments 2a	_	
b	Donated services and use of facilities 2b 78,861.	<u>.</u> }	
ď	Recoveries of prior year grants . 2c	_	
c	Other (Describe in Part XIV)		
	Add lines 2a through 2d	2 e	78,861.
3	Subtract line 2e from line 1 .	3	724,295.
4	Amounts included on Form 990, Part VIII, line 12, but not on line		
	Investments expenses not included on Form 990, Part VIII, line 7b	1 1	
	Other (Describe in Part XIV)	1	
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	724,295.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
	Total expenses and losses per audited financial statements	1	798,527.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		• • • • • • • • • • • • • • • • • • • •
	Donated services and use of facilities 2a 78,861.	.	
	Prior year adjustments 2b	1	
	COther losses 2c	1	
	Other (Describe in Part XIV)	-	
	Add lines 2a through 2d	2e	78,8 <u>61.</u>
3	Subtract line 2e from line 1	3	719,666.
4	Amounts included on Form 990, Part IX, line 25, but not on line:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	1	
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	719,666.
_	t XIV Supplemental Information		713,000.
lıne	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this p mation	/, lines 1b and art to provide	2b, Part V, any additional
			
BA	TEEA3304 02/02/10	Schedule D	(Form 990) 2009

Schedule D (Form 990) 2009 Alaska Injury Prevention Center, Inc. Part XIV Supplemental Information (continued)	92-0169574	Page 5
Part XIV Supplemental Information (continued)		
		
	- -	
		
	-	
	 	
		- -
		
		·

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No 1545-0047 2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Alaska Injury Prevention Center, Inc.

Employer identification number

	aska Injury Prevention Center,	Inc.		92-	01695	74		
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	(d) nod of de revenu	etermin	ıng
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household goods		-					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities-Closely held stock							
11	Securities-Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution— Historic structures							
14	Qualified conservation contribution-Other							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens					-		
24	Archeological artifacts							
25	Other ► (Printing/Reproduction)	<u> </u>	2	4,490.				
26	Other ► (Professional Contract)		10	72,934.				
27	Other ► (Accounting)		1	1,437.	Fair	Marke	t Va	<u>lue</u>
28	Other ► (<u> </u>						
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Doni	tion during the ee Acknowledg	tax year for contribute ement	ons for which the	29		Vac	No.
						\Box	Yes	No_
30	During the year, did the organization receive by hold for at least three years from the date of the	contribution an	y property reported in	Part I, lines 1-28 that	ıt must			
	hold for at least three years from the date of the purposes for the entire holding period?	ınıtıal contribu	tion, and which is not	required to be used fo	r exempt	30 a		
	If 'Yes,' describe the arrangement in Part II					30 a		
	Does the organization have a gift acceptance pol	licy that require	es the review of any n	ion-standard contribution	ons?	31		
ͺ.	Tito and organization, have a gift deceptation pol							

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

noncash contributions? b If 'Yes,' describe in Part II.

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2009

Х

32 a

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
							
							
							
-							
							
							
							
<u></u>							
							

SCHEDULE O (Form, 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

	Employer identification number
Alaska Injury Prevention Center, Inc.	92-0169574
Pt_VI-B, Line 11A Copies provided at board meeting and presented	by an
Pt_VI-B, Line 11A educated individual familiar with Form 990	
Pt VI-B, Line 12c As needed under the circumstances when such a c	onflict arises
Pt_VI-B, Line 15 The Foraker Group produces a report with compar	able_data
Pt_VI-B, Line 15 for review by the board of directors.	
Pt_VI-C, Line 19 Documents are available upon request.	
	-

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

to the citizens of Alaska designed to prevent injuries and promote awareness of safety issues.

Supporting Statement of:

Form 990 p 1/Pt I, Ln 11, Prior yr

Description	Amount
Sale of Inventory	137.
Total	137.

Supporting Statement of:

Form 990 p 1/Pt I, Ln 17, Prior yr

Description	Amount
Professional fees and other payments	202,228.
Occupancy	23,996.
Printing	3,356.
Program Supplies	61,026.
Conferences, conventions, and meetings	11,292.
Travel	46,456.
Insurance	14,633.
Telephone	5,836.
Office Supplies	6,873.
Office Equipment	33,547.
Depreciation	6,113.
Total	415,356.

Supporting Statement of:

Sch. A, page 2/Gross Receipts

Description	Amount
2005	267,836.
2006	194,114.
2007	163,022.
2008	346,201.
2009	276,866.

Total ____1,248,039.