



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 2/01		, 2010, and ending 1/31		, 2011	
B Check if applicable		C		D Employer identification number	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		WEDDING INDUSTRY PROFSIONALS ASSOC. 41 HEATHER AVE SAN FRANCISCO, CA 94118		26-3026750	
				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 (ck only one) — <input type="checkbox"/> 501(c)(3) <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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 61,649.					

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	30,372.
EXPENSES	3 Membership dues and assessments	3	31,076.
	4 Investment income	4	201.
ASSETS	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
REVENUE	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6a	
EXPENSES	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
ASSETS	c Less direct expenses from gaming and fundraising events	6d	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
REVENUE	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	
EXPENSES	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe in Schedule O)	9	61,649.
ASSETS	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
	10 Grants and similar amounts paid (list in Schedule O)	11	
EXPENSES	11 Benefits paid to or for members	12	
	12 Salaries, other compensation, and employee benefits	13	3,585.
ASSETS	13 Professional fees and other payments to independent contractors	14	
	14 Occupancy, rent, utilities, and maintenance	15	
EXPENSES	15 Printing, publications, postage, and shipping	16	27,702.
	16 Other expenses (describe in Schedule O)	17	31,287.
ASSETS	17 Total expenses. Add lines 10 through 16	18	30,362.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	58,232.
REVENUE	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)	20	
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	88,594.
SEE SCHEDULE O			

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	58,232.22	88,594.
23 Land and buildings	23	
24 Other assets (describe in Schedule O) _____)	24	
25 Total assets	58,232.25	88,594.
26 Total liabilities (describe in Schedule O) _____)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58,232.27	88,594.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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, and other relevant information for each program title

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

Check if the organization used Schedule O to respond to any question in this Part IV.

(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 SCHEDULE Q				

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

- 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 Q 33 Yes No
- 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) 34 Yes No
- 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. 35a Yes No
- a 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? 35b Yes No
- b If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? 36 Yes No
- 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 Yes No
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a Yes No 0.
- b Did the organization file **Form 1120-POL** for this year? 37b Yes No
- 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 Yes No
- b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b Yes No N/A
- 39 Section 501(c)(7) organizations Enter 39a Yes No N/A
- a Initiation fees and capital contributions included on line 9 39b Yes No N/A
- b Gross receipts, included on line 9, for public use of club facilities 40a Yes No 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 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 Yes No 0.
- 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 ► 40c Yes No 0.
- d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 40d Yes No 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 Yes No X
- 41 List the states with which a copy of this return is filed ► CA

42a The organization's books are in care of ► MANDY SCOTT Telephone no ► 415-751-0211
 Located at ► 1738 UNION STREET SAN FRANCISCO CA ZIP + 4 ► 94123

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)? If 'Yes,' enter the name of the foreign country ► 42b Yes No

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.? If 'Yes,' enter the name of the foreign country ► 42c Yes No X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No N/A

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 Yes No

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No

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 Yes No

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X

Part VI **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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
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'		

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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	► <u>Signature of preparer</u>	Date
	► <u>TREASURER, MANDY SCOTT</u>	5-19-11
	Type or print name and title	

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No

Form 990-EZ (2010)

Department of the Treasury
Internal Revenue Service

Name of the organization

WEDDING INDUSTRY PROFESSIONALS ASSOC.

Employer identification number
26-3026750

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

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

PROMOTES PROFESSIONAL RELATIONS AND EDUCATION AMONG WEDDING INDUSTRY PROFESSIONALS.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 2008-WPA

WEDDING INDUSTRY PROFFSSIONALS ASSOC.

26-3026750

5/10/11

12 33PM

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

BOARD MEETINGS	\$	4,080.
CONFERENCES, CONVENTIONS, AND MEETINGS		2,898.
FILING FEES		5.
INFORMATION TECHNOLOGY		1,800.
INSURANCE		2,200.
MEETING EXPENSES		3,855.
MEETING FEES		1,523.
OFFICE EXPENSES		1,019.
SERVICE CHARGES		1,894.
TRAVEL		2,622.
WEBSITE		5,806.
TOTAL	\$	27,702.

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
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.
SHARON DEXMIER 1054 SHARY CIRCLE SUITE 3 CONCORD, CA 94518	VICE PRESIDENT 0	0.	0.	0.
MANDY SCOTT 1738 UNION STREET SAN FRANCISCO, CA 94123	TREASURER 0	0.	0.	0.
VANESSA J. ROCKAFELLOW 1703 CALIFORNIA ST HUNTINGTON BEACH, CA 92648	SECRETARY 0	0.	0.	0.
CAROL ROSEN 2759 CASIANO ROAD LOS ANGELES, CA 90077	BOARD MEMBER 0	0.	0.	0.
JANICE BOHN 5150 CONVOY ST SAN DIEGO, CA 92111	BOARD MEMBER 0	0.	0.	0.
LIESE GARDNER 2526 CLYDE AVE LOS ANGELES, CA 90016	BOARD MEMBER 0	0.	0.	0.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT 2008-WPA

WEDDING INDUSTRY PROFSIONALS ASSOC.

26-3026750

5/10/11

12.55PM

FORM 990-EZ, PART IV (CONTINUED)
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
TERESA 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.
ERIN O'BONNELL 2728 S. LA CIENEGA BLVD LOS ANGELES, CA 90034	BOARD MEMBER 0	0.	0.	0.
ANSETH PAGE RICHARDS 5646 LA JOLLA BLVD LA JOLLA, CA 92037	BOARD MEMBER 0	0.	0.	0.
TOTAL	\$ 0.	\$ 0.	\$ 0.	\$ 0.