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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

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

Open to Public

Inspection

A	For the 2009 calendar year, or tax year beginning $6/01$, 2009, and ending $5/31$, 2010							
В	Check if applicable C D Em	ployer identification number							
		1-1039776							
		Telephone number							
-	Initial return type BELLINGHAM, WA 98225	60-738-2803							
 	Termination Specific Specific								
	American Itions.	oup Exemption imber							
	• 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 metho Other (specify) ▶	d Cash X Accrual							
		the organization is not							
I	000 E7 az 000 DE	Schedule B (Form 990,							
<u>J</u>	Tax-exempt status (check only one) $= \frac{ X }{301(c)} \left(\frac{S}{S}\right) = \frac{4347(a)(1)}{11361(10)} = \frac{1327}{11361(10)}$	<u> </u>							
K	Check [In 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	▶ \$ 299,585.							
P	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instr	ructions for Part I.)							
	1 Contributions, gifts, grants, and similar amounts received	1 71,740.							
	2 Program service (evanue including government fees and contracts	2							
	3 Membership ettes and assessments	3 6,000.							
	4 Investment income	4 7,386.							
	5a Gross amount from salf of assets other than inventory 5a								
_	b Less: cost or other basis and sales expenses	6.							
REVENU	c Gain or (loss)-from-sale-of-assets other than inventory (Subtract in 5b from in 5a) 6 Special events and descripting a complete applicable parts of Schedule G) If any amount is from gaming, check here	5c							
Ě									
ŭ	a Gress-revenue (not including \$ 12,834. of contributions reported on line 1) 6a 63,293.								
E									
	b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 46,537.							
	7a Gross sales of inventory, less returns and allowances 7a 151, 045.	40,337.							
	b Less cost of goods sold 7b								
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 151,045.							
	8 Other revenue (describe ►	8 121.							
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 282,829.							
_	10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10 33,235.							
	11 Benefits paid to or for members	11							
E	12 Salaries, other compensation, and employee benefits	12							
X P E N	13 Professional fees and other payments to independent contractors	13 9,975.							
Ñ S	14 Occupancy, rent, utilities, and maintenance	14 89,518.							
Ĕ	15 Printing, publications, postage, and shipping	· 15							
3	16 Other expenses (describe ► SEE STATEMENT 2	16 125, 439.							
	17 Total expenses. Add lines 10 through 16	17 258, 167.							
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 24,662.							
N S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	19 274,260.							
N S E E	figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation)	20							
S	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 298, 922.							
P	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instea								
نــنا	(See the instructions for Part II.) (A) Beginning of year								
2	2 Cash, savings, and investments 232,090	. 22 254,328.							
2		23							
24		. 24 54,390.							
25									
	5 Total liabilities (describe SEE STATEMENT 4) 8,987								
27	7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 274, 260	. 27 298, 922.							

	990-EZ (2009) ASSISTANCE LEAG				<u>-103</u>	39776 <u>Page 2</u>
	till Statement of Program Se		s (See the instructi	ons.)	(Ban	Expenses
What i	s the organization's primary exempt purpose? SEI	E STATEMENT 5	 		5018	c)(3) and (4)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo persons benefited, or other re	oses. In a clear and con elevant information for e	cise manner, each	orga 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
progr	am title	,			for o	thérs)
28	SEE STATEMENT 6				ļ	
					ļ	
		is amount includes foreign gra		>	28 a	131,442.
29	ENRICHMENT SCHOLARSHIPS A					
	BELLINGHAM AND WHATCOM CO	UNTY AREA ON A YEA	RLY BASIS. 47			
	SCHOLARSHIPS WERE AWARDED					
	(Grants \$) If th	is amount includes foreign gra	ants, check here	▶ □	29 a	30,011.
30	SEE STATEMENT 7					
]	
		is amount includes foreign gr	ants, check here	▶	30 a	4,486.
31	Other program services (attach schedule	SEE STATEMENT 8				
	(Grants \$) If th	is amount includes foreign gr	ants, check here	>	31 a	3,441.
	Total program service expenses (add line			<u> </u>	32	169,380.
Par	IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla	to	(e) Expense account and other allowances
	(a) Name and address	to position	not para, enter -0)	deferred compensa	ition	and other allowances
			-			
SEE	STATEMENT 9		0.		0.	0.
<u> </u>	OTHER MAY 9					
	· · · · · · · · · · · · · · · · · · ·					
						
	: :==========					
			_			

Form	990-EZ (2009) ASSISTANCE LEAGUE OF BELLINGHAM, WA 91-103977	6	Р	age 3
Par	Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEM	ENT	10
			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		Х
34	Were any changes made to the organizing or governing documents? 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, 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			
	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? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	336		
	year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	3 7 b		Х
38 a	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?	38 a		Х
b	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities. 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. 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	40 b		<u> </u>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed WA			
42 a	The organization's books are in care of ► ROSEMARY SELVER Telephone no ► (360)	738	-280	3
	Located at ► 1322 CORNWALL AVE BELLINGHAM WA ZIP + 4 ► 98225		_=	<u> </u>
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:	42b	Yes	No X
			1	
			I	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		I	
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	ı	- □	N/A
73	and enter the amount of tax-exempt interest received or accrued during the tax year		_	N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
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	45		
BAA		rm 990	-EZ (

•				
form 990-F7 (2009)	ASSISTANCE	LEAGUE OF	BELLINGHAM	WA

91-1039776

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Part-VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 4947 ction 4947(a)(1) no s for lines 50 and 5	7(a)(1) nonexemponexempt charita	ot charitable trusts onl ble trusts must answer	y. All sed question	ction ns	
46 Did t	he organization engage in direct or indirec	t political campaign act	ivities on behalf of or	in opposition to candidates	Y		No.
•	ublic office? If 'Yes,' complete Schedule C	·		• •	46		<u>X</u> _
	he organization engage in lobbying activiti		•		47	_	<u>X</u> _
	e organization a school as described in se		•	edule E	48		<u>X</u>
	he organization make any transfers to an	•	elated organization?		49 a	- -	<u>X</u> _
b It 'Ye	es,' was the related organization a section	527 organization?			49 b		
50 Com empl	plete this table for the organization's five houses) who each received more than \$10	0,000 of compensation f	rom the organization.	If there is none, enter 'None	<u>,'</u>		
(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 and deferred compensation	(e) Exper account a other allowa	and	
NONE							
				1			_
							_
				 			
51 Comp	plete this table for the organization's five to pensation from the organization. If there is	nighest compensated ind none, enter 'None '	dependent contractors	s who each received more th	an \$100,00	0 of	
NONE	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compen	sation	_
							—
d Total	number of other independent contractors	each receiving over \$10	00,000	<u> </u>			_
Sign	Under penalties of pergray, declare that I have examinue, correct and consolete Declaration of preparer (nined this return, including according the other than officer) is based on	ompanying schedules and sta all information of which prep	atements, and to the best of my know arer has any knowledge	rledge and beli	ef, it is	
Here	Signature of office Signat	SELVER -	TREASURER	Date			_
Paid Pre-	Preparer's signature AMM	LGA	Date /0 -4 - /	Check if Self (See in M/A)	rer's Identifyin nstructions)	Numbe	∌r
parer's		INC. P.S.					
Üse	yours if self employed), 1015 DUPONT ST			EIN ► N/	'A		
Only	address, and ZIP + 4 BELLINGHAM, WA	98225-3111		Phone no ► (360)	733-57	95	_
May the IR	S discuss this return with the preparer sho	own above? See instruc	tions		X Yes S Form 990-E	No Z (20)	_

SCHEDULE A (Form.990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

lame	of th	e organization							Employe	r identifica	ation number
ASS	IS	TANCE LEAGUE	OF BELLINGHAM	1, WA					91-1	03977	6
Par	ŧ I	Reason for Pu	ıblic Charity Statı	us (All organizations	s must	compl	ete th	is part	.) See	instru	ctions
The o	orga	inization is not a priv	vate foundation becau	se it is. (For lines 1 throu	igh 11, c	heck on	ly one b	ox.)			
1	Γ	A church, conventi	on of churches or ass	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).			
2	Г	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	:)						
3		A hospital or coope	erative hospital service	e organization described i	n sectio	n 170(b	х1хахіі	ii).			
4		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.									
5		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.)									
6	L			governmental unit describ							
7	L	in section 170(b)(1))(A)(vi). (Complete Pa	•		•	ernmen	tal unit	or from	the gen	eral public described
8	느	A community trust	described in section 1	1 70(b)(1)(A)(vi). (Complete	e Part II	.)					
9	X	from activities relat investment income	ted to its exempt funct	(1) more than 33-1/3 % of tions — subject to certain ss taxable income (less s omplete Part III.)	exception	ons, and	(2) no i	more th	an 33-1/	'3 % of ı	ts support from gross
10	\Box			exclusively to test for put	olic safe	tv. See	section	509(a)(4	D.		
11		An organization org	ganized and operated orted organizations d	exclusively for the benefi escribed in section 509(a	t of, to p	oerform ection 5	the func 09(a)(2)	tions of	or carr	y out the	e purposes of one or . Check the box that
				ation and complete lines		-					
	_	аТуре	b Type II		l – Fund	,	-			d [_]	Type III— Other
е		By checking this both than foundation ma 509(a)(2).	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	ed direct pported	ly or ind organiz	irectly b ations d	y one o escribe	r more o d in sect	disqualifi tion 509(led persons other (a)(1) or section
f		If the organization check this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II	or Type	III supp	orting oi	rganization,
g		Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition froi	n any o	f the fol	lowing p	ersons?	,
											Yes No
		(i) a person who below, the go	odirectly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)
h		Provide the following	ng information about tl	he supported organization	าร.						
	(i	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	ls the ion in col I in your erning ment?	the organ	ou notify ization in (i) of ipport?	organizati	s the ion in col zed in the S ?	(vii) Amount of Support
					Yes	No	Yes	No	Yes	No	
				, and the second							
											
otal			l		1	l		l	l		1

	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4					-		_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	_						
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12_		
13	First five years. If the Form 990 organization, check this box and	s for the organiza stop here	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3	i) ► [_
Sec	tion C. Computation of Pu	ıblic Support l	Percentage					
-	Public support percentage for 20	• •	•	e 11, column (f)		14		%
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	9	%
16 <i>a</i>	33-1/3 support test — 2009. If the and stop here. The organization	organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization.	the line 14 is 33-1	/3 % or more, che	eck this box ► [
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box o licly supported or	on line 13, or 16a, ganization.	and line 15 is 33-	1/3% or more, ch	eck this box ► [
17 <i>a</i>	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s test, check this	box and stop here	. Explain in Part I	V how	
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	s' test, check this zation qualifies as	box and stop here a publicly support	. Explain in Part I ed organization.	V how the ►	
18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, <u>1</u> 6b, 17a,				_
3AA	1				So	chedule A (Form !	390 or 990-EZ) 20) 0

Schedule A (Form 990 or 990-EZ) 2009 ASSISTANCE LEAGUE OF BELLINGHAM, WA

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

	(Complete only if you chec	Red the box on in	e 9 of Part I.)				
Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	64,495.	68,276.	62,182.	71,504.	77,740.	344,197.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						822,186.
3	purpose Gross receipts from activities that are not an unrelated trade or business	146,270.	126,513.	152,481.	182,584.	214,338.	
•	under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	210,765.	194,789.	214,663.	254,088.	292,078.	1,166,383.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0	0	0	0.	0	0
	year	0.	0. 0.	0.	0.	<u> </u>	0.
	Add lines 7a and 7b	0.	<u> </u>	···	U.	0.	<u> </u>
8	Public support (Subtract line						1 166 202
	7c from line 6) tion B. Total Support		1				1,166,383.
	IION B. TOTAL SUDDON						
		4.3.0005	#\ 000C	(-) 0007	(-I) 0000	(-) 2000	(6 T-1-1
Caler	idar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9	idar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2005 210, 765.	(b) 2006 194, 789.	(c) 2007 214, 663.	(d) 2008 254, 088.	(e) 2009 292, 078.	(f) Total 1,166,383.
Caler 9	idar year (or fiscal yr beginning in)	210,765.	194,789.	214,663.	254,088.	292,078.	1,166,383.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	210,765. 4,359.	194, 789. 8, 314.	214,663. 10,183.	254,088. 7,255.	292,078. 7,386.	1,166,383. 37,497. 0.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	210,765.	194,789.	214,663.	254,088.	292,078.	1,166,383. 37,497.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	210,765. 4,359.	194, 789. 8, 314.	214,663. 10,183.	254,088. 7,255.	292,078. 7,386.	1,166,383. 37,497. 0.
Caler 9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	210,765. 4,359.	194, 789. 8, 314.	214,663. 10,183.	254,088. 7,255.	292,078. 7,386.	1,166,383. 37,497. 0. 37,497. 0. -126.
Caler 9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add lins 9, 10c, 11, and 12)	4,359. 4,359. 4,359.	8,314. 8,314.	10,183. 10,183.	7,255. 7,255.	7,386. 7,386.	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754.
Caler 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add lins 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and	4,359. 4,359. 483. s for the organizat stop here.	8,314. 8,314. 432. Ion's first, second	10,183. 10,183.	7,255. 7,255.	7,386. 7,386.	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754.
Caler 9 10 a b c 11 12 13 14 Section 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and lion C. Computation of Pu	4,359. 4,359. 483. s for the organizat stop here. blic Support F	194, 789. 8, 314. 8, 314. 432. con's first, second	214,663. 10,183. 10,183. -1,338. , third, fourth, or	7,255. 7,255.	7,386. 7,386. 121.	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754.
Caler 9 10 a b c 11 12 13 14 Sect 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	4,359. 4,359. 4,359. 483. s for the organizat stop here. blic Support F	8, 314. 8, 314. 8, 314. 432. Ion's first, second Percentage (f) divided by line	214,663. 10,183. 10,183. -1,338. , third, fourth, or	7,255. 7,255.	7,386. 7,386. 121. a section 501(c)(3	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754.) ▶ □
Caler 9 10 a b c 11 12 13 14 Sect 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and thon C. Computation of Pu Public support percentage from 20	4,359. 4,359. 4,359. 483. s for the organizat stop here. blic Support F 09 (line 8, column 2008 Schedule A, 1	8,314. 8,314. 8,314. 432. Ion's first, second Percentage (f) divided by line Part III, line 15	214, 663. 10, 183. 10, 183. -1, 338. , third, fourth, or	7,255. 7,255.	7,386. 7,386. 121.	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754.
Caler 9 10 a b c 11 12 13 14 Sect 15 16 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage from 20 tion D. Computation of Invitor Interest Intere	4,359. 4,359. 4,359. 4,359. 483. s for the organization here. blic Support Formula of the support of the	8,314. 8,314. 8,314. 432. Ion's first, second Percentage (f) divided by line Part III, line 15 me Percentage	214, 663. 10, 183. 10, 183. -1, 338. , third, fourth, or	254,088. 7,255. 7,255. 176. fifth tax year as a	292,078. 7,386. 7,386. 121. a section 501(c)(3) 15 16	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754. 1,203,754. 96.9% 97.0%
Caler 9 10 a b c 11 12 13 14 Sect 15 16 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add Ins. 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and the computation of Pupublic support percentage from 20 tion D. Computation of Investment income percentage for 20 tion D. Computation of Investment income percentage for	4,359. 4,359. 4,359. 4,359. 4,359. Sofor the organizate stop here. blic Support Formula (100 to 100 t	8,314. 8,314. 8,314. 432. Ion's first, second Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided	214, 663. 10, 183. 10, 183. -1, 338. , third, fourth, or 13, column (f)) by line 13, column	254,088. 7,255. 7,255. 176. fifth tax year as a	292,078. 7,386. 7,386. 121. a section 501(c)(3) 15 16	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754.) 96.9% 97.0% 3.1%
Caler 9 10 a b c 11 12 13 14 Sect 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and the computation of Pupublic support percentage from 20 tion D. Computation of Investment income percentage from Investment Income perce	4,359. 4,359. 4,359. 4,359. 483. s for the organizate stop here. blic Support Formula of the stop here. 2008 Schedule A, formula of the stop here. 2009 (line 10c, com 2008 Schedule of the schedule of the schedule of the stop here.	8,314. 8,314. 8,314. 432. Ion's first, second Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1	214, 663. 10, 183. 10, 183. -1, 338. , third, fourth, or 13, column (f)) by line 13, column 7	254,088. 7,255. 7,255. 176. fifth tax year as a	292,078. 7,386. 7,386. 121. a section 501(c)(3) 15 16 17 18	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754.) ▶ □ 96.9% 97.0% 3.1% 3.0%
Caler 9 10 a b c 11 12 13 14 Sect 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pupublic support percentage from 20 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box	4,359. 4,359. 4,359. 4,359. 4,359. 4,359. Sofor the organization did ox and stop here.	8,314. 8,314. 8,314. 8,314. 432. Ion's first, second Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided A, Part III, line 1 not check the boothe organization of	214, 663. 10, 183. 10, 183. 10, 183. -1, 338. , third, fourth, or 13, column (f)) by line 13, column 7 c on line 14, and qualifies as a pub	7, 255. 7, 255. 176. fifth tax year as a	292,078. 7,386. 7,386. 121. a section 501(c)(3) 15 16 17 18 an 33-1/3%, and ganization	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754.) 96.9% 97.0% 3.1% 3.0% line 17 is not ► X
Caler 9 10 a b c c 11 12 13 14 Sec: 17 18 19 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu Public support percentage from 20 tion D. Computation of Inv Investment income percentage from 33-1/3 support tests — 2009. If the	4,359. 4,359. 4,359. 4,359. 4,359. 4,359. 5 for the organization blic Support Formula (Constant Incompression 2008 Schedule August and Stophere. The organization did this box and stophere. The organization did this box and stophere.	8,314. 8,314. 8,314. 8,314. 100's first, second Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided a A, Part III, line 1 not check the box The organization of not check a box of here. The organiz	10,183. 10,183. 10,183. 10,183. -1,338. -1,338. , third, fourth, or 13, column (f)) by line 13, column 7 c on line 14, and qualifies as a pub on line 14 or 19a, ation qualifies as	254, 088. 7, 255. 7, 255. 176. fifth tax year as a first tax y	292,078. 7,386. 7,386. 121. a section 501(c)(3) 15 16 17 18 an 33-1/3%, and ganization re than 33-1/3%, ied organization	1,166,383. 37,497. 0. 37,497. 0. -126. 1,203,754.) 96.9% 97.0% 3.1% 3.0% line 17 is not ► X

Part IV S	upplemen	tal Inforn	nation. Co	mplete this	part to provide a	vide the expl any other add	anations red	quired by Pa	rt II, line 10	aye 4 ;
	art II, III o	174 01 17	b, and ra	111, 1110 1	2.1 101140 0	arry other day	artional imo	Thation. Occ	- mot dotton	
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BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization						Employer identifica		
ASSISTANCE LEAGUE OF BELI	LINGHAM, W	IA				91-103977	6	
Part I Fundraising Activities. Comple Form 990EZ filers are not requ	ete if the organ uired to comple	ization ans te this par	swered 'Ye t.	es' to Form 990, Part IV	, line 17			
1 Indicate whether the organization r	aised funds thr	ough any	of the follo	wing activities. Check a	ill that a	pply.		
Mail solicitations				Solicitation of non-	governm	ent grants		
Internet and email solicitations				Solicitation of gove	-	-		
Phone solicitations				Special fundraising		9, 4, 110		
├─				Special fulldraising	eventa			
In-person solicitations		_111		l (maliculina afficació diss		ruotona ar kau		
2a Did the organization have written of employees listed in Form 990, Part	r oral agreeme t VII) or entity if	nt with any n connecti	on with pro	ofessional fundraising s	ervices?	rustees or key	Yes No	
b If 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	dividuals or enti e organization.	ities (fundr	aisers) pu	rsuant to agreements u	nder wh	ich the fundrais	er is to be	
		(11) D.4	£	7.0		mount paid to	(ii) Americal to	
(i) Name of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	l (or fundr	retained by) aiser listed in	(vi) Amount paid to (or retained by)	
or entity (turidraiser)	i	of contr	ibutions?	noin activity	col.(i)		organization	
		Yes	No	-				
						_		
						-		
		<u> </u>					· · · · · · · · · · · · · · · · · · ·	
						_		
								
	<u></u>	1	L					
Total			•					
List all states in which the organization licensing.	ation is register	ed or licen	sed to sol	cit funds or has been n	otified it	is exempt from	registration	
			_ _					

1 41	* **	reported more than \$15,000 on F	Form 990-EZ, line	Sa. List events with	gross receipts gre	eater than \$5,0	00.
R F			(a) Event #1 AUCTION (event type)	(b) Event #2 FALL FLING (event type)	(c) Other Events 1 (total number)	(d) Total Even (Add col. (a) thro col. (c))	nts
REVENU	1	Gross receipts	58,404.	12,616.	5,107.	76,1	27.
U E	2	Less. Charitable contributions	12,834.			12,8	
	 з	Gross income (line 1 minus line 2)	45,570.	12,616.	5,107.	63,2	
		Cash prizes		,		,	
	1	Noncash prizes					
D I R	6	·			75.		75.
D R E C T		Food and beverages	9,315.	3,540.	32.	12,8	
E X	8		550.				50.
EXPERSES	9		3,101.	143.			244.
S		·					
		Direct expense summary Add lines 4- th Net income summary. Combine lines 3, c	-		•	16,7 46,5	
Pai		Gaming. Complete if the organiz	ation answered 'Ye	es' to Form 990, Pa	art IV, line 19, or re	eported more t	han
		\$15,000 on Form 990-EZ, line 6a	I. I		-		
# W W W W W W W W W W W W W W W W W W W			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gamır (Add col (a) thro col (c))	ng ough
E U	1	Gross revenue					
D X	2	Cash prizes					
D-RECT	3	Non-cash prizes					
3	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes%		
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)		•		·
	8	Net gaming income summary Combine li	nes 1, column (d) and I	ıne 7	•		
				· -		YES	NO
		er the state(s) in which the organization op he organization licensed to operate gaming				— _{9a}	
		No,' explain.					_
1 0 a	 We	re any of the organization's gaming license	s revoked, suspended o	or terminated during the	tax year?	_{10a}	
t) If '\	'es,' explain.		_	,		
11		es the organization operate gaming activitie			-M	11	
12	ıs t adr	he organization a grantor, beneficiary or tru ninister charitable gaming?	istee of a trust or a mer	nder of a partnership or	other entity formed to	12	

Schedule G (Form 990 or 990-EZ) 2009 ASSISTANCE LEAGUE OF BELLINGHAM, WA	91-103977	6	Page 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility .	13a %		
b An outside facility	13b %		
14 Enter the name and address of the person who prepares the organization's gaming/special ex	vents books and records.		
Name •			
Address			
15a Does the organization have a contact with a third party from whom the organization receives		15a	<u> </u>
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$	and the amount		
c If 'Yes,' enter name and address of the third party.			
Name ►			
Address. ►			
16 Gaming manager information			
Name. ►			
Gaming manager compensation ► \$			
Description of services provided. ►			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming state gaming license?	•	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt or	rganizations or spent in the		
organization's own exempt activities during the tax year. > \$			<u> </u>
BAA TEEA3703L 02/05/10	Schedule G (Form 99	0 or 990-E	Z) 2009

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

ASSISTANCE LEAGUE OF BELLINGHAM, WA

91-1039776

PART III,	LINE	12 -	OTHER	INCOME
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NATURE AND SOURCE	2009	2008	2007	2006	2005
MEMBERSHIP ACTIVITIES TOTAL	\$ 121.	\$ 176.	-1,338.	\$ 432.	\$ 483.
	\$ 121.	\$ 176.	\$ -1,338.	\$ 432.	\$ 483.

2009	FEDERAL STATEMENTS	PAGE 1
	ASSISTANCE LEAGUE OF BELLINGHAM, WA	91-1039776
STATEMENT 1 FORM 990-EZ, PART I, LINE GRANTS AND SIMILAR AMO DONEE'S NAME: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	10 UNTS PAID ENRICHMENT SCHOLARSHIPS (47 RECIPIENTS) NONE	29,455.
PAYMENTS TO AFFILIATES NAME: ADDRESS: PURPOSE OF PAYMENT:	NATIONAL ASSISTANCE LEAGUE PO BOX 6637 BURBANK, CA 91510 NATIONAL DUES	2, 700
AMOUNT: PAYMENTS TO AFFILIATES	\$	3,780. 3,780.
STATEMENT 2 FORM 990-EZ, PART I, LINE OTHER EXPENSES ADVERTISING AND PROMOTI CONFERENCES, CONVENTION DEPRECIATION INSURANCE MISCELLANEOUS NEWSLETTER/YEARBOOK SUPPLIES	ON \$	1,764. 4,994. 2,222. 2,756. 3,722. 1,113. 108,868. 125,439.
STATEMENT 3 FORM 990-EZ, PART II, LINE OTHER ASSETS INVENTORIES MISCELLANEOUS PREPAID EXPENSES AND DE RENTAL SECURITY DEPOSIT	BEGINNING \$ 27,108. \$ 9,640. FERRED CHARGES 8,546.	ENDING 30,150. 9,709. 8,668. 5,863. 54,390.
STATEMENT 4 FORM 990-EZ, PART II, LINE TOTAL LIABILITIES ACCOUNTS PAYABLE AND AC SALES TAX PAYABLE UNEARNED DUES	BEGINNING	ENDING 1,479. 2,017. 6,300. 9,796.

2009

FEDERAL STATEMENTS

PAGE 2

ASSISTANCE LEAGUE OF BELLINGHAM, WA

91-1039776

STATEMENT 5 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO CARRY ON AND ADMINISTRATE PHILANTHROPIC PROJECTS IN THE BELLINGHAM WASHINGTON AREA.

STATEMENT 6 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OPERATION SCHOOL BELL PROVIDES NEW CLOTHING AND SHOES TO NEEDY ELEMENTARY AND MIDDLE SCHOOL CHILDREN IN THE BELLINGHAM AND WHATCOM COUNTY AREA. 1425 STUDENTS WERE PROVIDED WITH ITEMS DURING THE YEAR.

STATEMENT 7
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

HOSPITAL PATIENT SERVICES PROVIDES CLOTHING AND PERSONAL USE ITEMS TO ASSAULT VICTIMS RELEASED FROM THE HOSPITAL. THE PROGRAM ALSO FURNISHES ACTIVITIES FOR CHILDREN RECEIVING TREATMENT OR WAITING FOR A FAMILY MEMBER IN THE EMERGENCY ROOM.

STATEMENT 8 FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
CARE CENTER SUPPORT PROVIDE HOLIDAY GIFTS FOR RESIDENTS IN LOCAL NURSING HOMES. INCLUDES FOREIGN GRANTS: NO		1,993.
SHELTER OUTREACH SERVICES FURNISHES PACKAGES OF CLOTHING AND HYGIENE KITS TO VICTIMS OF DOMESTIC ABUSE.		1,448.
INCLUDES FOREIGN GRANTS: NO TOTAL	\$ 0.	\$ 3,441.

2009

FEDERAL STATEMENTS

PAGE 3

ASSISTANCE LEAGUE OF BELLINGHAM, WA

91-1039776

STATEMENT 9 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED			ACCOUNT/
TRUDY KELSOE 1322 CORNWALL AVE BELLINGHAM, WA 98225	ASST TREASURER 0	\$ 0.	\$ 0.	\$ 0.
KATHY ROBBINS 1322 CORNWALL AVE BELLINGHAM, WA 98225	PRESIDENT 10.00	0.	0.	0.
CHRIS HANSEN 1322 CORNWALL AVE BELLINGHAM, WA 98225	PUBLIC RELATION 10.00	0.	0.	0.
CHARLOTTE KNODT 1322 CORNWALL AVE BELLINGHAM, WA 98225	RECORDING SEC 10.00	0.	0.	0.
BRENDA DENNIS 1322 CORNWALL AVE BELLINGHAM, WA 98225	MEMBERSHIP 10.00	0.	0.	0.
PATRICIA LEE 1322 CORNWALL AVE BELLINGHAM, WA 98225	FUNDRAISING 10.00	0.	0.	0.
ERIN O'REILLY 1322 CORNWALL AVE BELLINGHAM, WA 98225	CORRESPOND SEC 10.00	0.	0.	0.
ROSEMARY SELVER 1322 CORNWALL AVE BELLINGHAM, WA 98225	ASST TREASURER 10.00	0.	0.	0.
WENDY SMITH 1322 CORNWALL AVE BELLINGHAM, WA 98225	THRIFT SHOP 10.00	0.	0.	0.
SANDY FLY 1322 CORNWALL AVE BELLINGHAM, WA 98225	HOSPITAL P S 10.00	0.	0.	0.
MICHELLE SMALL 1322 CORNWALL AVE BELLINGHAM, WA 98225	ENRICH SCHOLAR 10.00	0.	0.	0.
PATTI HAWLEY 1322 CORNWALL AVE BELLINGHAM, WA 98225	OP SCHOOL BELL 10.00	0.	0.	0.

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FEDERAL STATEMENTS

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ASSISTANCE LEAGUE OF BELLINGHAM, WA

91-1039776

STATEMENT 9 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
NELLIE DURHAM 1322 CORNWALL AVE BELLINGHAM, WA 98225	CARE CTR SVC 10.00	\$ 0.	\$ 0.	\$ 0.
MARTHA PIWONKA 1322 CORNWALL AVE BELLINGHAM, WA 98225	SHELTER OUTREAC 10.00	0.	0.	0.
SALLY EMERSON 1322 CORNWALL AVE BELLINGHAM, WA 98225	STRATEGIC PLAN 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 10 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?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO