DLN: 93493308010979 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 **C** Name of organization D Employer identification number B Check if applicable Alaska Legal Services Corporation ☐ Address change 92-0034754 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 1016 W 6th Avenue □ Application pending (907) 272-9431 City or town, state or province, country, and ZIP or foreign postal code Anchorage, AK  $\,\,$  99501  $\,\,$ G Gross receipts \$ 5,056,785 Name and address of principal officer H(a) Is this a group return for Nikole Nelson □Yes ☑No subordinates? 1016 W 6th Avenue 200 H(b) Are all subordinates Anchorage, AK 99501 ☐ Yes ☑No included? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or If "No," attach a list (see instructions) 501(c)( ) **◀** (insert no ) **H(c)** Group exemption number ▶ Website: ► www alsc-law org L Year of formation 1966 M State of legal domicile AK ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ **K** Form of organization Summary 1 Briefly describe the organization's mission or most significant activities To provide meaningful access to justice in resolving civil legal problems for low-income clients, thus promoting family stability and reducing legal consequences of poverty Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 15 Number of independent voting members of the governing body (Part VI, line 1b) 5 91 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 800 Total number of volunteers (estimate if necessary) . . . 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 4,429,742 4,599,444 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 164,823 205,334 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 40,723 69,070 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,509 7,423 4,633,779 4,881,271 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,708,960 3,892,589 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶89,269 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 832,824 865,933 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 4,541,784 4,758,522 19 Revenue less expenses Subtract line 18 from line 12 . 91,995 122,749 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 2,247,819 2,339,574 445,837 21 Total liabilities (Part X, line 26) . 368,909 22 Net assets or fund balances Subtract line 21 from line 20 1,878,910 1,893,737 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-04 Signature of officer Date Sign Here Nikole Nelson Executive Dir

Paid	Print/Type preparer's name	Preparer's signature	Date	Check I if self-employed	PTIN P01621818
Preparer	Firm's name ► ALTMAN ROGERS 8	Firm's EIN ▶ 92-0143182			
Use Only	Firm's address ▶ 3000 C Street Suite	Phone no (907	Phone no (907) 274-2992		
	Anchorage, AK 99	503			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2018)

Part	Check if Sched	of Program Servi	ce Accomplis	h-m-o-m-to							
1				nments							
1		dule O contains a resp	onse or note to a	any line in this Part III		🗸					
	Briefly describe the oi	rganization's mission		,							
	vide meaningful acces uences of poverty	ss to justice in resolvii	ng cıvıl legal prol	olems for low-income c	lients, thus promoting family stab	ollity and reducing legal					
	<u>-</u>	, -		- ·	hich were not listed on						
	the prior Form 990 or	🗌 Yes 🗹 No									
	•	se new services on Sc									
3 [	Did the organization cease conducting, or make significant changes in how it conducts, any program										
5	services?					☐ Yes 🗹 No					
J	If "Yes," describe the	se changes on Schedu	ile O								
9	Section 501(c)(3) and		ons are required	to report the amount of	largest program services, as mea of grants and allocations to others						
4a (	(Code	) (Expenses \$	1,967,109	including grants of \$	) (Revenue \$	93,135 )					
9	See Additional Data		. ,								
4b (	(Code	) (Expenses \$	1,448,139	including grants of \$	) (Revenue \$	11,141 )					
-	See Additional Data										
4c (	(Code	) (Expenses \$	498,207	including grants of \$	) (Revenue \$	75,007 )					
-	See Additional Data										
		es (Describe in Sched	•								
	(Expenses \$	152,540 inc	luding grants of	\$	) (Revenue \$	33,474 )					
4e	Total program serv	ice expenses ▶	4,065,9	95							

Pa	tiv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II 2	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏	11b		No
	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 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🐿	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

No

No

20b

21

22

Page 4

ı a	Checklist of Required Schedules (continued)							
			Yes	No				
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? <i>If "Yes," complete Schedule J</i>	23		No				
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No				
С	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		No				
d	<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I							
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II							
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,							
	Part IV	28a		No				
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No				
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No				
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b						
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No				
37	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes					
Pa	Statements Regarding Other IRS Filings and Tax Compliance							

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

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

Yes

11

0

1a

1b

11b

12b

13b

13c

12a

13a

14a

14b

15

Nο

Nο

No

Nο

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

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

20

Page **6** Part VI

56	ction A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15				
2	Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee, or key employee?			2		No	
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	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5						
6	Did the organization have members or stockholders?			6		No	

	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		15					
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship wit	n any other •	2		No		
3	Did the organization delegate control over management duties customarily performed b of officers, directors or trustees, or key employees to a management company or other			ct supervision	3		No		
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 wa	as filed?.	4		No		
5	. [	5		No					
6	6 Did the organization have members or stockholders?								
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?			.	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?			[	<b>8</b> b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> (		be reached	at the	9		No		
Se	ction B. Policies (This Section B requests information about policies not requ	ııred b	y the Inte	rnal Revenue	e Code	∍.)			
						Yes	No		
.0a	Did the organization have local chapters, branches, or affiliates $^{7}$				10a		No		
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
.1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990							
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .				12a	Yes			
h Ware officers directors or trustees and key employees required to disclose annually interests that could give rise to									

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	eties C. Riedenwe			

8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

	conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes					
3	Did the organization have a written whistleblower policy?	13	Yes					
4	4 Did the organization have a written document retention and destruction policy?							
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ction C. Disclosure							
7	List the States with which a copy of this Form 990 is required to be filed▶							
8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply							
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year							

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

▶Tracey Janssen 1016 W 6th Avenue Ste 200 Anchorage, AK 99501 (907) 272-9431

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 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, or 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 neither the organization no		ganızat İ	ion c			ated a	any o			<b>/-</b> >
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	pers and	n on on is	e bo bot ecto	t che ox, u h an or/tr	nless office ustee	er )	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	`MISC)	MISC)	related organizations
(1) Gregory P Razo President	2 00	Х		x				0	0	0
(2) Joseph Nelson Director	2 00	×						0	0	0
(3) Marc June Sec/Treas	1 00	х		×				0	0	0
(4) Violet Gronn Director	2 00	X						0	0	0
(5) Karen Lambert	2 00	×						0	0	0
Director	0 00									
(6) Gabrielle Ledoux Director	0 00	×						0	0	0
(7) Lız Pederson Dırector	2 00	x						0	0	0
(8) Etta Kuzakın Director	1 00	х						0	0	0
(9) Diana Ramoth Director	2 00	x						0	0	0
(10) Myra Munson Vice President	2 00	×		×				0	0	0
(11) Margie Nelson Director	2 00	х						0	0	0
(12) Erın Lillie Sec/Treas	2 00	x		x				0	0	0
(13) Linda Divers Director	2 00	х						0	0	0
(14) Nicholas Gasca	2 00	,,								
Director	0 00	×						0	0	0
(15) Elizabeth Leduc	1 00	х						0	0	0
Director	0 00 1 00	·								
(16) Renee Nicklie Director	0 00	×						0	0	0
(17) June Walunga	1 00	x						0	0	0
Director	0 00									Form <b>990</b> (2018)

2

3

4

5

individual .

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation

Page 8

Yes

3

4

5

(B)

Description of services

No

No

Nο

No

(C)

Compensation

Form 990 (2018)

	any hours		dırect	tor/t	rust	:ee)		organization (W-	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) Nikole Nelson	35 00			x				00.113		16,907
Executive Dir	0 00			^				98,112		16,90.
(19) Tracey Janssen	35 00	l		X				79,470	0	24,441
CFO	0 00	····		_^_				79,470	0	24,44.
(20) Michelle Peters	35 00			x				66 530		15.70
Admın Dırector	0 00	<b>!</b>		^				66,530	۱	15,793

						2			
(18) Nikole Nelson	35 00	l		X			98,112	0	16,907
Executive Dir	0 00			`		90,112	0	10,907	
(19) Tracey Janssen	35 00						70.470		24.44
CFO	0 00		X			79,470	U	24,441	
(20) Michelle Peters	35 00	l		×			66,530	0	15,793
Admın Dırector	0 00			L^			66,330	Ů	13,793

a Total from continuation chapts to Part \	/II Costion A			_ [		
1b Sub-Total			•	•		

1b Sub-Total		-	_	•			1	<u>'</u>
<ul> <li>c Total from continuation sheets to Part V</li> </ul>	/II. Section A .			•	<b>&gt;</b>	I		

1b Sub-Total			•	<u>:</u>  -		

1b Sub-Total			•		
c Total from continuation sheets to Part V	II, Section A .		•		
d Total (add lines 1b and 1c)		 	<b>&gt;</b>	244,112	57,141

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule 1 for such person.

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

of reportable compensation from the organization > 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual.

Part		Statement of	Revenue								rage <b>3</b>
		Check if Schedul	e O contains	a respo	onse or note to any						<u> </u>
							<b>A)</b> revenue	Rela ex fur	(B) ated or empt action	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	18	Federated campaig	ns	1a	4,725			re	venue		312 - 314
tributions, Gifts, Grants Other Similar Amounts		<b>b</b> Membership dues		1b							
Gra not	,	c Fundraising events		1c	_						
īš, - r Ar	,	d Related organizatio	ns	1d							
ija Jiga	,	e Government grants (co	ontributions)	1e	3,470,280						
Contributions, and Other Sim	1	F All other contributions									
utio ier		and similar amounts n above	ot included	1f	1,124,439						
휼	1	Noncash contribution									
Cont and		in lines 1a - 1f \$ <b>h Total.</b> Add lines 1a	-1f		•						
				•	Business	: Code T	4,599,444				
Program Service Revenue	)a	Litigation Income			Business		2	05,334	205	334	
بر ما الم	24					541100					
Ce F	b			_							
ervi	c c										
n S	e			_							
ogra	f	All other program se	rvice revenue								
ğ	g	<b>Total.</b> Add lines 2a-2	2f		<b>&gt;</b>	205,334					
		Investment income (ii			nterest, and other		25,92	4			25,924
		similar amounts). Income from investme			ond proceeds	:		0			
		Royalties				•		0			
			(ı) Rea	l	(II) Personal						
	6a	Gross rents									
	b	Less rental expenses				1					
	_	: Rental income or				4					
		(loss)									
	d	Net rental income o						0			
	7a	Gross amount	(ı) Securit	ies	(II) Other	4					
		from sales of assets other	2	18,660							
		than inventory									
	b	Less cost or other basis and	1	.75,514							
	,	sales expenses Gain or (loss)		43,146		-					
		Net gain or (loss)			<b>•</b>	-	43,14	6			43,146
	8a	Gross income from f									
ıμe		(not including \$ contributions reporte		of							
ĕ∧ĕ		See Part IV, line 18		a							
r R		Less direct expense : Net income or (loss)		b	onts			0			
Other Revenue		Gross income from g		_	ents •	1					
0		See Part IV, line 19									
	H	Less direct expense	c	a b		-					
		: Net income or (loss)		I	les 🕨			о			
	10	Gross sales of invent									
		returns and allowand	ces	al							
	ь	Less cost of goods s	sold	b							
	c	Net income or (loss)	from sales of	ınvent	ory <b>&gt;</b>			0			
		Miscellaneous	Revenue		Business Code						
	11	<b>a</b> Mıscellaneous			90009	9	7,42	3	7,423		
					•	-					
	b	•									
						-		-			
		•									
		All other revenue .						+			
		Total. Add lines 11a			•	1					
	12	: <b>Total revenue.</b> See	Instructions				7,42				
							4,881,27	1	212,757		69,070 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	olumns All other orga	inizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> <math>\square</math></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	244,112	211,579	29,281	3,252
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	2,560,150	2,218,965	307,083	34,102
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	62,098	55,152	6,176	770
9 Other employee benefits	809,222	718,708	80,481	10,033
<b>10</b> Payroll taxes	217,007	192,734	21,583	2,690
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	0			
<b>c</b> Accounting	32,000	1,310	30,503	187
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	12,902		12,902	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,354	14,810	5,328	2,216
12 Advertising and promotion	7,954	5,750	1,057	1,147
13 Office expenses	96,010	83,246	10,561	2,203
14 Information technology	19,708	14,340	2,737	2,631
15 Royalties	0			
<b>16</b> Occupancy	338,936	294,882	40,169	3,885
<b>17</b> Travel	96,693	71,846	20,539	4,308
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	59,533	44,234	12,646	2,653
<b>20</b> Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	20,068		20,068	

31,271

51,855

16,470

14,491

14,442

31,246

4,758,522

26,853

50,723

14,944

10,382

11,237

24,300

4,065,995

4,179

190

1,384

563

1,131

-5,303

603,258

239

942

142

3,546

2,074

12,249

89,269

Form **990** (2018)

23 Insurance .

expenses on Schedule O )

c Printing and Publications

d Postage and Shipping

e All other expenses

a Litigation Expenses

**b** Library Expenses

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11** 

0 135,294

6,326 767,308

0

11,757

2.339.574

191,551

254,286

1,742,641

1,893,737

2,339,574

Form **990** (2018)

151,096

11.757

2.247.819

158,329

210.580

1,707,203

171,707

1,878,910

2,247,819

27

28

29

30

31

32

33

34

15

16

17

18

19

20

21

Form 990 (2018)

15

16

17 18

19

20

21

Net Assets or Fund Balances

27

28

29

30

31

32

33

34

Other assets See Part IV, line 11 .

Grants payable . . .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Deferred revenue . . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . .

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Organizations that follow SFAS 117 (ASC 958), check here >  $\square$  and

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here  $\triangleright$   $\square$  and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

		(A) Beginning of year		( <b>B</b> ) End of year
1 Cas	sh–non-interest-bearing	126,763	1	136,813
<b>2</b> Sa	vings and temporary cash investments	532,660	2	696,598
<b>3</b> Ple	edges and grants receivable, net	654,643	3	573,134
<b>4</b> Acc	counts receivable, net	1,956	4	12,344
tru	ans and other receivables from current and former officers, directors, istees, key employees, and highest compensated employees. Complete rt II of Schedule L		5	0
sec cor vol	ans and other receivables from other disqualified persons (as defined under ction 4958(f)(1)), persons described in section 4958(c)(3)(B), and ntributing employers and sponsoring organizations of section 501(c)(9) luntary employees' beneficiary organizations (see instructions) Complete rt II of Schedule L		6	0

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 itions c (see in	(c)(3)(B), and if section 501(c)(9) structions) Complete		6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
۹	9	Prepaid expenses and deferred charges		[	88,763	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	146,080			
	ь	Less accumulated depreciation	10b	139,754	26,394	<b>10</b> c	
	11	Investments—publicly traded securities .			804,883	11	
	12	Investments—other securities See Part IV, line	11 .	[		12	
	13	Investments—program-related See Part IV, line	11 .	. [		13	
	14	Intangible assets		[		14	

ilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>e</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	368,909	26	445,837

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	,881,271
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	,758,522
3	Revenue less expenses Subtract line 2 from line 1	3			122,749
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,878,910
5	Net unrealized gains (losses) on investments	5			-107,922
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,893,737
Pa	rt XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b	Yes	

### Additional Data

**Software ID:** 18007218

**Software Version:** 2018v3.1 **EIN:** 92-0034754

Name: Alaska Legal Services Corporation

Form 990 (2018)

Form 990, Part III, Line 4a:

Other Program Services include US Department of Interior, US Department of Justice, US Department of Housing and Urban Development, Corporation for Community and National Service, AK Department of Health and Social Services, Alaska Court System, Alaska Housing Finance Corporation, Alaska Mental Health Trust Authority, City of Ketchikan, Ketchikan Gateway Borough, North Slope Borough, Matanuska-Susitna Borough, Alaska Bar Foundation, Bristol Bay Native Association, Association of Village Council Presidents, Juneau Community Foundation, Tanana Chiefs Conference, Manulag Association, Partners in Justice Campaign and others

### Form 990, Part III, Line 4b:

Support from the legal services corporation enabled ALSC to help low-income Alaskans with their civil legal needs. We provide a wide range of legal services that included legal advice and representation to the development and distribution of self-help legal resources and community legal education clinics. We also used funds from the legal

services corporation to recruit and train pro bono volunteers to further extend the services we provide to low-income Alaskans

Form 990, Part III, Line 4c: With support from the State of Alaska Department of Commerce, Community and Economic Development, ALSC provided legal advice and representation in non-criminal matters to additional low-income Alaskans through its eleven offices located in hub communities throughout Alaska

CHEDU Form 990 o 90EZ)		Com	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2018
epartment of the ternal Revenue S	Service		► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
<b>ame of the</b> aska Legal Serv							Employer identific	cation number
Part I F	Reason fo	r Public C	harity Stat	<b>us</b> (All organization	s must comple	te this part.) S	92-0034754 See instructions.	
				e it is (For lines 1 thro				
<b>1</b>	church, cor	vention of o	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	school desc	ribed in <b>sec</b>	tion 170(b)(	<b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3	hospital or	a cooperativ	e hospital ser	vice organization desci	nbed in <b>section</b>	170(b)(1)(A)(	iii).	
	medical res ame, city, a	_	iization operat	ed in conjunction with	a hospital descr	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
	n organızatı b)(1)(A)(iv			t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
	,, ,, ,,		,	governmental unit de	scribed in <b>secti</b> e	on 170(b)(1)(A	\)(v).	
			mally receives vi). (Complete	a substantial part of it Part II )	s support from a	governmental u	ınıt or from the gener	al public described i
B $\square$ A	community	trust descri	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or
fr	om activitie vestment ir	s related to icome and ι	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
□ m	ore publicly	supported	organizations :	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction <b>509</b> (a)(2	). See section 509(a	
Ty	<b>ype I.</b> A su ganization(	oporting org s) the powe	anızatıon oper	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
□ m	anagement	of the supp		pervised or controlled in ation vested in the sare and C.			- ' ' '	-
				supporting organizatio				ated with, its
l Ty	ype III noi	n-functiona ntegrated T	a <b>lly integrate</b> he organizatio	<ul> <li>d. A supporting organi</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
: 🗆 CI	heck this bo	x if the orga	nızatıon recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
<b>f</b> Enter th	e number o	f supported	organizations	integrated supporting	-			
	the following the of suppor		n about the su	upported organization( (iii) Type of	1	anızatıon listed	(v) Amount of	(vi) Amount of
	ganization	ganization organization in your governing document? monetal (see instructions))						other support (se instructions)
					Yes	No		
tal								
	ule Dodustie	n Act Noti	ce see the T	l nstructions for	L Cat No 1128!	5F .	 Schedule A (Form 9	90 or 990-F7) 20:

▶ ☑

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018

Page 2

	III. If the organization fa	alls to qualify un	der the tests list	ed below, please	e complete Part	III.)	<u> </u>
9	Section A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(,	(-,	
1	membership fees received (Do not	3,388,171	3,986,611	4,534,058	4,429,742	4,599,444	20,938,026
	include any "unusual grant ")	3,300,171	3,500,011	1,551,656	1,123,712	1,333,111	20,550,020
2	Tax revenues levied for the						
	organization's benefit and either paid						0
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						0
_	the organization without charge	2 222 474	2 225 514	4.504.050	4 400 740	4 500 444	
4	<b>Total.</b> Add lines 1 through 3	3,388,171	3,986,611	4,534,058	4,429,742	4,599,444	20,938,026
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						0
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
	, , , [						
6	Public support. Subtract line 5						20,938,026
	from line 4						20,550,020
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
_	(or fiscal year beginning in) ▶	L ` '		` -	` '		
7	, and an estimated in	3,388,171	3,986,611	4,534,058	4,429,742	4,599,444	20,938,026
8							
	dividends, payments received on	35,801	62,406	17,308	19,384	25,924	160,823
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						0
	business is regularly carried on						
10	_ · · · · · · · · · · · · · · · · · · ·						
	or loss from the sale of capital	64,846	2,041	-34,791	19,830	50,569	102,495
	assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						21,201,344
	10		>				
12	Gross receipts from related activities,	etc (see instructio	ns)			12	726,453

	or loss from the sale of capital	64,846	2,041
	assets (Explain in Part VI )		
1	Total support. Add lines 7 through		
	10		
2	Gross receipts from related activities,	etc (see instruction	ons)
3	First five years. If the Form 990 is fo	or the organization	's first, second, th

<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year	ar as a section	501(	c)(3) organiza	ation,
check this box and <b>stop here</b>			▶ 🗆	
Section C. Computation of Public Support Percentage				
4 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))		14		98 760 %
5 Public support percentage for 2017 Schedule A, Part II, line 14		15		98 850 %

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

Public support percentage for 2017 Schedule A, Part II, line 14 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.)	)	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
Se	ection B. Total Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and <b>stop here</b>	<b>.</b>	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f	))	17	
18	Investment income percentage from 2	<b>017</b> Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	<b>33 1/3% support tests—2017.</b> If the						
J	not more than 33 1/3%, check this box	-			*		<b>▶</b> □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V )

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-F7) 2018

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014. . . . . .

Schedule A (Form 990 or 990-EZ) (2018)

**b** Excess from 2015. . . . . c Excess from 2016. . . . .

d Excess from 2017. e Excess from 2018.

#### **Additional Data**

Software ID: 18007218
Software Version: 2018v3.1

**EIN:** 92-0034754

Name: Alaska Legal Services Corporation

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Instructions)

Facts And Circumstances Test

SCHEDULE C

Section 527 organizations Complete Part I-A only

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public

DLN: 93493308010979

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

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

Inspection

• S • S f the Pro	Section 501(c)(3) organizations that Section 501(c)(3) organizations that		ection 501(h)) Co ider section 501(h	mplete Part II-A Do not )) Complete Part II-B Do	complete Part II-B o not complete Part II-A
	me of the organization			Employer ide	entification number
Alas	ska Legal Services Corporation			92-0034754	
Par	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is		nization.
1		ization's direct and indirect political cam			
	"political campaign activities")	·	ipaign activities in	r Part IV (See Instructions	s for definition of
2	Political campaign activity expend	· ·		•	\$
3	Volunteer hours for political camp	· · · · · · · · · · · · · · · · · · ·	- =04(-)(0)		
		nization is exempt under sectio			
1	•	ex incurred by the organization under se		<b>&gt;</b>	\$
2	•	ex incurred by organization managers ur		<b>&gt;</b>	\$
3	_	tion 4955 tax, did it file Form 4720 for t	his year?		☐ Yes ☑ No
4a	Was a correction made?				🗌 Yes 🗹 No
b	If "Yes," describe in Part IV				
Par	Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3	3).
1	, · ·	ed by the filing organization for section	· ·		\$
2	Enter the amount of the filing organization activities	anızatıon's funds contributed to other o	rganizations for se	ection 527 exempt	\$
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	ds Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
L					
2					
3					
1					
5					
or P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	<u> </u> Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2018

Grassroots ceiling amount

(b)

(a)

#### activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Yes Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Yes Media advertisements? No Mailings to members, legislators, or the public? No Nο Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? No Direct contact with legislators, their staffs, government officials, or a legislative body? Yes 9.973 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No Other activities? Νo Total Add lines 1c through 1i 9.973 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year b Carryover from last year 2b 2c С Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions) **Supplemental Information** Part IV

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Contact Alaska State executive and legislative officials regarding support for funding and appropriations for

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Alaska Legal Services Corporation

Return Reference

Part II-B, Line 1i - Other Activities

Description

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

**Supplemental Financial Statements** 

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

OMB No 1545-0047

DLN: 93493308010979

(Form 990)

	nal Revenue Service ► Go to <u>www.irs.</u>	gov/Form990 for the latest information.		Inspection	
	me of the organization		Emp	oloyer identification number	
Ala	ska Legal Services Corporation		92-0	0034754	
Pā	Organizations Maintaining Donor Adv Complete if the organization answered "Yo		or Acc	ounts.	
	· ·	(a) Donor advised funds		(b)Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		dvised 1	funds are the $\qed$ Yes $\qed$ N	<b>5</b>
6	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?				0
Pa	rt II Conservation Easements. Complete if t	the organization answered "Yes" on Fori	m 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the orga	anızatıon (check all that apply)			
	$\square$ Preservation of land for public use (e g , recreation	on or education) $\qed$ Preservation of an	histor	ically important land area	
	Protection of natural habitat	Preservation of a	certifie	d historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in the fo	rm of a	conservation  Held at the End of the Year	٦
а	Total number of conservation easements		2a		٦
b	Total acreage restricted by conservation easements		2b		٦
С	Number of conservation easements on a certified histor	rıc structure ıncluded ın (a)	2c		٦
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transferr tax year •	red, released, extinguished, or terminated by	the org	ganization during the	
4	Number of states where property subject to conservati	ion easement is located ►		_	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hold	the periodic monitoring, inspection, handling ds?	of viola	ations,  Yes No	
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing o	onserva		
7	Amount of expenses incurred in monitoring, inspecting  \$ \begin{align*}	, handling of violations, and enforcing conser	vation	easements during the year	
8	Does each conservation easement reported on line $2(d$ and section $170(h)(4)(B)(i)$ ?	d) above satisfy the requirements of section 1	.70(h)(	4)(B)(ı) ☐ <b>Yes</b> ☐ <b>No</b>	
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial state		tement, and	
Par	rt III Organizations Maintaining Collections Complete if the organization answered "You		ner Sii	milar Assets.	
1a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its fina	16 (ASC 958), not to report in its revenue start public exhibition, education, or research in the start of th			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items				

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2018

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Ma	aintaining Coll	lections of Art,	Histori	cal Tr	reas	ures, or	Other 9	Similar A	ssets (c	ontinued)	<u> </u>
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other records	, check	any of	the f	ollowing t	hat are a	significant i	use of its	collection	1
а		Public exhibition			d		Loar	n or excha	ange progi	rams			
b		Scholarly research  e  Other											
c		Preservation for future	e generations										
4	Provi Part	ide a description of the XIII	organızatıon's coll	ections and explain	how the	ey furth	ner th	ne organiz	ation's ex	empt purpo	ose in		
5		ng the year, did the org ts to be sold to raise fur								lar	☐ Ye	s 🗆	No
Pa	rt IV												
		Complete if the org X, line 21.	ganization answ	ered "Yes" on Fo	rm 990	, Part	IV,	line 9, or	reporte	d an amou	unt on F	orm 990	, Part
1a		e organization an agent ded on Form 990, Part I		an or other intermed	diary for	contril	butio	ns or othe	er assets n	iot	Yes	s 🗆	No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the f	ollowing	table		[		Α	mount		_
c	Begir	nning balance							1c				_
d	Addıt	tions during the year							1d				
е	Distr	ibutions during the year	r						1e				
f	Endır	ng balance							1f				
2a	Did t	he organization include:	an amount on Fo	rm 990, Part X, line	21, for	escrow	or c	ustodial a	ccount lia	bility?	☐ Ye	s 🗆	No
b	If "Ye	es," explain the arrange	ement in Part XIII	Check here if the e	explanati	on has	beer	n provideo	d in Part X	ш			
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organization	answer	ed "Ye	es" c	n Form	990, Parl	t IV, line 1	LO.		
				(a)Current year	<b>(b)</b> P	rıor yea	r	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four ye	ars back
<b>1</b> a	Beginr	ning of year balance .		846,983		736	,156		690,158		684,101		639,298
b	Contril	butions		20,689			5,460		16,529		13,715		22,465
C	Net in	vestment earnings, gair	ns, and losses	-43,660		107	7,281		42,652		2,660		66,767
d	Grants	s or scholarships	•										
е		expenditures for facilitie rograms	es										
f	Admın	istrative expenses .		12,902			,914		13,183		10,318		44,429
g	End of	f year balance		811,110		846	,983		736,156		690,158		684,101
2		ide the estimated perce	-	•	e (line 1	g, colui	mn (a	a)) held a	s				
а		d designated or quasi-e	endowment 🕨 🔝	100 000 %									
b		nanent endowment 🕨											
С		porarily restricted endov											
3a		percentages on lines 2a :here endowment funds		•	tion that	t ara b	ماط عا	nd admini	stored for	+h.o.			
Ja		nization by	not in the posses.	Sion of the organiza	ition tha	care in	ciu ai	nu aummi	stered for	uie		Yes	No
	(i) u	nrelated organizations									3a	(i) Yes	
		related organizations .										(ii)	No
b		es" on 3a(II), are the rel	-	•			· ·				3	Ь	No
4		ribe in Part XIII the inte			wment	runas							
Pe	rt VI	Land, Buildings, Complete if the ord			rm 990	. Part	IV.	line 11a.	See For	m 990. Pa	rt X. lın	e 10.	
	Descr	ription of property	(a) Cost or oth (investme	er basis (b) Cos	t or other	•			umulated de		•	<b>d)</b> Book va	lue
1a	Land							1					
	Buildin												
		hold improvements						1					
		ment				14	<b>1</b> 6,080	)		139,754			6,326
								1					
		lines 1a through 1e (Co	olumn (d) must ed	gual Form 990, Part	X, colur	nn (B),	, line	10(c))	)	•			6,326

	Saa Form 990 Part V line 17					
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tied equity interests	<u> </u>				
(A)						
(B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	on (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990. P	art IV. line	11c. See Fo	rm 990. Parl	· X. line 13.
	(a) Description of investment		ok value		(c) Method of	valuation
(1)				Cost	or end-or-yea	r market value
(2)						
3)						
4)						
(5)						
6)						
(7)						
(8)						
(8) (9)						
(9)	nn (b) must equal Form 990. Part X, col (B) line 13 )	•				
(9) 「otal. (Colum	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
9)  Total. (Column  Part IX			m 990, Part	IV, line 11d S	See Form 990,	Part X, line 15  (b) Book value
otal. (Column Part IX	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
Part IX  1) 2)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	iee Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
(9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d S	See Form 990,	
9)  Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered (a) Description		n 990, Part	IV, line 11d S		
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered in the organization and the complete in the organization answered in the organization and the organizat	on .				(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description  amm (b) must equal Form 990, Part X, col (B) line 15	on .		 n 990, Part I		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X	Other Assets. Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column Part X  1) Federal (1)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Fotal. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Fotal. (Column Part X  1) Federal (1)  2)  3)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (1)  2)  3)  4)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
9)  Total. (Column Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column Part X  1) Federal (  2)  3)  4)  5)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
(9)  Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X  1.	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value
Fotal. (Colum Part IX 1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization of See Form 990, Part X, line 25.  (a) Description of liability	on .	es' on Forr	 n 990, Part I		(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b 775.770 b 2c

d 2d

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2e e 3 3 4

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 12,902

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

4b

4c

Add lines **4a** and **4b** . . . . . . . .

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

b c

5

Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2018

Part XI

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2a

2b

2c

2d

4a

4b

Explanation

2a

-107.922

775,770

12,902

2e

3

4c

5

Page 4

5,536,217

667,848

12,902

4,881,271

5,521,390

775,770

12,902

4.758.522

Schedule D (Form 990) 2018

4,745,620

4,868,369

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

Software ID: 18007218
Software Version: 2018v3.1

EIN: 92-0034754

Name: Alaska Legal Services Corporation

## Supplemental Information

Board

Return Reference	Explanation
	Funds are managed by Merrill Lynch, and earnings from the endowment fund will not be disbursed until the total amount of the fund reaches one million dollars, unless in the sole discretion of the members of the ALSC Board of Directors, disbursements are necessary to ach

Supple	olemental Information	
	Return Reference	Explanation
Part X	FIN48 Footnote	ALSC qualifies for exemption from federal income taxes under Section 501(c)(3) of the Inte rnal Revenue Code ALSC also qualifies for exemption from Alaska income taxes, and therefo re, has made no provision in its financial statements for federal and state income taxes. In addition, ALSC has been determined by the Internal Revenue Service not to be a "Private Foundation" within the meaning of Section 509(a) of the Internal Revenue Code ALSC is an initially required to file a Return of Organization Exempt from Income Tax (Form 990) with the EIRS ALSC applies the provisions of Topic 740 of the FASB Accounting Standards Codification relating to accounting for uncertainty in income taxes and annually reviews its tax positions taken in accordance with the recognition standards. ALSC believes that it has no uncertain tax positions which would require disclosure or adjustment in these financial statements. With few exceptions, ALSC is no longer subject to income tax examinations by the U.S. federal, foreign, state or local tax authorities for years before 2015.

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493308010979
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to sp Form 990 or 990-EZ or to provide any additiona  Attach to Form 990 or 990-EZ.	ecific questions on al information.	OMB No 1545-0047  2018  Open to Public Inspection
Name Betherorganization Alaska Legal Services Corporation  92-0034754  990 Schedule O, Supplemental Information			fication number
Return Reference	Explanation		
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Other Program Services include US Department of Interior, US De partment of Justice, US Department of Housing and Urban Development, Corporation for Commu nity and National Service, AK Department of Health and Social Services, Alaska Court Syste m, Alaska Housing Finance Corporation, Alaska Mental Health Trust Authority, City of Ketch ikan, Ketchikan Gateway Borough, North Slope Borough, Matanuska-Susitna Borough, Alaska Ba r Foundation, Bristol Bay Native Association, Association of Village Council Presidents, J uneau Community Foundation, Tanana Chiefs Conference, Maniilaq Association, Partners in Ju stice Campaign and others		

# 990 Schedule O, Supplemental Information Return Explanation

Reference

r board members when it is completed

Process

Form 990,
Part VI, Line
11b Form
990 Review

The CFO goes through and makes sure the numbers tie to the audited financial statements, then passes it on to the Executive Director to verify the procedural and case statistical parts of the return. They together discuss any possible changes and forward any necessary revisions to the preparer. The final Form 990 and attachments will be distributed to regular.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

	Form 990,	Board members are required to sign a form disclosing any potential conflict of interests annually	
	Part VI, Line		
	12c		
	Explanation		
	of Monitoring		
	and		
	Enforcement		
ı	of Conflicts		

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The salary for the chief operating officer (Executive Director) and the chief financial of ficer (Controller) is set by the board of directors. The salary scales are reviewed yearly and adjusted by the board as budget allows. Salaries are compared to comparable positions for State of Alaska employees and based on experience and performance. Anything more than a one-step jump is approved by the board.

# 990 Schedule O, Supplemental Information

Reference	Explanation
Review and Approval Process for Officers and	The salary for the chief operating officer (Executive Director) and the chief financial of ficer (Controller) is set by the board of directors. The salary scales are reviewed yearly and adjusted by the board as budget allows. Salaries are compared to comparable positions for State of Alaska employees and based on experience and performance. Anything more than a one-step jump is approved by the board.

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# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The governing documents, Conflict of Interest Policy, and financial statements of the organization are available for inspection upon request at our office during regular business hours. In addition, the 990 and the financial statements are both posted to the organization's website (www alsc-law org)