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STATUTE CLEARED

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

► For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year

► *The organization may have to use a copy of this return to satisfy state reporting requirements.*

0312

OMB No. 1545-1150

2003

0312

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning , 2003, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C INTE
Walla Walla Professional Firefighters Association
P.O. Box 1253
Walla Walla, WA 99362

D Employer identification number: 91-6053938

E Telephone number:

F Group Exemption Number ► 0160

• ***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 ☒ Cash ☐ Accrual
Other (specify) ►

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Web site:** ► N/A

J Organization type (check only one) — ☒ 501(c) (5) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.**

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ ► $ 56,199.

SCANNED MAY 11 2011

STATUTE UNIT RECEIVED APR 12 2011 IRS BRANCH SCREEN

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

	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	55,246.
	4	Investment income	4	953.
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from **gaming,** check here ► ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) — 6a		
	b	Less: direct expenses other than fundraising expenses — 6b		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ► _____)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	56,199.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See Statement 1	10	23,867.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,368.
	14	Occupancy, rent, utilities, and maintenance	14	1,115.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► See Statement 2)	16	23,033.
	17	**Total expenses** (add lines 10 through 16) ►	17	49,383.
NET ASSETS	18	Excess or (deficit) for the year (line 9 less line 17)	18	6,816.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	20,290.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ►	21	27,106.

RCVD 03/2011

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

(See Instructions)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	50,140.	22	53,431.
23	Land and buildings		23	
24	Other assets (describe ► See Statement 3)	4,075.	24	4,150.
25	**Total assets**	54,215.	25	57,581.
26	**Total liabilities** (describe ► See Statement 4)	33,925.	26	30,475.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	20,290.	27	27,106.

6138

Part III Statement of Program Service Accomplishments (See Instructions) N/A

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.

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

28	(Grants $)	28a	
29	(Grants $)	29a	
30	(Grants $)	30a	
31	Other program services (attach schedule) (Grants $)	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
See Statement 5		0.	0.	0.

Part V Other Information (Note the attachment requirement in the instructions) See Statement 6

			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			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			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?			X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?		N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement.)			X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a 500.		
b	Did the organization file **Form 1120-POL** for this year?			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?			X
b	If 'Yes,' attach the schedule specified in the line 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		N/A	
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ►		0.	
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ►		0.	
41	List the states with which a copy of this return is filed ► None			
42	The books are in care of ► Fred Hector Telephone no. ► 509-527-4429			
	Located at ► 200 S 12th, Walla Walla, WA ZIP + 4 ► 99362			
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	

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 | ► Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	Date 5/19/04	Check if self-employed ► ☐	Preparer's SSN or PTIN (See General Instruction W) P00078885
Firm's name (or yours if self-employed), address, and ZIP + 4 ► LeMaster & Daniels, PLLC 101 W. Poplar, PO Box 998 Walla Walla, WA 99362		EIN ► 91-0292442 Phone no ► (509) 525-1410	

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Cash Grants and Allocations

Donee's Name:	Children's Benefit Fund	
Amount Given:		$ 5,990.
Donee's Name:	FIREPAC	
Amount Given:		$ 1,668.
	Total Cash Grants and Allocations	$ 7,658.

Payments to Affiliates

Name:	Fireman's Fund	
Amount:		$ 5,391.
Name:	Intl Assoc of Firefighters	
Amount:		$ 4,859.
Name:	WA State Council of Firefighte	
Amount:		$ 5,381.
Name:	Walla Walla Labor Council	
Amount:		$ 578.
	Total Payments to Affiliates	$ 16,209.
	Total Grants and Similar Amounts Paid	$ 23,867.

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

Conferences, Conventions, And Meetings	$ 5,608.
Depreciation	1,339.
Good and Welfare	3,089.
Honor Guard	2,750.
Miscellaneous Expense	4,402.
Office Expense	3,830.
Political Expenses	500.
Public Relations	1,515.
Total	$ 23,033.

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Miscellaneous	$ 4,075.	$ 4,150.
Total	$ 4,075.	$ 4,150.

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Mortgages and other notes payable	$ 33,925.	$ 30,475.
Total	$ 33,925.	$ 30,475.

Statement 5
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
Javin Berg Walla Walla, WA	President 5	$ 0.	$ 0.	$ 0.
Todd Stubblefield Walla Walla, WA	Vice President 5	0.	0.	0.
Fred Hector Walla Walla, WA	Treasurer 5	0.	0.	0.
John Knowles Walla Walla, WA	Director 2	0.	0.	0.
Bo Pingree Walla Walla, WA	Director 2	0.	0.	0.
Chuck Streamer Walla Walla, WA	Director 2	0.	0.	0.
Dave Loudermilk Walla Walla, WA	Director 2	0.	0.	0.
John Clayton Walla Walla, WA	Director 2	0.	0.	0.
Brad Morris Walla Walla, WA 99362	Director 2	0.	0.	0.
Aaron Huckstep Walla Walla, WA 99362	Sargent-at-Arms 2	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

Statement 6
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