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Department of the Treasury Internal Revenue Service

DAA

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

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

OMB No 1545-1150 2009

Open to Public Inspection

Α	For the	e 2009 calend	ar year,	or tax year beginning , and ending						
В	Check if	heck if applicable Please C Name of organization							Emp	loyer identification number
X	Address	change	use IRS	I I I O I COO I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O I I O						
	Name cl	hange	label or print or	Nevada Benevolent Association						-3642862
	Initial ref	tum	type.	Number and street (or P O box, if mail is not delivered to street addre	Number and street (or P O box, if mail is not delivered to street address) Room/suite					
	Termina	ition	See Specific	9035 Helena Ave.					70:	2-870-7651
	Amende	ed return	instruc-	City or town, state or country, and ZIP + 4				F	Grou	ip Exemption
X	Applicati	ion pending	tions.	Las Vegas NV 891	29-	<u> 3676</u>			Num	ber ▶
	Sec	tion 501(c)(3)) organiz	cations and 4947(a)(1) nonexempt charitable trusts must a	tach		G Accounting	g met	hod	Cash X Accrual
_				npleted Schedule A (Form 990 or 990-EZ).			Other (specify)			
1	Websit	te: ▶ <u>₩₩</u>	w.pf	fn.org			H Check ▶	X	If the	organization is not edule B (Form 990,
ī	Tax-exe	empt status (ch	eck only on	e) — X 501(c) (3) ◀ (insert no) 4947(a)(1) c	or	527	990-EZ, o	r 990-	PF)	edule B (Form 990,
K	Check	▶ ∐	if the or	ganization is not a section 509(a)(3) supporting organization a	nd its	gross red	ceipts are norm	nally	not m	ore than \$25,000 A
_	Form 9	90-EZ or Forr	n 990 re	turn is not required, but if the organization chooses to file a ref	urn, be	e sure to	file a complete	retu	rn	
<u>L</u>				to determine gross receipts; if \$500,000 or more, file Form 990 instead of					▶ \$	71,937
F	Part I	<u>Reven</u>	ue, Ex	penses, and Changes in Net Assets or Fund B	alan	ces (S	ee the instru	uctio	ons f	
	1	Contributions,	gıfts, gran	ts, and similar amounts received				L	1	71,327
	2	Program ser	vice revi	enue including government fees and contracts					2	
	3	Membership	dues ar	d assessments				L	3	
	4	Investment i	ncome					Ļ	4	610
	5a			ale of assets other than inventory	5a				1	
	b			asis and sales expenses	_5b			_	1	
_	C								5c	
e. Pre	6			iles (comptete epplicable parts of Schedule G) If any amount is from ga	ming,	check here				
#	a	Gross reven								
3		reported on I		101	6a			_	- 1	
3	b			silotiger Zillal (fundraising expenses	6b			-	- 1	
	C			from special evens and activities (Subtract line 6b from line 6	a) I	ı		-	6c	
Ö		Gross sales	of ipver	ov less returns and allowances	7a				- 1	
\triangleright	Ь	<u> </u>			7b	L			_ 1	
APR	C			from sales of inventory (Subtract line 7b from line 7a)					7c	
وبر	8	Other revenu	•					.)	8	71 027
3	9			ines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	71,937
	10			nounts paid (attach schedule)				-	10	
2010 s	11	Benefits paid						-	11	
n penses	12		•	ensation, and employee benefits				ŀ	12	
ē	13	_		d other payments to independent contractors				- }	13	
Ř			•	ties, and maintenance				┢		
_	15			, postage, and shipping				\ H	15	20,000
	16			cribe <u>See Statement 1</u> I lines 10 through 16				∠ ⊦	16	20,000
	17			r the year (Subtract line 17 from line 9)			·····	-	17 18	51,937
ş		•	•	alances at beginning of year (from line 27, column (A)) (must a		arth.		-	-'0-	<u> </u>
Net Assets	'			ported on prior year's return)	igiee v	AILII			19	127,700
¥	20	-	-	assets or fund balances (attach explanation)				┢	20	121,100
ž	21			alances at end of year Combine lines 18 through 20				┢┟	21	179,637
F	art II			ets. If Total assets on line 25, column (B) are \$1,250,000 or	more	file Form	990 instead of	For		
				(See the instructions for Part II)	111070,		Beginning of year		1	(B) End of year
22	Cash, s	savings, and ii	nvestme	·		`	127,70		22	179,637
		nd buildings		··· ·				 	23	
		assets (descrit	be ►		١]		\dashv	24	
	Total a				—′		127,70	oot	25	179,637
		iabilities (des	cribe 🕨		1			0	26	0
				(line 27 of column (B) must agree with line 21)			127,70	<u> </u>	27	179,637
				Reduction Act Notice, see the separate instructions.					1	Form 990-EZ (2009)

Form 990-EZ (2009) Professional Fire Fighters of		<u>-3642862</u>				Page 2
Part III Statement of Program Service Accomplishments (S	ee the instruct	ons for Part III	l.)]	Ex	penses
What is the organization's primary exempt purpose?					•	for section
See Statement 2		-		1		and 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In a constant the second section of the section of the second section of the section of the second section of the section of th						ons and section
manner, describe the services provided, the number of persons benefited, or other rele	evant information to	or				trusts, optional
each program title		·		fo	r others)
28 Donations for scholarships and for the annual fundraiser f	or the Public					
Education Foundation.						
		_				20 000
(Grants \$) If this amount includes foreign grants, che	ck nere		<u></u>	28a	\vdash	20,000
29					1	
					1	
(Constant)	al. ba	_		00-		
(Grants \$) If this amount includes foreign grants, che	ск пеге	<u>P</u>	<u> </u>	29a		
30				l	l	
(County C	al. basa	_	<u>'</u> 1	20-		
(Grants \$) If this amount includes foreign grants, che	ск пеге	<u></u>		30a	 	-
Other program services (attach schedule)						
(Grants \$) If this amount includes foreign grants, che	ck nere	<u> </u>	 	31a	\vdash	20 000
32 Total program service expenses (add lines 28a through 31a)			<u> </u>	32		20,000
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	one even if not co	mpensated. (See to compensation			ons for F outions to	Part IV) (e) Expense
(a) Name and address	hours per week	(If not paid,	emple	oyee ben	efit plans &	account and
Decreed Manager	devoted to position	enter -0)	dere	пев сот	pensation	other allowances
Raymond McAllister	President					
To Boundary		0			0	0
Joe Espinoza	VP					
		0	-		0	0
Ryan Beaman	SD VP					_
		0	-		0	0
Robert Schreihans	ND VP					
·		0	+		0	0
Scott Gorgon	SecTreasurer					
· · · · · · · · · · · · · · · · · · ·		0	-		0	0
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DAA					Fo	m 990-EZ (2009)

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

"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

Form 990-EZ (2009)

Yes

No

45

Form 990-E2	z(2009) Professional Fire Fighters of	20	-3642862		Page 4
Part VI	Section 501(c)(3) organizations and section 4947(a)		charitable tru	ists only. All se	
	501(c)(3) organizations and section 4947(a)(1) none				
	and complete the tables for lines 50 and 51.				
46 Did the	e organization engage in direct or indirect political campaign activities on	behalf of or in oppos	sition to		Yes No
	dates for public office? If "Yes," complete Schedule C, Part I				46 X
	e organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II			47 X
	organization operating a school as described in section 170(b)(1)(A)(ii)?		chedule E		48 X
	e organization make any transfers to an exempt non-charitable related or	·			49a X
	s," was the related organization a section 527 organization?	-		N/A	49b
50 Comp	lete this table for the organization's five highest compensated employees	(other than officers,	directors, trustees	-	
emplo	yees) who each received more than \$100,000 of compensation from the	organization If there	s is none, enter "N	one "	
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expense
	than \$100,000	hours per week devoted to position		deferred compensation	account and other allowances
None					
•					
			_		
•					
f Total	number of other employees paid over \$100,000	•	•	•	· · · · · · · · · · · · · · · · · · ·
51 Comp	lete this table for the organization's five highest compensated independent	nt contractors who e	ach received more	e than	
\$100,0	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) C	ompensation
None					
					
			. ,		
d Total i	number of other independent contractors each receiving over \$100,000	>			
d Total ı	number of other independent contractors each receiving over \$100,000	-			
d Total ı	Under penalties of perjury, I declare that I have examined this return, including a	companying schedules	and statements, and	d to the best of my know	rledge
	· · · · · · · · · · · · · · · · · · ·	ccompanying schedules	and statements, and	d to the best of my know	rledge ge
d Total i	Under penalties of perjury, I declare that I have examined this return, including a	ccompanying schedules	and statements, and ormation of which pre	d to the best of my know eparer has any knowled	rledge ge
	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer	ficer) is based on all inf	ormation of which pre	2010	rledge ge
Sign	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer	ficer) is based on all inf	ormation of which pre	2010	rledge ge
Sign	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer	ficer) is based on all inf	ormation of which pre	2010	vledge ge
Sign	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer Scott Gorgon Type or print name and title	ficer) is based on all inf	ormation of which pre	easurer	rledge ge ufying Number (See instr.)
Sign	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer	Sec1	Date Cetary/Tre	easurer Preparer's Iden	ge Suffying Number (See instr.)
Sign Here	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer Scott Gorgon Type or print name and title Preparer's signature	Seca	Date Check if self- employed	easurer Preparer's Iden P0000	ufying Number (See instr.)
Sign Here	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer Scott Gorgon Type or print name and title Preparer's signature Firm's name (or yours Layton Layton & Toble)	Secano Date 04/02	Date Check if self- employed	Preparer's Iden P0000	ge Suffying Number (See instr.)
Sign Here Paid Preparer'	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer Scott Gorgon Type or print name and title Preparer's signature Firm's name (or yours Layton Layton & Toble if self-employed), 606 South Ninth Stree	Secano Date 04/02 r LLP, CPA	Date Check if self- employed	Preparer's Iden P0000 EIN 8 Phone	ge Lifying Number (See instr.) 0315 8-0176927
Sign Here Paid Preparer' Use Only	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true, correct, and complete Declaration of preparer (other than of Signature of officer Scott Gorgon Type or print name and title Preparer's signature Firm's name (or yours Layton Layton & Toble)	Secano Date 04/02 r LLP, CPA	Date Check if self- employed	Preparer's Iden P0000 EIN 8 Phone	ufying Number (See instr.)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► See separate instructions.

► Attach to Form 990 or Form 990-EZ.

ization or a section

Open to Public Inspection

OMB No 1545-0047

Name of the organization Professional Fire Fighters of Nevada Benevolent Association

Employer identification number 20-3642862

P	art l	Reas	on for Public Charity	Status (All organizations	must c	omnlete	this n	art \S	ee ins	struction	ons		
				et is (For lines 1 through 11, ch			, and p	<u>u. t. j U</u>	00 1110	<u>Structi</u>	<u> </u>		
1			•	ciation of churches described in	•	•	Δ\(i\						
2	H		cribed in section 170(b)(1)(A		Section	170(13)(1)(~)(י)·						
_	H			e organization described in sect	470/h	\/4\/ A\/:::							
3	H	-		~				\/ A \/:::\	C-40-4	ha haam	utalla nama		
4	Ш	_	•	in conjunction with a hospital de	escribed if	Section	170(0)(1)(A)(III).	- Enter t	ne nosp	ntai's name,		
_		city, and state		f =!!									
5				f a college or university owned o	or operated	o by a gov	ernmen	ai unit d	escribe	ea in			
_			b)(1)(A)(iv). (Complete Part li										
6	H		-	vernmental unit described in se			•						
7		-	•	ubstantial part of its support from	m a goveri	nmental u	nit or fro	m the ge	eneral p	ublic			
_			section 170(b)(1)(A)(vi). (Co	·									
8		_		70(b)(1)(A)(vi). (Complete Part II	•								
9	X	$ \underline{K} $ An organization that normally receives (1) more than 33 1/3 % 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 33 1/3 % of its											
			-	d unrelated business taxable inc	•		11 tax) f	rom bus	inesses	5			
				, 1975 See section 509(a)(2) . (•							
10				exclusively to test for public safet									
11		=	•	xclusively for the benefit of, to p				-					
				d organizations described in se	•					ction			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organizatio		•	s 11e th	rough 1	1h.				
		a Type		c Type III–Function			d		e III–Ot	her			
0				inization is not controlled directly									
				and other than one or more publ	icly suppo	rted orgai	nizations	describ	ed in se	ection			
			ection 509(a)(2)										
f		=		mination from the IRS that it is a	a Type I, T	ype II, or	Type III :	support	ng				
		organization,	check this box										
g		_	-	on accepted any gift or contribut	tion from a	iny of the							
		following per	sons?										
		(i) A person	who directly or indirectly cor	ntrols, either alone or together w	ith person	s describ	ed in (ii)					Yes	No
				the supported organization?							11g(ı)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)		
			ontrolled entity of a person de								11g(iii)	l	
h		Provide the f	ollowing information about th	e supported organization(s)					_	1			
(i)		of supported	(iı) EIN	(III) Type of organization	1 ' '	organization		ou notify		ls the	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?	col (ı)	ization in of your	organızat (ı) organı	zed in the	supp	юп	
				(see instructions))	3	1	supp	xort?		S?			
			· · · · · · · · · · · · · · · · · · ·		Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009 Pro	fessional	Fire Fic	hters of	20	-3642862	Page 2		
Pa	rtil Support Schedule for O				(1)(A)(iv) and 1	170(b)(1)(A)(vi)	<u>-</u>		
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)					
Sec	tion A. Public Support								
Cal	endar 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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
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 line 4								
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	·					
Cal	endar year (or fiscal year beginning 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 from 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)		<u> </u>						
11	Total support. Add lines 7 through 10	<u></u>	<u> </u>			L			
12	Gross receipts from related activities, etc (•	_			12	<u> </u>		
13	First five years. If the Form 990 is for the	-	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	, _[
500	organization, check this box and stop here tion C. Computation of Public Su								
				·=:		ΙΙ			
14	Public support percentage for 2009 (line 6,	` '	•	· (†))		14	<u>%</u>		
15	Public support percentage from 2008 Sche					15	%		
16a	33 1/3 % support test—2009. If the organi			3, and line 14 is 33	1/3 % or more, ch	eck this box	, ₋		
	and stop here. The organization qualifies a		-				▶ ∟		
b	33 1/3 % support test—2008. If the organi				is 33 1/3 % or moi	e, check this			
	box and stop here. The organization qualit						▶ [
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or								
	more, and if the organization meets the "fa						<u> </u>		
	organization meets the "facts-and-circumst						▶ ∟		
Ь	10%-facts-and-circumstances test—2008	•							
	more, and if the organization meets the "fa						_		
18	organization meets the "facts-and-circumst Private foundation. If the organization did		-		-	•	P		

Schedule A (Form 990 or 990-EZ) 2009 Professional Fire Fighters of Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

	Mon A. rubiic Support	_	···		——————————————————————————————————————		
Ca	lendar 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.")				2,500	71,327	73,827
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 purpose					610	610
3	Gross receipts from activities that are not an unrelated trade or business under section 513			18,361	71,221		89,582
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			18,361	73,721	71,937	164,019
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	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			<u> </u>			
8	Public support (Subtract line 7c from line 6)						164,019
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	·				
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			18,361	73,721	71,937	164,019
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			893	1,440		2,333
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			893	1,440		2,333
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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, 11,						
	and 12)	L		19,254	75,161	71,937	166,352
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	second, third, four	th, or fifth tax year as	a section 501(c)(3)	▶ [_
<u>Sec</u>	tion C. Computation of Public Su	pport Percent	age			- .	
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	98.60%
16	Public support percentage from 2008 Sche					16	97. <u>53</u> %
	tion D. Computation of Investme	nt Income Per	centage			, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 2009 (lin		-	column (f))		17	1 %
18	Investment income percentage from 2008					18	2 %
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	ox and stop here. T	The organization qu	ualifies as a publicly	supported organiza	tion	▶ [X
b	33 1/3 % support tests—2008. If the organ						. —
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did					nızatıon	. •

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Schedule A (Form 990 or 990-EZ) 2009 Professional Fire Fighters of 20-3642862

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

27002 Professional Fire Fighters of

20-3642862

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amour	<u>nt </u>
Expenses	\$	
Contributions, charitable	20	,000
Total	\$ 20	,000

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Providing benefits to injured, disabled, or families of these and deceased Nevada firefighters.

4/2/2010