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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

Open to Public Inspection

A	A For the 2010 calendar year, or tax year beginning		01-01	, 2010, and ending			12-31	, 20	10				
B Check if applicable:		plicable.	C Name of organization				D Empl	oyer ide	entification numb	per			
	Address change			International Association Of Firefighte	hters Local 1051			72-0407023					
Ļ	=	Name change		Number and street (or P O. box, if mail is not	delivered to street address)		Room/suite	E Telep	hone nu	ımber			
F	=	itial retur erminate		P.O. Box 6479					318	8-741-0255			
┝	≒ .	mended		City or town, state or country, and ZIP + 4				F Grou	ıp Exer	nption			
Ē	=		n pending	Bossier City, Louisiana 71171-6479				Number ▶					
G	A	ccount	ing Method:	✓ Cash	erfy) ►		н	Check I	Check ► if the organization is not				
1	W	ebsit/	e: ▶					required to attach Schedule B					
J	Ta	х-ехеп	npt status (che	ck only one) - 501(c)(3) 501(c) () ◀ (insert no.) ☐ 49	47(a)(1) or	527	(Form 9	90, 990	-EZ, or 990-PF).		
K	CI	heck >	· 🗌 if the	e organization is not a section 509(a)(3) su	pporting organization an	d its gross	receipts are r	normally	nally not more than \$50,000. A				
	F	orm 99	0-EZ or Forn	1990 return is not required though Form	990-N (e-postcard) may	be requir	ed (see instrud	ctions). E	But if th	e organization o	chooses		
_	to	file a	return, be su	e to file a complete return.									
				b, to line 9 to determine gross receipts. If gi	•	-		• .					
lii	ne 2	25, ∞l≀	<u> </u>	are \$500,000 or more, file Form 990 instea					▶ \$				
	Pa	rt I		e, Expenses, and Changes in N									
_			Check if	the organization used Schedule O	to respond to any q	uestion i	n this Part I				· 🗆		
		1	Contribution	ns, gifts, grants, and similar amount	s received				1				
	- 1	2	Program se	ervice revenue including government	t fees and contracts				2				
		3	Membersh	p dues and assessments					3	71	,726.38		
	ı	4	Investment						4		496.41		
		5a	Gross amo	unt fromsale of assets other than in	ventory -	5a							
	1	р	Less: cost	or other basis and sales expenses.	NOE	5b) j				
		С	Gain or (lo	unt from sale of assets other than in or other bay sand sales or reless. as) from sale of assets of length in an d fundraising events	ehrory (Subtract line 5	b from li	ne 5a)		5c				
		6	Gaming an	d fundraising events									
		а	Gross inc	ome from gamıng _≜ (attach Schedi	ule G if greater tha	n i							
	Revenue		\$15,000)		• • • • • • •	6a							
	e l	b	Gross inco	me from fundraising events fright md	uding \$		contribution	າຣ					
1	ž		from fundr	aising events reported of ine a (at	tach Schedule G if th		1						
	- 1			h gross income and combinations ex	• •	6b							
		C		t expenses from gaming and fundra		6c	1 Ch 1 1						
	- 1	d	line 6c)	e or (loss) from gaming and fundra	ising events (add line	s ba and	bo and sui	otract	١١				
	- }		•			1 - 1	· · · ·		6d				
	1	7a		s of inventory, less returns and allow		7a							
	ł	b		of goods sold		7b							
		C		it or (loss) from sales of inventory (Sonce (describe in Schedule O)					7c				
1	- 1	8 9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,					8 9	72	,222.79		
_	-	10		similar amounts paid (list in Schedu		· · ·	· · · · ·		10	12	,222.19		
	ł	11		and to or for members	,				11		,260.00		
Net Assets Expenses	ای	12		ther compensation, and employee be					12		,893.10		
	Se	13		al fees and other payments to indep					13		150.00		
	듥ㅣ	14							14		98.10		
	3	15							15		181.00		
	-	16	Other expenses (describe in Schedule O)						16		,077.07		
		17	Total expenses. Add lines 10 through 16						17		,659.27		
	_	18	Excess or	xcess or (deficit) for the year (Subtract line 17 from line 9)							2436.48		
	ets	19		or fund balances at beginning of y	•				18		- 100.70		
	SS			r figure reported on prior year's retu					19				
	<u> </u>	20		ges in net assets or fund balances (20				
:	ž	21		or fund balances at end of year. Co					21				
_	1								1				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

Cat. No 106421

Form	990-EZ (2010)					Page 2
Pa	R II Balance Sheets. (see the instructions Check if the organization used Schedule		tion in this Port II			
	Check if the organization used Schedule	to respond to any ques		inning of year	· · ·	(B) End of year
22	Cash, savings, and investments		77,50	74,955.19		62,799.24
23	Land and buildings			,	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			74,955.19	27	62,799.24
Pai	Statement of Program Service Accom Check if the organization used Schedule				/Boo	Expenses ured for section
W/ba	at is the organization's primary exempt purpose?	see statement 2		<u> </u>	501(0)(3) and 501(c)(4)
Desc	cribe what was achieved in carrying out the organization		r and concise mann	er, describe		nizations and section (a)(1) trusts; optional
	services provided, the number of persons benefited, and					hers.)
28						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	
29						
	(Consta C	inaludas foreign grants, ab	nok boro		200	
30	(Grants \$) If this amount	includes foreign grants, che	eck nere	· • ⊔	29a	
30						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗌	30a	
31	Other program services (describe in Schedule O)					
		includes foreign grants, che				
-	Total program service expenses (add lines 28a	<u> </u>			32	
Par	List of Officers, Directors, Trustees, and Key				instruc	tions for Part IV.)
	Check if the organization used Schedule	(b) Title and average	(c) Compensation	(d) Contributio	ne to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &	account and
Tod	d Wilson	 	enter -o,	deletted compe	isation	Office allowances
	d wilson	President	6,000.00			
Ste	ve Pennell					
	Stockwell Rd, Bossier City, Louisiana 71111	Secretary	2893.10			
						· · · · · · · · · · · · · · · · · · ·
			<u> </u>			
			-			
		-1	l	Ì		1

Part	Check if the organization used Schedule O to respond to any question in this Part V					
	Check if the organization does contoud to to respond to any question in this fact 4	• •	Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	1 63	√		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
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, explain in Schedule O why the organization did not report the income on Form 990-T.					
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓		
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		<u> </u>		
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	36		✓		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a					
b	Did the organization file Form 1120-POL for this year?	37b		✓		
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 tax year covered by this return? .	38a		1		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1				
39	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on line 9	-				
40a	Gross receipts, included on line 9, for public use of club facilities	┨	·			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶					
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓		
С	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					
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization					
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	40e		1		
41	List the states with which a copy of this return is filed. ▶					
42a	3	318-74	1-025	5		
	Located at ► 2114 Sandhurst, Bossier City, Louisiana ZIP + 4 ►	71	111			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	T401	Yes	No		
	account)?	42b		 		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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		✓		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🛘		
	and enter the amount of tax-exempt interest received or accrued during the tax year	_	<u>-</u>			
			Yes	No		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1		
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	744		*		
_	completed instead of Form 990-EZ	44b		1		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		\		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		1		
				<u> </u>		

	12 121	0.0)							raye v
•								Yes	No
	-	y related organization a controlled enti	•		•		45		1
		ne organization receive any payment f							
ı	mean	ning of section 512(b)(13)? If "Yes," F	orm 990 and Schedul	e R may need	I to be comp	eleted instead of			
ı	Form 990-EZ (see instructions)								
46	Did th	ne organization engage, directly or ind	irectly, in political cam	paign activities	on behalf of	or in opposition			T
	_	andidates for public office? If "Yes," co				<u> </u>	46		✓
Part V		Section 501(c)(3) organizations	and section 4947(a)	(1) nonexem	pt charitab	le trusts only. A	JI sec	tion	
		501(c)(3) organizations and section and 52, and complete the tables f	n 4947(a)(1) nonexen or lines 50 and 51.	npt charitable	trusts mus	t answer questic	ns 47	7–49	b
		Check if the organization used Scho		any question	in this Part \	/1			
		Onoble in the organization about con-		uny quoditon	- Como r di c	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
							47		+ 🗸
		organization a school as described in		_			48		
		ne organization make any transfers to	•	_	anization? .		49a		1
		es," was the related organization a sec					49b		1_
		plete this table for the organization's f							
	emple	oyees) who each received more than S							
	(a) Na	me and address of each employee paid more	(b) Title and av hours per we		Compensation	(d) Contributions to employee benefit plans &		Exper Count	
		than \$100,000	devoted to pos			deferred compensation			ances
						{			

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							<u> </u>		
				1					
			<u> </u>						
		number of other employees paid over		<u> </u>		-			
		plete this table for the organization's				ors who each rece	eived	more	e than
		,000 of compensation from the organ							
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service					(c) Compensation			
					1				
]				
					1				
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					1				
-				<u></u>				-	
					1				
<u>d</u> -	Total	number of other independent contract	tors each receiving over	r \$100 000	<u> </u>				
			•			7/-\/4\			
		he organization complete Schedule A? xempt charitable trusts must attach a			ions and 494	· · · · ·] Yes		No.
		•	• • • • • • • • • • • • • • • • • • • •		· · · ·			_=	No
		of perjury, I declare that I have examined this re- id complete. Declaration of preparer (other than of					lge and	l belie	f, it is
		, , , , , , , , , , , , , , , , , , ,	,						
		11 1 1 1 1 1 1 1 1 1			1	Δ - Λ -	- - 3	١.	
Sign		101:18							
Here									
	David A. Powell, Secretary								
		Type or print name and title	· -						
Paid		Print/Type preparer's name	Preparer's signature		Date	Check if	РПИ		
Prepa	rer					self-employed			
Use O		Firm's name ▶			- 1	Firm's EIN ▶			
	····y	Firm's address ▶				Phone no.			
May the	IRS	discuss this return with the preparer	shown above? See inst	ructions		▶ [Yes	П	No

Federal Statement

International Association of Firefighters Local 1051

EIN 72-0407023

2010

Statement #1

(Other Expenses)

1. Office Expenses	13,170.68
2. Travel	66.41
3. Conferences conventions meetings	10,432.78
4. Per Capita	36,407.20

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