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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue ServiceUnder 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 <u>2/01</u> , 2009, and ending <u>1/31</u> , 2010							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;"> C WEDDING INDUSTRY PROFESSIONALS ASSOC. 41 HEATHER AVENUE SAN FRANCISCO, CA 94118 </td> <td style="width:15%; vertical-align: top;"> D Employer identification number 26-3026750 </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> E Telephone number (415) 751-0211 </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> F Group Exemption Number ► </td> </tr> </table>	C WEDDING INDUSTRY PROFESSIONALS ASSOC. 41 HEATHER AVENUE SAN FRANCISCO, CA 94118	D Employer identification number 26-3026750		E Telephone number (415) 751-0211		F Group Exemption Number ►
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	E Telephone number (415) 751-0211						
	F Group Exemption Number ►						
G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►							
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)							
I Website: ► N/A							
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.							
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 47,674.							

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)																																																																	
REVENUE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td></td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td>18,013.</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td>29,661.</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td></td></tr> <tr> <td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr> <td>5b</td><td>Less cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr> <td>5c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr> <td>6</td><td>Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/></td><td></td><td></td></tr> <tr> <td>6a</td><td>Gross revenue (not including \$ _____ of contributions reported on line 1)</td><td>6a</td><td></td></tr> <tr> <td>6b</td><td>Less direct expenses other than fundraising expenses</td><td>6b</td><td></td></tr> <tr> <td>6c</td><td>Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td><td>6c</td><td></td></tr> <tr> <td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr> <td>7b</td><td>Less cost of goods sold</td><td>7b</td><td></td></tr> <tr> <td>7c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe ► _____)</td><td>8</td><td></td></tr> <tr> <td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td><td>9</td><td>47,674.</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1		2	Program service revenue including government fees and contracts	2	18,013.	3	Membership dues and assessments	3	29,661.	4	Investment income	4		5a	Gross amount from sale of assets other than inventory	5a		5b	Less cost or other basis and sales expenses	5b		5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>			6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		6b	Less direct expenses other than fundraising expenses	6b		6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		7a	Gross sales of inventory, less returns and allowances	7a		7b	Less cost of goods sold	7b		7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8	Other revenue (describe ► _____)	8		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	47,674.
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)															
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BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED JUL 29 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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.

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

28		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (attach schedule)		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(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
JOYCE SCARDINA BECKER 41 HEATHER AVENUE SAN FRANCISCO, CA 94118	PAST PRESIDENT 0	0.	0.	0.
PAULINE PARRY 5714 W PICO BLVD LOS ANGELES, CA 90019	PRESIDENT 0	0.	0.	0.
MARY LALLANDE 10581 GARDEN GROVE BLVD GARDEN GROVE, CA 92843	VICE PRESIDENT 0	0.	0.	0.
MANDY SCOTT 1738 UNION STREET SAN FRANCISCO, CA 94123	TREASURER 0	0.	0.	0.
CAROL ROSEN 2759 CASIANO RD LOS ANGELES, CA 90077	BOARD MEMBER 0	0.	0.	0.
BILL PRY 7855 GROSS POINT RD SKOKIE, IL 60077	BOARD MEMBER 0	0.	0.	0.
DESIREE PATTERSON 1439 N CANNON ST ORANGE, CA 92869	BOARD MEMBER 0	0.	0.	0.
TRACEY KUMER-MOORE 6490 W DESERT INN RD LAS VEGAS, NV 89146	BOARD MEMBER 0	0.	0.	0.
THERESA COLE-HUBBS 15739 SWEETWATER CREEK DR HOUSTON, TX 77095	BOARD MEMBER 0	0.	0.	0.
WENDY DAHL 18685 A MAIN ST #372 HUNTINGTON BEACH, CA 92648	BOARD MEMBER 0	0.	0.	0.
LOREN WELTSCH 1830 DALEHURST AVE LOS ALTOS, CA 94024	BOARD MEMBER 0	0.	0.	0.
DINA BALATTI 193 HILLSIDE AVE SAN RAFAEL, CA 94901	BOARD MEMBER 0	0.	0.	0.

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? 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, 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		
a 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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
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 outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 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 Section 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 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 40b		
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e 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 40e		X
41 List the states with which a copy of this return is filed NONE		

42a The organization's books are in care of **DANA BECKER** Telephone no **415-751-0211**
 Located at _____ ZIP + 4 _____

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)? **42b** Yes No X
 If 'Yes,' enter the name of the foreign country _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c** Yes No X
 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 ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** 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		X
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		X

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If 'Yes,' was the related organization a section 527 organization?	49b	

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

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

f Total number of other employees paid over \$100,000 ▶

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

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

d Total number of other independent contractors each receiving over \$100,000 ▶

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.

Sign Here 6/9/2010

Signature of officer Date

MANDY SCOTT TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature Date 6/5/2010

Firm's name (or yours if self-employed), address, and ZIP + 4 Check if self-employed ☒ Preparer's Identifying Number (See instructions) P00281875

MARILYN K. TURNER CPA

4817 PALM AVE SUITE 3

LA MESA, CA 91941

EIN ▶ 20-4216940

Phone no ▶ (619) 667-6600

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

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BOARD MEETINGS	\$	1,110.
FILING FEES		35.
GIFTS & DONATIONS		671.
INSURANCE		2,200.
MEETING EXPENSES		7,907.
OFFICE EXPENSES		1,156.
REFUNDS		1,170.
SERVICE CHARGES		536.
TELEPHONE		76.
WEBSITE		4,184.
TOTAL	\$	<u>19,045.</u>

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 3,707.	\$ 0.
TOTAL	\$ <u>3,707.</u>	\$ <u>0.</u>

STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROMOTES PROFESSIONAL RELATIONS AND EDUCATION AMONG WEDDING INDUSTRY PROFESSIONALS.

STATEMENT 4
FORM 990-EZ, PART VI
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