

COMMITTEE ON NATURAL RESOURCES
Disclosure Form
As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources

Oversight hearing on

For Individuals:

1. Name: **Rick Dice**
2. Address: [Information redacted for privacy]
3. Email Address: [Information redacted for privacy]
4. Phone Number: [Information redacted for privacy]

* * * * *

For Witnesses Representing Organizations:

1. Name: **Rick Dice, President**
2. Name of Organization(s) You are Representing at the Hearing: **National Wildfire Suppression Association**
3. Business Address: **P.O. Box 330, Lyons,OR 97358**
4. Business Email Address: **info@nwsa.us**
5. Business Phone Number: **1-877-676-6972**

Name/Organization: PatRick Environmental Inc

Title/DateHearing 7/24/2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

41 years operating Business Contracting Fuels and Wildfire Suppression and emergency management, Supplementing agency resources, working with and for Federal Agencies, States and private companies. Incident Management Teams locally and nationally.

**Contractors Performance Assessment Reporting System (CPARS) www.cpars.gov
Excellent performance rating .**

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

President, NWSA, with 20- one year terms.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

**President PatRick 41 years. Worked with federal, state and private contracts in fuels and fire contracting
Red Carded Firefighter to Incident commander
Prescribed Fire Manager
Leadership Instructor**

d. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

**Contract # AG-024B-C-11-9011:
National Type2 IA Contract: (one year with 5 one year Options)
\$560,000. Per year. with Maximum \$20,000,000. with all options**

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

N/A

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Name/Organization: **National Wildfire Suppression Association**

Title/Date

Hearing 7/24/2012

of

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. **President of the Association**

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

N/A

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

N/A

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See Attached

2010 TAX RETURN

Client Copy

Client: 192

Prepared for: The National Wildfire Suppression
Association, Inc.
P. O. Box 758
Redmond, OR 97756
541-923-0703

Prepared by: Teresa Nohrenberg
TERESA NOHRENBERG, CPA, LLC
806 A ST STE D
SPRINGFIELD, OR 97477-4710
(541) 762-1003

Date: July 17, 2012

Comments:

Route to: _____

2010 Exempt Org. Return
prepared for:

**The National Wildfire Suppression
Association, Inc.**
P. O. Box 758
Redmond, OR 97756

TERESA NOHRENBERG, CPA, LLC
806 A ST STE D
SPRINGFIELD, OR 97477-4710

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Client 192
July 17, 2012

**The National Wildfire Suppression
Association, Inc.
P. O. Box 758
Redmond, OR 97756
541-923-0703**

FEDERAL FORMS

Form 990
Schedule D
Schedule O

2010 Return of Organization Exempt from Income Tax
Schedule D
Supplemental Information
Depreciation Schedules

FEE SUMMARY

Preparation Fee

	2010	2009	Diff
REVENUE			
Contributions and grants.....	58,540	0	58,540
Program service revenue.....	164,041	0	164,041
Investment income.....	3	0	3
Total revenue.....	222,584	0	222,584
EXPENSES			
Salaries, other compen., emp. benefits...	80,615	0	80,615
Other expenses.....	154,902	0	154,902
Total expenses.....	235,517	0	235,517
NET ASSETS OR FUND BALANCES			
Revenue less expenses.....	-12,933	0	-12,933
Total assets at end of year.....	22,232	0	22,232
Total liabilities at end of year.....	4,645	0	4,645
Net assets/fund balances at end of year.	17,587	0	17,587

2010

General Information
The National Wildfire Suppression
Association, Inc.

Page 1

88-0269747

Forms needed for this return

Federal: 990, Sch D, Sch O

Carryovers to 2011

None

Form 990, Part IX, Line 24f
Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Bank Charges	264.	264.		
Board workshop	1,310.	1,310.		
Crisis Management	2,500.	2,500.		
Data base	720.	720.		
Dues and subscriptions	1,068.	1,068.		
Inspection fees	624.	624.		
Licenses, taxes and fees	75.	75.		
Miscellaneous				
Postage and Shipping	2,733.	2,733.		
Printing and Publications	2,593.	2,593.		
Repairs and maintenance	110.	110.		
Total	<u>\$ 11,997.</u>	<u>\$ 11,997.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

2010 Federal Book Depreciation Schedule
 The National Wildfire Suppression
 Association, Inc.

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Machinery and Equipment																
1	Copier	11/02/01		700							700	700	200DB MQ	7		0
2	Copier	11/14/07		11,304							11,304	4,805	S/L MQ	5	.20000	2,261
3	Desk	4/26/07		1,066							1,066	399	S/L MQ	7	.14290	152
4	Computer	1/11/07		750							750	431	S/L MQ	5	.20000	150
Total Machinery and Equipment				13,820		0	0	0	0	0	13,820	6,335				2,563
Total Depreciation				<u>13,820</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,820</u>	<u>6,335</u>				<u>2,563</u>
Grand Total Depreciation				<u>13,820</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,820</u>	<u>6,335</u>				<u>2,563</u>

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

D Employer Identification Number
88-0269747

E Telephone number
541-923-0703

G Gross receipts \$ 222,584.

F Name and address of principal officer:
Same As C Above

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ nwsa.net

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: **M** State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Education and training of fire fighters.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		58,540.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		164,041.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		222,584.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		80,615.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		154,902.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		235,517.	
19 Revenue less expenses. Subtract line 18 from line 12		-12,933.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	36,737.	22,232.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,217.	4,645.
		30,520.	17,587.

Part II Signature Block

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

Signature of officer: Rickey Dice Date: _____
 Type or print name and title: President

Paid Preparer Use Only

Print/Type preparer's name: Teresa Nohrenberg Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00224207

Firm's name: ▶ TERESA NOHRENBURG, CPA, LLC
 Firm's address: ▶ 806 A ST STE D
SPRINGFIELD, OR 97477-4710
 Firm's EIN: ▶ 27-0306165
 Phone no.: (541) 762-1003

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

Education and training of fire fighters.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 235,517. including grants of \$) (Revenue \$)

All expenses are necessary for the training of individuals to be effective in the extinguishment of forest fires. Training helps increase safety in a potentially dangerous occupation, training is available state wide in an effort to keep fire lines safe.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 235,517.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		
b Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I.</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year.	1 a	22
1 b	Enter the number of voting members included in line 1a, above, who are independent	1 b	21
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a	X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	8 a	X
8 b	b Each committee with authority to act on behalf of the governing body?	8 b	X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10 a	X
10 b	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b	
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	X
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	X
12 b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	
12 c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official.	15 a	X
15 b	b Other officers of key employees of the organization.	15 b	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
16 b	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ Rick Dice Box 758, Redmond, OR 97756 541-923-0703

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Ted Atkinson Director	1						0.	0.	0.	
(2) Rick Dice President	5						0.	0.	0.	
(3) Mike Wheelock Appointed	1						0.	0.	0.	
(4) Warren Giles Advisory	1						0.	0.	0.	
(5) Lee Miller Sec/Treasure	1						0.	0.	0.	
(6) Mike Sulffridge Director	1						0.	0.	0.	
(7) Don Moss Director	1						0.	0.	0.	
(8) Claren Nilsson Director	1						0.	0.	0.	
(9) Leonard Oftedahl Appointed	1						0.	0.	0.	
(10) Dale Jenner Director	1						0.	0.	0.	
(11) Debbie Miley Executive Direc	40						62,333.	0.	0.	
(12) Karyn McNeil Director	1						0.	0.	0.	
(13) Bruce Ferguson Appointed	1						0.	0.	0.	
(14) Jim Wills Appointed	1						0.	0.	0.	
(15) Don Pollard Director	1						0.	0.	0.	
(16) E.C. Cates Director	1						0.	0.	0.	
(17) Mike Edrington Director	1						0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) John Timmerman Director	1						0.	0.	0.	
(19) Stephen Clarke Director	1						0.	0.	0.	
(20) Jeff Hammond Director	1						0.	0.	0.	
(21) Aaron Verkist Director	1						0.	0.	0.	
(22) Rock Wood Director	1						0.	0.	0.	
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total							62,333.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							62,333.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b	57,950.				
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	590.				
	g Noncash contributions included in lns 1a-1f: \$						
h Total. Add lines 1a-1f			58,540.				
PROGRAM SERVICE REVENUE	2 a <u>Training Cards</u>	Business Code	92,798.	92,798.			
	b <u>Meeting Registration</u>		60,207.	60,207.			
	c <u>Data transfer fee</u>		7,850.	7,850.			
	d <u>Instructor certificate</u>		2,342.	2,342.			
	e <u>Miscellaneous (refunds)</u>		844.	844.			
	f All other program service revenue						
	g Total. Add lines 2a-2f			164,041.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		3.	3.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
b Less: direct expenses	b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11 a -----							
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			222,584.	164,044.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	62,333.	62,333.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	10,558.	10,558.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	7,724.	7,724.		
11 Fees for services (non-employees):				
a Management				
b Legal	4,109.	4,109.		
c Accounting	1,099.	1,099.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	462.	462.		
13 Office expenses	3,696.	3,696.		
14 Information technology				
15 Royalties				
16 Occupancy	6,267.	6,267.		
17 Travel	4,531.	4,531.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,158.	48,158.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,563.	2,563.		
23 Insurance	5,554.	5,554.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Consulting	33,015.	33,015.		
b Training Coordinator	14,255.	14,255.		
c Media, video work	7,385.	7,385.		
d Telephone	6,276.	6,276.		
e Website	5,535.	5,535.		
f All other expenses	11,997.	11,997.		
25 Total functional expenses. Add lines 1 through 24f	235,517.	235,517.	0.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash — non-interest-bearing.....	29,252.	1	17,310.	
	2	Savings and temporary cash investments.....		2		
	3	Pledges and grants receivable, net.....		3		
	4	Accounts receivable, net.....		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).....		6		
	7	Notes and loans receivable, net.....		7		
	8	Inventories for sale or use.....		8		
	9	Prepaid expenses and deferred charges.....		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a	13,819.		
	b	Less: accumulated depreciation.....	10b	8,897.	10c	4,922.
	11	Investments — publicly traded securities.....			11	
	12	Investments — other securities. See Part IV, line 11.....			12	
	13	Investments — program-related. See Part IV, line 11.....			13	
	14	Intangible assets.....			14	
	15	Other assets. See Part IV, line 11.....			15	
16	Total assets. Add lines 1 through 15 (must equal line 34).....		36,737.	16	22,232.	
LIABILITIES	17	Accounts payable and accrued expenses.....		17		
	18	Grants payable.....		18		
	19	Deferred revenue.....		19		
	20	Tax-exempt bond liabilities.....		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....			22	500.
	23	Secured mortgages and notes payable to unrelated third parties.....		6,217.	23	4,145.
	24	Unsecured notes and loans payable to unrelated third parties.....			24	
	25	Other liabilities. Complete Part X of Schedule D.....			25	
	26	Total liabilities. Add lines 17 through 25.....		6,217.	26	4,645.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets.....	30,520.	27	17,587.	
	28	Temporarily restricted net assets.....		28		
	29	Permanently restricted net assets.....		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds.....			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund.....			31	
	32	Retained earnings, endowment, accumulated income, or other funds.....			32	
	33	Total net assets or fund balances.		30,520.	33	17,587.
	34	Total liabilities and net assets/fund balances.		36,737.	34	22,232.

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	222,584.
2	Total expenses (must equal Part IX, column (A), line 25)	2	235,517.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,933.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,520.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,587.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No

b Were the organization's financial statements audited by an independent accountant? Yes No

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Yes No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Yes No

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Yes No

	Yes	No
1		
2a		X
2b		X
2c		
3a		X
3b		

BAA

Form 990 (2010)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

The National Wildfire Suppression Association, Inc.

Employer identification number

88-0269747

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2 regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		13,819.	8,897.	4,922.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 4,922.

BAA

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15) ▶	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization The National Wildfire Suppression
Association, Inc.

Employer identification number
88-0269747

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No documents available to the public.

2009 TAX RETURN

Client Copy

Client: 192

Prepared for: The National Wildfire Suppression
Association, Inc.
P. O. Box 758
Redmond, OR 97756
541-923-0703

Prepared by: Teresa Nohrenberg
TERESA NOHRENBERG, CPA
806 B ST STE D
SPRINGFIELD, OR 97477-4721
(541) 762-1003

Date: July 17, 2012

Comments:

Route to: _____

2009 Exempt Org. Return
prepared for:

**The National Wildfire Suppression
Association, Inc.**
P. O. Box 758
Redmond, OR 97756

TERESA NOHRENBERG, CPA
806 B ST STE D
SPRINGFIELD, OR 97477-4721

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SPRINGFIELD, OR 97477-4721
(541) 762-1003

Client 192
July 17, 2012

**The National Wildfire Suppression
Association, Inc.**
P. O. Box 758
Redmond, OR 97756
541-923-0703

FEDERAL FORMS

Form 990-EZ

**2009 Return of Organization Exempt from Income Tax
Depreciation Schedules**

FEE SUMMARY

Preparation Fee

	2009	2008	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	69,760	3,441	66,319
Program service revenue.....	184,704	228,252	-43,548
Total revenue.....	254,464	231,693	22,771
EXPENSES			
Salaries and employee benefits.....	90,377	74,728	15,649
Professional fees/pymt to contractors....	10,629	1,122	9,507
Occupancy/rent/utilities/maintenance.....	7,200	6,040	1,160
Printing, publications, and postage.....	6,546	3,558	2,988
Other expenses.....	148,314	139,223	9,091
Total expenses.....	263,066	224,671	38,395
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	-8,602	7,022	-15,624
Net assets/fund bal. at beg. of year.....	39,122	32,100	7,022
Net assets/fund bal. at end of year.....	30,520	39,122	-8,602

2009

General Information
The National Wildfire Suppression
Association, Inc.

Page 1

88-0269747

Forms needed for this return

Federal: 990-EZ

Carryovers to 2010

None

2009 Federal Book Depreciation Schedule

The National Wildfire Suppression
Association, Inc.

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Machinery and Equipment																
1	Copier	11/02/01		700							700	700	200DB MQ	7		0
2	Copier	11/14/07		11,304							11,304	2,544	S/L MQ	5	.20000	2,261
3	Desk	4/26/07		1,066							1,066	247	S/L MQ	7	.14280	152
4	Computer	1/11/07		750							750	281	S/L MQ	5	.20000	150
Total Machinery and Equipment				13,820		0	0	0	0	0	13,820	3,772				2,563
Total Depreciation				<u>13,820</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,820</u>	<u>3,772</u>				<u>2,563</u>
Grand Total Depreciation				<u>13,820</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,820</u>	<u>3,772</u>				<u>2,563</u>

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)

2009

Department of the Treasury
Internal Revenue Service

▶ 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 _____, **2009, and ending** _____,

<p>B Check if applicable:</p> <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	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C The National Wildfire Suppression Association, Inc. P. O. Box 758 Redmond, OR 97756</p>	<p>D Employer identification number 88-0269747</p> <p>E Telephone number 541-923-0703</p> <p>F Group Exemption Number..... ▶</p>
--	--	---	---

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ nwsa.net

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check 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..... ▶ \$ 254,464.

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

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received.....	1	69,760.
	2	Program service revenue including government fees and contracts.....	2	184,704.
	3	Membership dues and assessments.....	3	
	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	c 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	a Gross revenue (not including \$ _____ of contributions reported on line 1).....	6a	
6b	b Less: direct expenses other than fundraising expenses.....	6b		
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).....	6c		
7a	7a Gross sales of inventory, less returns and allowances.....	7a		
7b	b Less: cost of goods sold.....	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).....	7c		
8	8 Other revenue (describe ▶ _____).....	8		
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8..... ▶	9	254,464.	
E X P E N S E S	10	10 Grants and similar amounts paid (attach schedule).....	10	
	11	11 Benefits paid to or for members.....	11	
	12	12 Salaries, other compensation, and employee benefits.....	12	90,377.
	13	13 Professional fees and other payments to independent contractors.....	13	10,629.
	14	14 Occupancy, rent, utilities, and maintenance.....	14	7,200.
	15	15 Printing, publications, postage, and shipping.....	15	6,546.
	16	16 Other expenses (describe ▶ <u>See Statement 1</u>).....	16	148,314.
17	17 Total expenses. Add lines 10 through 16..... ▶	17	263,066.	
A S S E T S	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9).....	18	-8,602.
	19	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).....	19	39,122.
	20	20 Other changes in net assets or fund balances (attach explanation).....	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20..... ▶	21	30,520.

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments.....	37,439.	29,252.
23 Land and buildings.....	23	
24 Other assets (describe ▶ <u>See Statement 2</u>).....	10,161.	7,485.
25 Total assets	47,600.	36,737.
26 Total liabilities (describe ▶ <u>See Statement 3</u>).....	8,478.	6,217.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	39,122.	30,520.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>Education and training of fire fighters.</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)	
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.			
28	<u>See Statement 4</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	263,066.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) _____		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a) _____	32	263,066.

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
<u>See Statement 5</u>		73,667.	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.		
35a	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
35b	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.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a 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
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. N/A		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9. N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities. N/A		
40a	a 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		
40b	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.		
40c	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.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 0.		
40e	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.		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ Rick Dice Telephone no. ▶ 541-923-0703
 Located at ▶ Box 758, Redmond, OR ZIP + 4 ▶ 97756

		Yes	No
42b	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:.. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	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:.. ▶ _____		X

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 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 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	
49 a Did the organization make any transfers to an exempt non-charitable related organization?.....	49 a	
b If 'Yes,' was the related organization a section 527 organization?.....	49 b	

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

▶ _____ Date _____
 Signature of officer
 ▶ Rickey Dice President
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's Identifying Number (See instructions) P00224207

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ TERESA NOHRENBERG, CPA
 806 B ST STE D
 SPRINGFIELD, OR 97477-4721

EIN ▶ 27-0306165
 Phone no. ▶ (541) 762-1003

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

Advertising and Promotion.....	\$	939.
Bank Charges.....		495.
Board workshop.....		880.
Conferences, Conventions, and Meetings.....		46,131.
Consulting.....		42,887.
Data base.....		1,463.
Depreciation.....		2,563.
Dues and subscriptions.....		772.
Inspection fees.....		2,347.
Insurance.....		5,840.
Miscellaneous.....		50.
Office Expenses.....		6,303.
Repairs and maintenance.....		575.
Telephone.....		6,393.
Training Coordinator.....		18,570.
Travel.....		8,560.
Website.....		3,546.
Total	\$	<u>148,314.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment.....	\$ 10,048.	\$ 7,485.
Prepaid Expenses and Deferred Charges.....	113.	0.
Total	<u>\$ 10,161.</u>	<u>\$ 7,485.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Secured Mortgages and Notes Payable.....	\$ 8,478.	\$ 6,217.
Total	<u>\$ 8,478.</u>	<u>\$ 6,217.</u>

Statement 4
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

All expenses are necessary for the training of individuals to be effective in the extinguishment of forest fires. Training helps increase safety in a potentially dangerous occupation, training is available state wide in an effort to keep fire lines safe.

Statement 5
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Ted Atkinson 63766 Mtn Glen Rd LaGrande, OR 97850	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Rick Dice P. O. Box 758 Redmond, OR 97756	President 5.00	0.	0.	0.
Mike Wheelock 400 Janice Way Merlin, OR 97532	Appointed 1.00	0.	0.	0.
Warren Giles 62496 Starr Lane LaGrande, OR 97850	Advisory 1.00	0.	0.	0.
Lee Miller 21552 Vanderpool Lane Blodgett, OR 97326	Sec/Treasure 1.00	0.	0.	0.
Mike Sulffridge PO Box 704 Sutherlin, OR 97479	Director 1.00	0.	0.	0.
Don Moss P. O. Box 315 Dayville, OR 97825	Director 1.00	0.	0.	0.
Claren Nilsson 910 E Front Merrill, OR 97633	Director 1.00	0.	0.	0.
Leonard Oftedahl 2900 Foy's Lake Rd Kalispell, MT	Appointed 1.00	0.	0.	0.
Dale Jenner 2904 SW Haily Pendleton, OR 97801	Director 1.00	0.	0.	0.
Debbie Miley P. O. Box 330 Lyons, OR 97358	Executive Direc 40.00	73,667.	0.	0.
Karyn McNeil PO Box 713 Riddle, OR 97469	Director 1.00	0.	0.	0.

Statement 5 (continued)
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
Bruce Ferguson P. O. Box 768 Albany, OR 97321	Appointed 1.00	\$ 0.	\$ 0.	\$ 0.
Jim Wills PO Box 2255 Portola, CA 96122	Appointed 1.00	0.	0.	0.
Don Pollard 307 W Sisters Pkwy, Box 639 Sisters, OR 97759	Director 1.00	0.	0.	0.
E.C. Cates 3115 Mars Ave Winnemucca, NV 89445	Director 1.00	0.	0.	0.
Mike Edrington 5625 N Wilmont Rd Tucson, AZ 85750	Director 1.00	0.	0.	0.
John Timmerman 610 S Harris Harrisburg, MO 65256	Director 1.00	0.	0.	0.
Stephen Clarke 299 Garfield Eugene, OR 97402	Director 1.00	0.	0.	0.
Jeff Hammond 1832 Soscol Napa, CA 94559	Director 1.00	0.	0.	0.
Aaron Verkist 57613 Hwy 204 Weston, OR 97886	Director 1.00	0.	0.	0.
Rock Wood PO Box 2255 Portola, CA 96122	Director 1.00	0.	0.	0.
Total		<u>\$ 73,667.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

2008 TAX RETURN

Client Copy

Client: 192

Prepared for: The National Wildfire Suppression
Association, Inc.
P. O. Box 758
Redmond, OR 97756
541-923-0703

Prepared by: Teresa Nohrenberg
TERESA NOHRENBERG, CPA, LLC
806 A ST STE B
SPRINGFIELD, OR 97477-4710
(541) 762-1003

Date: July 17, 2012

Comments:

Route to: _____

2008 Exempt Org. Return
prepared for:

**The National Wildfire Suppression
Association, Inc.**
P. O. Box 758
Redmond, OR 97756

TERESA NOHRENBERG, CPA, LLC
806 A ST STE B
SPRINGFIELD, OR 97477-4710

TERESA NOHRENBERG, CPA, LLC
806 A ST STE B
SPRINGFIELD, OR 97477-4710
(541) 762-1003

Client 192
July 17, 2012

**The National Wildfire Suppression
Association, Inc.**
P. O. Box 758
Redmond, OR 97756
541-923-0703

FEDERAL FORMS

Form 990-EZ

**2008 Return of Organization Exempt from Income Tax
Depreciation Schedules**

FEE SUMMARY

Preparation Fee

	2008	2007	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	3,441	0	3,441
Program service revenue.....	151,602	120,602	31,000
Membership dues and assessments.....	76,650	69,859	6,791
Total revenue.....	231,693	190,461	41,232
EXPENSES			
Salaries and employee benefits.....	74,728	0	74,728
Professional fees/pymt to contractors....	1,122	0	1,122
Occupancy/rent/utilities/maintenance....	6,040	0	6,040
Printing, publications, and postage.....	3,558	0	3,558
Other expenses.....	139,223	0	139,223
Total expenses.....	224,671	176,151	48,520
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	7,022	14,310	-7,288
Net assets/fund bal. at beg. of year....	32,100	17,790	14,310
Net assets/fund bal. at end of year.....	39,122	32,100	7,022

2008

General Information
The National Wildfire Suppression
Association, Inc.

Page 1

88-0269747

Forms needed for this return

Federal: 990-EZ

Carryovers to 2009

None

2008 Federal Book Depreciation Schedule
 The National Wildfire Suppression
 Association, Inc.

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Machinery and Equipment																
1	Copier	11/02/01		700							700	646	200DB MQ	7	.07640	54
2	Copier	11/14/07		11,304							11,304	283	S/L MQ	5	.20000	2,261
3	Desk	4/26/07		1,066							1,066	95	S/L MQ	7	.14290	152
4	Computer	1/11/07		750							750	131	S/L MQ	5	.20000	150
Total Machinery and Equipment				13,820		0	0	0	0	0	13,820	1,155				2,617
Total Depreciation				<u>13,820</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,820</u>	<u>1,155</u>				<u>2,617</u>
Grand Total Depreciation				<u>13,820</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,820</u>	<u>1,155</u>				<u>2,617</u>

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)

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning _____, **2008, and ending** _____,

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	Please use IRS label or print or type. See Specific Instructions.	C The National Wildfire Suppression Association, Inc. P. O. Box 758 Redmond, OR 97756	D Employer identification number 88-0269747 E Telephone number 541-923-0703 F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ nwsa.net
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 231,693.

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

	1 Contributions, gifts, grants, and similar amounts received	1	3,441.
	2 Program service revenue including government fees and contracts	2	151,602.
	3 Membership dues and assessments	3	76,650.
	4 Investment income	4	
REVENUE	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c 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	
	b Less: cost of goods sold	7b	
	c 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	231,693.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	74,728.
	13 Professional fees and other payments to independent contractors	13	1,122.
	14 Occupancy, rent, utilities, and maintenance	14	6,040.
	15 Printing, publications, postage, and shipping	15	3,558.
	16 Other expenses (describe ▶ <u>See Statement 1</u>)	16	139,223.
	17 Total expenses (add lines 10 through 16)	17	224,671.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,022.
ASSETS	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)	19	32,100.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	39,122.

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.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	30,810.	22 37,439.
23 Land and buildings		23
24 Other assets (describe ▶ <u>See Statement 2</u>)	12,656.	24 10,161.
25 Total assets	43,466.	25 47,600.
26 Total liabilities (describe ▶ <u>See Statement 3</u>)	11,366.	26 8,478.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,100.	27 39,122.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Part III Statement of Program Service Accomplishments (See the instructions.)	Expenses
What is the organization's primary exempt purpose? Education and training of fire fighters.	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
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.	
28 <u>See Statement 4</u>	
(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a 224,671.
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"/>	32 224,671.

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
<u>See Statement 5</u>		65,000.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction 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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 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	Was there a liquidation, dissolution, termination, or substantial contraction 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 unpaid at the start 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	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	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b	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 L, Part I. 40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0.		
d	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 ▶ <u>None</u>		

42a The books are in care of ▶ Rick Dice Telephone no. ▶ 541-923-348
 Located at ▶ Box 758, Redmond, OR ZIP + 4 ▶ 97756

		Yes	No
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		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		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 44		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 45		X

Part 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.

	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 operating 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(s) a section 527 organization?	49b	

50 Complete this table for the 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

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

51 Complete this table for the 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

Total number of other independent contractors 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

▶ _____ Date _____
 Signature of officer
 ▶ **Rickey Dice** President
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____
 Check if self-employed ▶ Preparer's Identifying Number (See instructions) P00224207
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **TERESA NOHRENBURG, CPA, LLC**
 ▶ **806 A ST STE B** EIN ▶ **27-0306165**
 ▶ **SPRINGFIELD, OR 97477-4710** Phone no. ▶ **(541) 762-1003**

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

Advertising and Promotion.....	\$	7,714.
Bank Charges.....		1,838.
Conferences, Conventions, and Meetings.....		41,742.
Consulting.....		20,463.
Data base.....		1,468.
Depreciation.....		2,617.
Dues and subscriptions.....		333.
Gift.....		264.
Inspection fees.....		6,969.
Insurance.....		4,484.
Miscellaneous.....		2,890.
Office Expenses.....		4,270.
Telephone.....		7,667.
Training Coordinator.....		20,675.
Travel.....		8,763.
Website.....		7,066.
Total	\$	<u>139,223.</u>

Statement 2
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment.....	\$ 12,655.	\$ 10,048.
Prepaid Expenses and Deferred Charges.....	0.	113.
Rounding.....	1.	0.
Total	<u>\$ 12,656.</u>	<u>\$ 10,161.</u>

Statement 3
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Employee withholding.....	\$ 250.	\$ 0.
Secured Mortgages and Notes Payable.....	11,116.	8,478.
Total	<u>\$ 11,366.</u>	<u>\$ 8,478.</u>

Statement 4
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

All expenses are necessary for the training of individuals to be effective in the extinguishment of forest fires. Training helps increase safety in a potentially dangerous occupation, training is available state wide in an effort to keep fire lines safe.

Statement 5
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
Ted Atkinson 63766 Mtn Glen Rd LaGrande, OR 97850	Director 0	\$ 0.	\$ 0.	\$ 0.
Rick Dice P. O. Box 758 Redmond, OR 97756	President 5.00	0.	0.	0.
Mike Wheelock 400 Janice Way Merlin, OR 97532	Appointed 1.00	0.	0.	0.
Warren Giles 62496 Starr Lane LaGrande, OR 97850	Advisory 0	0.	0.	0.
Lee Miller 21552 Vanderpool Lane Blodgett, OR 97326	Sec/Treasure 1.00	0.	0.	0.
Mike Sulffridge PO Box 704 Sutherlin, OR 97479	Director 1.00	0.	0.	0.
Don Moss P. O. Box 315 Dayville, OR 97825	Director 1.00	0.	0.	0.
Claren Nilsson 910 E Front Merrill, OR 97633	Director 1.00	0.	0.	0.
Leonard Oftedahl 2900 Foy's Lake Rd Kalispell, MT	Appointed 1.00	0.	0.	0.
Dale Jenner 2904 SW Haily Pendleton, OR 97801	Director 0	0.	0.	0.
Debbie Miley P. O. Box 330 Lyons, OR 97358	Executive Direc 40.00	65,000.	0.	0.
Karyn McNeil PO Box 713 Riddle, OR 97469	Director 0	0.	0.	0.

Statement 5 (continued)
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
Bruce Ferguson P. O. Box 768 Albany, OR 97321	Appointed 1.00	\$ 0.	\$ 0.	\$ 0.
Jim Wills PO Box 2255 Portola, CA 96122	Appointed 1.00	0.	0.	0.
Don Pollard 307 W Sisters Pkwy, Box 639 Sisters, OR 97759	Director 0	0.	0.	0.
Rich Denker Box 179 Crawford, CO 81415	Advisory 1.00	0.	0.	0.
Mike Edrington 5625 N Wilmont Rd Tucson, AZ 85750	Director 1.00	0.	0.	0.
John Timmerman 610 S Harris Harrisburg, MO 65256	Director 0	0.	0.	0.
Tom Stewart Box 818 Redmond, OR 97756	Appointed 1.00	0.	0.	0.
Jess Wills 13526 Skypark Ind. Ave Chico, CA 94973	Director 0	0.	0.	0.
Total		<u>\$ 65,000.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>