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# SCANNED NOV 1 6 2010

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) 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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The consentation may have to use a copy of this mitum to satisfy state reporting requirements.

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

OMB No 1545-1150

Open to Public Inspection

Ā	For the	2008 calendar year, or tax year beginning 01-01 , 2008, and ending			012-	, 20 08						
В	Check if applicable		Please	C Name of organization			0	Employ	er iden	ntification number		
		use IRS label or Internationa Association of Firefighters Local 1051				72 0407023						
H	Name cha	change print or Number and street (or P O. box, if mail is not delivered to street address) Room/suite E			E Telephone number							
H	Initial retu Terminatio		type. See	610 Stockwell Road				( 318	)	742-2655		
H	Amended	_	Specific	City or town, state or countr	y, and ZIP + 4	.1	F	Group	Exemp	tion		
		on pending	Instruc- tions.	Bossier City, Iouisiana	71111		ľ	Numbe		. •		
_	• Secti	ion 501(c)(3)	organiza	ations and 4947(a)(1) nonex	empt charitable tr	usts must attach	G Accoun	ting meth	iod:	☑ Cash ☐ Accrual		
			_	npleted Schedule A (Form S	-			specify) >				
							·	<del></del>		rganization is not		
ı	Websit	te: ▶								edule B (Form 990,		
J	Organiz	zation type (	check or	nly one)-	(insert no.) 1 494	47(a)(1) or		or 990-F				
				on is not a section 509(a)(3) si			<del></del>		<del></del>	on \$25 000. A return is		
			_	ization chooses to file a return		•	ns are nonne	aly HOL III	Ore tric	an \$25,000. A return is		
_				ne 9 to determine gross receip			ad of Form 9	90-EZ	▶ \$			
	art I			nses, and Changes in						r Part I \		
-	1							Situotic	1	n i ait i.j		
	1		_	s, grants, and similar amoui				· ·  -	2	13022.15		
	2	-		revenue including governr				· ·  -	3	84148.12		
	3							· ·	4	332.74		
	4	Investmen						·	-+	332.14		
	5a	Gross park	PINNA	TEPORTE SERVI	nunventory	Sa		n/a				
	b	Less: cost	W athe	PHELDASSISTANCE!	es	[50]		n/a	۔ ا			
ø	C	Gain or (los	SHAE	SHERD RIPHE ATTOM TO BE	ventory (Subtract II	ne 5b from line 5a) (a	ittach sched	lu <u>le</u> ) .  _	<u>5c  </u>			
Ĕ	6	Special events	s and acti	vities (complete applicable parts o	r Schedule G). It any an	nount is from <b>gaming,</b> ch	eck here	Цį				
Revenue	а			otrinctuding \$2 <del>010</del>	of contr	1 - 1						
ď		reported o	n line 1	)		<u>6a</u>		n/a	ł			
	b	Less: direc	t expe	raising the state of the state	g expenses	<u>6b</u>	<del> </del>	n/a	_			
	C	Net incom	e or (fo	ss) for another events ar	nd activities (Subt	ract line 6b from lin	e 6a)	· : -	6c			
	7a	Gross sale	s of inv	ventory, less returns and a	allowances	/a		n/a				
	b	Less: cost	of goo	ds sold			<del></del>	n/a				
	С	Gross prof	fit or (lo	ess) from sales of inventor	y (Subtract line 7th	o from line 7a) .		_	7c			
	8						<u>-</u> )  -	8				
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c,	, 7c, and 8	<u> </u>	<u></u>		9	97503.01		
	10	Grants and	d sımıla	r amounts paid (attach so	:hedule)			· · -	10			
	11	11 Benefits paid to or for members						· · -	11	3293		
89	12							· · -	12	7600		
Ë	13	13 Professional fees and other payments to independent contractors						· · -	13			
xpenses	14							14	10089.63			
Ш	15	Printing, publications, postage, and shipping.					· · -	15				
	16						16	44502.41				
	17	Total expe	enses.	Add lines 10 through 16	_ <del></del>	<u>::</u>	<u></u>		17	65485.04		
\$	18	Excess or	(deficit)	) for the year (Subtract lin	e 17 from line 9).				18	32017.97		
Net Assets	19							with				
¥		end-of-year figure reported on prior year's return)							19			
Ě	20			net assets or fund balance				· · ⊢	20			
_	21			d balances at end of year					21			
Ρ	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.											
			(S	See the instructions for Pa	ırt II.)			ning of ye		(B) End of year		
2	2 Casi	Cash, savings, and investments					31299.4		63317.45			
2		Land and buildings							23			
24				<b>&gt;</b>					24			
2		al assets .					<u></u>		25			
20	8 Tota	Total liabilities (describe ▶)						26				
2	7 Net	assets or 1	und ba	alances (line 27 of column	ı (B) <b>must</b> agree v	with line 21)		31299.4	8 27			
Fo	r Privac	v Act and P	aperwo	rk Reduction Act Notice, se	e the Instruction f	or Form 990.	Cat No. 1	06421		Form <b>990-EZ</b> (2008)		

	Part III Statement of Program Service Accomplishments (See the instructions for Part III.)						Expenses				
What is the organization's primary exempt purpose? see statement #2							uired for 501(c)(3)				
Des	scribe wh	at was achieved in carrying out the organiza	zation's exempt purposes. In a clear and concise manner,				and (4) organizations and 4947(a)(1) trusts;				
des	scribe the	services provided, the number of persons ber	enefited, or other relevant information for each program title.				optional for others.)				
		<del></del>	<del></del>	<u></u>	<del> </del>			-			
20											
	(Grants S	) If this amount inclu	udes foreign grants, check	<u>here</u>	<u>. ▶ ⊔</u>	28a	<del></del>	_			
29						ŀ					
						•					
		) If this amount inclu				29a					
								_			
30											
						}					
						•					
	(Grants		udes foreign grants, check			30a		_			
31	Other pr	ogram services (attach schedule)									
	(Grants 5	) If this amount inclu	udes foreign grants, check	here	. ▶ □	31a					
32		ogram service expenses (add lines 28a th				32		_			
		List of Officers, Directors, Trustees, and Key					ons for Part IV	-			
и «	ai U UV	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense	-			
		(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and				
		<u> </u>	devoted to position	enter -0)	deferred comper	sation	other allowances	_			
To	dd Wilso	on	President								
Ste	eve Penr	nell	Secretary					_			
61	0 Stocky	ell Road, Bossier City Iouisiana 71111	Secretary	1100.00		0	(	0			
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Pa	Other Information (Note the statement requirements in the instructions for Part VI.)		177			
			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		1		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		1		
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 your reason for not reporting the income on Form 990-T.					
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a					
	Did the organization file Form 1120-POL for this year?	37b		1		
	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?  If "Yes" complete Schedule I Part II and enter the total amount involved    38b   n/a	38a		1		
	11 763, complete concede E, 7 at 11 and onto the total amount involved	1				
39	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			ĺ		
	Gross receipts, included on line 9, for public use of club facilities	1 !		1		
	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 (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," complete Schedule	40b		1		
_	L, Part I		$\square$	Ė		
C	the year under sections 4912, 4955, and 4958					
d	Enter amount of tax on line 40c reimbursed by the organization					
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	<u> </u>				
	transaction? If "Yes," complete Form 8886-T	40e		✓		
41	List the states with which a copy of this return is filed.   none					
42a	42a The books are in care of ▶ Steve Pennell Telephone no. ▶ (318) 742					
	Located at ► 610 Stockwell Road, Bossier City, Louisiana ZIP + 4 ►	711	17			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	162	140		
	account)?	420		<del>                                     </del>		
	If "Yes," enter the name of the foreign country:			l		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40-				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<b></b>	<u> </u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>▶</b> □		
	and enter the amount of tax-exempt interest received or accrued during the tax year			n/a		
			Yes	No		
44	Did the experiention maintain any dense advaced funded 15 "Ves " Farm 000 must be assembled under 4		.63	140		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	<u> </u>		Ť		
73	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1		
		QQ1	 D-FZ	(2000)		

Par	t VI	Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.								
		he organization engage in direct or indirect political campaign activities on behalf of or in opposition to						Yes	No	
		dates for public office? If "Yes," complete S					46		1	
		ne organization engage in lobbying activities					47		1	
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedu						48 49a		<del>-</del>	
		ne organization make any transfers to an exe	•	-			49a		-	
<ul> <li>b If "Yes," was the related organization(s) a section 527 organization?</li> <li></li> <li>50 Complete this table for the five highest compensated employees (other than officers, directors, truster each received more than \$100,000 of compensation from the organization. If there is none, enter "No.</li> </ul>								oyees	) who	
/1 (a)		lame 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		nd	
Total	numb	er of other employees paid over \$100,000								
		plete this table for the five highest compensation from the organization. If there is no		ctors who ea	ach rece	ived more than \$1	00,000	of		
		(a) Name and address of each independent contractor p	paid more than \$100,000		<b>(b)</b> Typ	pe of service	(c) Con	pensa	tion	
Total	numb	per of other independent contractors each re		•	4.4		h 4 - <i>e</i>		.44-	
•		Under penalties of perjury, I declare that I have examinand belief, it is true, correct and complete. Declaration	ned this return, including acco on of preparer (other than offi	mpanying sched icer) is based or	oules and : all inform	nation of which prepare	r has an	y knov	vieage viedge.	
Sign Here		Signature of officer				<u>/0-/4-/0</u> Pate	<u>ر</u>			
11010	<b>'</b>	▲ Steve Pennell, Secretary			_					
		Type or print name and title.								
Paid Prepa	ror <sup>i</sup> c	Preparer's signature	Date	se	neck if lf- nployed.▶	Preparer's Identifying	Number (S	See inst	uctions)	
Use (		Firm's name (or yours if self-employed), address, and ZIP + 4	-		E	IN ►				
May	the IR	S discuss this return with the preparer show	vn above? See instruction	ons .	<u>·</u>		□ Y	es [	No	
						. <u> </u>	om <b>99</b> 0	)-EZ		

## Federal Statement International Association of Firefighters Local 1051 EIN 72-0407023 2008

### Statement # 1 (other Expenses)

1.	Office expenses	273.82
2.	Per capita	\$33903.59
3.	Conferences conventions meetings	\$8299.70
4.	Travel	\$975.30
5.	Convention Registration	\$1050.00
To	tal other expenses	\$44502.41

### Statement #2 (Organizations primary exempt purpose)

To provide a fraternal exempt organization for the Welfare of the Members of the International Association of Firefighters Local 1051