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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: STATE LAW RESOURCES INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 3512 CARLTON SQUARE PLACE
City or town, state or country, and ZIP + 4: RALEIGH, NC 27612

D Employer identification number: 56-2121966
E Telephone number: (919) 788-9342
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual
Other (specify)

I Website: WWW.STATELAW.ORG

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 214,335

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 214,335. Expenses total: 201,837. Net Assets total: 57,005.

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 44,507. Total liabilities: 0. Net assets or fund balances: 57,005.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
 TO ORGANIZE AND CONDUCT SEMINARS AND MEETINGS OF THE MEMBERS TO PROVIDE A BETTER UNDERSTANDING OF THE PROBLEMS FACING THE STATE GOVERNMENT AFFAIRS CLIENTS OF THE INDIVIDUAL MEMBERS TO PROVIDE A FORUM FOR THE DISCUSSION OF PROBLEMS AND TO EXCHANGE IDEAS AND MUTUAL ASSISTANCE WITH RESPECT TO SERVING STATE GOVERNMENT AFFAIRS CLIENTS TO PROMOTE THE BENEFITS OF WORKING WITH EXPERIENCED STATE GOVERNMENT AFFAIR PROFESSIONALS WHO ARE IN A MULTI-STATE NETWORK

Expenses
 (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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, and other relevant information for each program title

28 THE REFERRAL NETWORK OF THE NON-PROFIT ORGANIZATION PROVIDES EDUCATIONAL OPPORTUNITIES THROUGH INTERACTION WITH OTHER LAWYERS AND CLIENTS THE ORGANIZATION HOLDS TWO MEETINGS PER YEAR WHERE AN AVERAGE OF 45 LAWYERS FROM MEMBER FIRMS, AS WELL AS 4 TO 8 CLIENTS, MEET DURING TWO DAYS AND INTERACT WITH THEIR PEERS
 (Grants \$ 0) If this amount includes foreign grants, check here **28a** 0

29
 (Grants \$) If this amount includes foreign grants, check here **29a**

30
 (Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (attach schedule)
 (Grants \$) If this amount includes foreign grants, check here **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 the instructions 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 to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text" value="0"/>		
37b	Did the organization file Form 1120-POL for this year?		
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 outstanding at the end of the period covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> GRADY RANKIN Telephone no <input type="checkbox"/> (919) 788-9342 3512 CARLTON SQUARE PL Located at <input type="checkbox"/> RALEIGH, NC ZIP + 4 <input type="checkbox"/> 27612		
42b	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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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 <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 <input type="text"/>		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
45	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.		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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.

Signature of officer: ***** Date: 2010-08-19

Type or print name and title: Sandra Rankin VICE-PRESIDENT

Paid Preparer's Use Only

Preparer's signature: Gwen Vass Date: 2010-08-19 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: WILLIAMS OVERMAN PIERCE LLP PO BOX 31823 RALEIGH, NC 276221823

Preparer's identifying number (See instructions): EIN: Phone no: (919) 782-3444

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:
Software Version:
EIN: 56-2121966
Name: STATE LAW RESOURCES INC

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
R GRADY RANKIN 3512 carlton square place raleigh, NC 27612	PRESIDENT 1 00	0	0	0
SANDRA S RANKIN 3512 carlton square place Raleigh, NC 27612	VICE PRESIDENT 1 00	39,500	0	0
KEVIN MURRAY 3512 carlton square place raleigh, NC 27612	SECRETARY 1 00	0	0	0
PETE ELLSWORTH 3512 carlton square place raleigh, NC 27612	TREASURER 1 00	0	0	0
PAUL COSGROVE 3512 carlton square place raleigh, NC 27612	CHAIR 1 00	0	0	0
TOM FORBES 3512 carlton square place raleigh, NC 27612	VICE CHAIR 1 00	0	0	0
TOM HNASKO 3512 carlton square place raleigh, NC 27612	IMMEDIATE PAST CHAIR 1 00	0	0	0
STEVE MORGAN 3512 carlton square place raleigh, NC 27612	AUDIT COMMITTEE CHAIR 1 00	0	0	0
BOB STOCKER 3512 carlton square place raleigh, NC 27612	ASSISTANT TREASURER 1 00	0	0	0
DENISE DRAGOO 3512 carlton square place raleigh, NC 27612	MEMBER 1 00	0	0	0
ANDREW WHITEHEAD 3512 carlton square place raleigh, NC 27612	MEMBER 1 00	0	0	0
TOM PAESE 3512 carlton square place raleigh, NC 27612	MEMBER 1 00	0	0	0
PECK FOX 3512 carlton square place raleigh, NC 27612	MEMBER 1 00	0	0	0
DAVID KRAMER 3512 carlton square place raleigh, NC 27612	MEMBER 1 00	0	0	0
JOHN KNAPP 3512 carlton square place raleigh, NC 27612	MEMBER 1 00	0	0	0
JANE MURPHY 3512 carlton square place Raleigh, NC 27612	MEMBER 1 00	0	0	0
JOEL GILBERTSON 3512 carlton square place Raleigh, NC 27612	MEMBER 1 00	0	0	0

TY 2009 Other Expenses Schedule**Name:** STATE LAW RESOURCES INC**EIN:** 56-2121966

Description	Amount
TRAVEL	3,147
CONFERENCES & MEETINGS	62,865
DUES & SUBSCRIPTIONS	752
MARKETING	18,833
BOARD/CHAIRMAN'S EXPENSE	8,034
MISCELLANEOUS	6,289
Association Management fee	44,500

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: STATE LAW RESOURCES INC

EIN: 56-2121966

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.