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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation) ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than 500,000 and total assets less than 1,250,000 at the end of the year may use this form

2009

OMB No 1545-1150

DLN: 93492228023290

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the		organization may have to use a copy of tax year beginning 01-01-2009	this return to satisf		juirement.	s,			
		applicable	C Name of organization			D Empl	oyer id	dentification number		
_		ss change Please use IRS WASHINGTON ATTORNEYS ASSISTING COMMUNITY ORGANIZATIONS						32-0098070		
	ame ch	nrint or	Number and street (or P O box, if mail	is not delivered to stree	t address) Room/suite	E Teleph				
_	ntıal ret	type.	PO Box 2134				(866) 288-9695		
_	erminat mended	Specific	City or town, state or country, and ZIP +	4		F Group	Exem	otion		
_		Instruc- on pending tions.	Seattle, WA 981112134			Numb		F		
	, p. 1 1 1 1 1 1 1 1					J.,	_			
♦ Se	ction		ons and 4947(a)(1) nonexempt cha mpleted Schedule A (Form 990 or 9		G Accounting m Other (specif		Cas	sh Accrual		
T 14/	shait a	:► www waaco org			H Check ►	ıf the	organ	ızatıon		
			ne)— 501(c) (3) ◀(insert no) 49	47(a)(1) or Γ 527	is not requi			0 F7 000 PF)		
		_	is not a section 509(a)(3) supporting					O-EZ, or 990-PF)		
			n 990 return is not required, but if th							
			etermine gross receipts, if \$500,000 or more			► \$		33,346		
Pa	rt I		nses, and Changes in Net As	sets or Fund Ba	lances (See the	ınstructio	ns fo	•		
	1		rants, and similar amounts received			.	1	27,993		
	2		nue including government fees and c	ontracts		.	2	5,070		
	3	Membership dues and	assessments			.	3	0		
	4	Investment income				.	4	283		
	5a	Gross amount from sa	le of assets other than inventory		5a	0				
Ę	ь	Less cost or other ba	sis and sales expenses		5b	0				
Revenue	C	• •	le of assets other than inventory (Su		•		5c	0		
œ	6	check here 🕨	tivities (complete applicable parts o	ofSchedule G) If an	y amount is from g .	aming,				
	a	Gross revenue (not inc	cluding \$ <u>0</u> of contributions		1 1					
		reported on line 1)			6a	0				
	ь	Less direct expenses	other than fundraising expenses		6b	0				
	c	Net income or (loss) fi	rom special events and activities (S	ubtract line 6b from	line 6a)	. [6с	0		
	7a	Gross sales of invento	ory, less returns and allowances		7a	0				
	ь	Less cost of goods so	old		7b	0				
	C	Gross profit or (loss) f	from sales of inventory (Subtract line	e 7 b from line 7 a)			7c	0		
	8	Other revenue (descri	be -)	8	0		
	9	Total revenue. Add lin	es 1, 2, 3, 4, 5c, 6c, 7c, and 8			>	9	33,346		
	10	Grants and similar am	ounts paid (attach schedule) .				10	0		
	11	Benefits paid to or for	members			. [11	0		
	12	Salaries, other compe	nsation, and employee benefits .			[12	24,139		
ς 9.	13	Professional fees and	other payments to independent cont	tractors		[13	3,500		
Expenses	14	Occupancy, rent, utilit	ties, and maintenance			[14	644		
<u>~</u>	15		· • · · · · · · · · · · · · · · · · · ·			. [15	579		
	16	Other expenses (desc)	16	13,966		
	17	Total expenses. Add I	nes 10 through 16			>	17	42,828		
<u> </u>	18	Excess or (deficit) for	the year (Subtract line 17 from line	9)		. [18	-9,482		
Net.Assets	19	Net assets or fund bal	ances at beginning of year (from line	27, column (A)) (n	nust agree with					
er A		end-of-year figure rep	orted on prior year's return) .			. [19	40,055		
ž	20	Other changes in net a	assets or fund balances (attach exp	lanation)		. [20	0		
	21	Net assets or fund bal	ances at end of year Combine lines	18 through 20		►	21	30,573		
Pa	rt II	Balance Sheets-	—If Total assets on line 25, column	(B) are \$1,250,000	or more, file Form	990 inst	ead o	f Form 990-EZ		
		(See th	ne instructions for Part II)	Г	(A) Beginning of ye	ear	(B) End of year		
22	Cash	savings, and investme,		⊢		,055 22	T -	30,573		
		and buildings				0 23		0		
		_		<u> </u>		0 24		0		
		assets		 ′	40	,055 25		30,573		
		liabilities (describe		, -		0 26	+	,		

30,573

40,055

27

Part III Statement of Program	<u>Service Accomplishn</u>	nents (See the instruction	ns for Part III)		Expenses
What is the organization's primary exempt	purpose?			1 '	uired for section 501
Promote community development and capa	ıcıty buıldıng			1 ' ' '	3) and 501(c)(4)
Describe what was achieved in carrying ou describe the services provided, the numbe program title	organizations and section 4947(a)(1) trusts, optional for others)				
28 Community Capacity Building programs attorneys who serve nonprofit organization (Grants \$ 0) If thi	•	ıl .	Ū	28a	789
29 Community Capacity Building programs attorneys who assist with business legal is (Grants \$ 0)			•	29a	34,690
30	g		<u> </u>	294	34,030
(Grants \$) If the	s amount includes foreign (grants, check here .	▶┌	30a	
31 O ther program services (attach schedu (Grants \$) If thi	le) s amount includes foreign (grants, check here	▶┌	31a	
32 Total program service expenses (add lin	es 28a through 31a) .		. ►	32	35,47
Part IV List of Officers, Directors, Tru	stees, and Key Employees.	List each one even if not co	mpensated (See the ins	structions	for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances

	!			l l	 1
b	Gross receipts, included on line 9, for public use of club facilities	39b			
10a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during	ng the	year under		
	section 4911 \blacktriangleright 0 , section 4912 \blacktriangleright 0 , section 4955	▶	0		
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any sect transaction during the year or is it aware that it engaged in an excess benefit transaction in a prior year, and that the transaction has not been reported on any of the o 990 or 990-EZ? If "Yes," complete Schedule L, Part I	ction v	with a disqualified zation's prior Forms	40Ь	No
С	Section $501(c)(3)$ and $501(c)(4)$ organizations. Enter amount of tax imposed on organisqualified persons during the year under sections $4912,4955$, and 4958		=	0	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein organization	nburse	ed by the O	_	
е	All organizations. At any time during the tax year, was the organization a party to a pr transaction? If "Yes," complete Form 8886-T			40e	Νo
41	List the states with which a copy of this return is filed				

Located at 🟲 Bellevue, WA ZIP + 4 🕨 98004

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, Report of Foreign Bank and

Financial Accounts. 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 ▶__

Section 501(c)(7) organizations. Enter

42a The organization's books are in care of 🟲 Jason Kuzma

10885 NE 4th Street

Suite 700

a Initiation fees and capital contributions included on line 9

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

Did the organization maintain any donor advised funds? If "Yes". Form 990 must be completed instead of Form 990-EZ.

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.

Yes

No

Νo

Telephone no (425) 635-1400

42b

42c

	t VI	All section 501(c)(3) organ 46-49b and complete the	nizations and section 4	947(a)(1) nonexem	-			-	stions
46	Dıd the	e organization engage in direct	or indirect political campa	aign activities on behal	f of or in opp	osition to		Yes	No
	candid	ates for public office? If "Yes,"	complete Schedule C, Pa	rt I			46		N o
47	7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								N o
48	48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								N o
49a	Dıd the	e organization make any transfe	ers to an exempt non-cha	ritable related organiza	tion?		49a		Νο
b	If"Yes	," was the related organization	a section 527 organization	on?			49Ь		
		ete this table for the organization							
(a) N		nd address of each employee more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee	tributions to benefit plans & compensation	ac) Exper count a rallowa	nd
NONE	<u> </u>								
						_			
51	Comple of com	ete this table for the organization	on's five highest compens n Ifthere is none, enter "	None "	T				
51	Comple of com (a) Nar	ete this table for the organization	on's five highest compens n Ifthere is none, enter "	None "	T	each received m		an \$100 ompen	
51	Comple of com (a) Nar	ete this table for the organization pensation from the organization	on's five highest compens n Ifthere is none, enter "	None "	T				
51	Comple of com (a) Nar	ete this table for the organization pensation from the organization	on's five highest compens n Ifthere is none, enter "	None "	T				
51	Comple of com (a) Nar	ete this table for the organization pensation from the organization	on's five highest compens n Ifthere is none, enter "	None "	T				
51	Comple of com (a) Nar	ete this table for the organization pensation from the organization	on's five highest compens n Ifthere is none, enter "	None "	T				
51	Comple of com (a) Nar	ete this table for the organization pensation from the organization	on's five highest compens n Ifthere is none, enter "	None "	T				
51 NONE	Comple of com (a) Nar	ete this table for the organization pensation from the organization	on's five highest compens If there is none, enter " Indent contractor paid mor	None " Te than \$100,000	T				
51 (d)	Comple of com (a) Nar	ete this table for the organization pensation from the organization me and address of each indeper	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving	None " The than \$100,000 The over \$100,000	(b) Type	e of service	(c) C	ompen:	sation
51 NONE	Comple of com (a) Nar	ete this table for the organization pensation from the organization me and address of each independent of other independent of Under penalties of perjury, I declare t	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving	None " The than \$100,000 The over \$100,000	(b) Type	e of service atements, and to the on of which prepare	(c) C	ompen:	sation
51(d) Pleas Sign Here	Comple of complete of co	number of other independent culture penalties of perguny, I declare the and belief, it is true, correct, and com	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving	none " g over \$100,000 no, including accompanying softher than officer) is based te Chesel	chedules and ston all information Date	e of service atements, and to the on of which prepare	(c) C	ompen:	sation
51(d) Pleas	Comple of complete of co	number of other independent of and belief, it is true, correct, and com Signature of officer Jason Kuzma Treasurer Type or print name and title	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving hat I have examined this return plete Declaration of preparer (none " g over \$100,000 no, including accompanying softher than officer) is based te Chesel	chedules and ston all information 2010-0 Date	atements, and to thon of which prepare	(c) C	ompen:	sation

WASHINGTON ATTORNEYS ASSISTING COMMUNITY ORGANIZATIONS

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

Name of the organization

Public Charity Status and Public Support

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

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

Inspection Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in		Did you notify the Is organization in col (i) of your col (i) of		(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	u cnecked the	box on line 5, i	7, or 8 of Part 1	.)			
	ection A. Public Support endar year (or fiscal year beginning	(-) 200F	(1-) 2006	(-) 2007	(4) 2000	/-\ 2		/6) T - t - l
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	30,170	22,450	37,924	35,465		27,993	154,002
	include any "unusual grants ")							
2	Tax revenues levied for the							
_	organization's benefit and either			0	o			0
	paid to or expended on its	· ·	1	1				Ü
	behalf						\longrightarrow	
3	The value of services or facilities furnished by a governmental unit to			0	0			0
	the organization without charge	· ·	1	Ί				V
4	Total. Add lines 1 through 3	30,170	22,450	37,924	35,465		27,993	154,002
5	The portion of total contributions by							_
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							154.003
	line 4							154,002
	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
_	in)	30,170	167	37,924	35,465		27,993	154,002
7	A mounts from line 4	30,170	107	37,924	33,403		27,993	134,002
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties	О	167	187	756		283	1,393
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or	0	0	0	0		0	0
	not the business is regularly carried on							
10	Other income (Explain in Part							
	IV) Do not include gain or loss	250	980	4,124	5,965		5,070	16,389
	from the sale of capital assets							
11	Total support (Add lines 7							171,784
12	through 10) Gross receipts from related activities	as ats (Saa insti	rustions)			1 42 1		
						12		
13	First Five Years If the Form 990 is f	for the organization	on's first, second	, third, fourth, or f	ıfth tax year as a !	501(c)(3	3) organiz	ation, ▶Г
	check this box and stop here							-1
S	ection C. Computation of Pub	lic Support P	ercentage					
14	Public Support Percentage for 2009			11 column (f))		14		89 649 %
15	Public Support Percentage for 2008	-				15		
					14 22 4/20/			33 571 %
тоа	33 1/3% support test—2009. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more	., cneck tr	TIS DOX ►▼
ь	33 1/3% support test—2008. If the				a. and line 15 is 3	3 1/3%	or more.	
	box and stop here. The organization	-			•	·	,	▶ ┌
17a	10%-facts-and-circumstances test-	-						
	is 10% or more, and if the organizat							
	in Part IV how the organization mee organization	ts tne "tacts and	circumstances"	test The organiza	ation qualifies as a	a publicl	y support	ed ▶□
Ь	10%-facts-and-circumstances test-	-2008. If the oras	anization did not d	heck a box on lin	e 13.16a.16h o	r 17a an	ıd line	-1
-	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat							_
	supported organization							► □
18	Private Foundation If the organizati	on did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	oox and	see	▶ □
	ınstructions							

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include 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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	Part III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests-2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. T					·
	· · · · · · · · · · · · · · · · · · ·	• [10		1,004
ь	33 1/3% support tests—2008. If the	organization di	a not check a box	on line 14 or line	e 19a, and line 16	o is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

:	Schedule A (Fo	rm 990 or 990-EZ) 2009	Pa
	Part IV	Supplemental Information. Supplemental Information. Complete this part required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide	•
		information. See instructions	

	Explanation					
ncome from provision of workshops and seminars						

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 32-0098070

Name: WASHINGTON ATTORNEYS ASSISTING COMMUNITY

ORGANIZATIONS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
Ann Merryfield PO Box 2134 Seattle, WA 981112134	Program Manager 20 00	24,139	0	0
Margaret Barbier 600 University Ave Suite 3600 Seattle, WA 98101	Director 1 00	0	0	0
Sean Croman 701 Fifth Ave Suite 5100 Seattle, WA 98104	Director 1 00	0	0	0
Carolyn Cunningham 148 NE 53rd Street Seattle, WA 98105	Director 1 00	0	0	0
Derek Crick 925 Fourth Ave Suite 2900 Seattle, WA 98104	Director 1 00	0	0	0
Byron Dailey 701 Fifth Ave Suite 700 Seattle, WA 98104	Director 1 00	0	0	0
Megan Fogel 1420 Fifth Ave Suite 4500 Seattle, WA 98154	Director 1 00	0	0	0
Andrew Kashyap 101 Yesler Way Suite 300 Seattle, WA 98104	Director and Vice President 3 00	0	0	0
Julia Kellison 401 Second Ave S Suite 407 Seattle, WA 98104	Director 1 00	0	0	0
Jason Kuzma 10885 NE 4th Street Suite 700 Bellevue, WA 98004	Director and Treasurer 3 00	0	0	0
Erin Joyce Letey 1001 Fourth Ave Suite 4500 Seattle, WA 98154	Director and President 5 00	0	0	0
Jeanette Lodwig 1201 Third Ave Suite 2200 Seattle, WA 98101	Director and Secretary 3 00	0	0	0
Pradeepta Upadhyay 1618 S Lane St Suite 201 Seattle, WA 98144	Director 1 00	0	0	0
Jamal Whitehead 1191 Second Ave 18th Floor Seattle, WA 98101	Director 1 00	0	0	0

TY 2009 Other Expenses Schedule

Name: WASHINGTON ATTORNEYS ASSISTING COMMUNITY

ORGANIZATIONS

EIN: 32-0098070

Software ID: 09000073

Software Version: v1.00

Description	Amount
Computer and software expenses	99
Conference and travel expenses	30
Continuing legal education workshop expenses	789
Google transaction fees	42
Insurance	1,875
Licenses and permits	110
Miscelleneous office expenses	632
Payroll processing fees	1,212
Payroll taxes	4,903
Volunteer recognition	56
Website updates and improvements	3,788
Washington State Bar Association dues	430