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Or call the IRS Identity Theft Hotline at 1-800-908-4490



Part III Statement of Program Service Accomplishments (See Instructions)		N/A	Expenses	
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30	----- ----- ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32	Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Katti Esp PO Box 1142 Bellingham, WA 98227-1142	President 0	0.	0.	0.
Betsy Brinson PO Box 1142 Bellingham, WA 98227-1142	Vice President 0	0.	0.	0.
Rob Kelly PO Box 1142 Bellingham, WA 98227-1142	Secretary 0	0.	0.	0.
Dennis Williams PO Box 1142 Bellingham, WA 98227-1142	Treasurer 0	0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions)	See Statement 3	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmnt.)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		0.
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If 'Yes,' attach the sch specified in the in 38 instructions and enter the amount involved	38b		N/A
39 501(c)(7) organizations Enter:			
a Initiation fees and capital contributions included on line 9	39a		N/A
b Gross receipts, included on line 9, for public use of club facilities	39b		N/A
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation	40b		N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter amount of tax on line 40c reimbursed by the organization			0.

Part V Other Information (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ Dennis Williams Telephone no ▶ _____
 Located at ▶ PO Box 1142, Bellingham WA ZIP + 4 ▶ 98227-1142

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If 'Yes,' enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: ▶ _____

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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.

Please Sign Here

▶ Dennis R. Williams Signature of officer 12/28/09 Date ▶ Dennis R. Williams, Treas Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [Signature], CPA Date 12.19.09 Check if self-employed N/A Preparer's SSN or PTIN (See General Instruction W) N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Scott A Davis, CPA
 ▶ 103 E Holly, Suite 401
 ▶ Bellingham, WA 98225 EIN ▶ N/A Phone no ▶ (360) 647-1200

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Newsletter Advertising	\$ 2,362.
Total	<u>\$ 2,362.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Annual license renewal	\$ 10.
CLE	1,734.
Honorarium	420.
Law advocates	17,484.
Law library	6,000.
Meetings	850.
Misc	1,897.
Mock trial support	1,000.
Teen court support	1,000.
Total	<u>\$ 30,395.</u>

Statement 3
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No