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7

Form **990-EZ**

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)

► For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year

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

OMB No 1545-1150

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2005 calendar year, or tax year beginning , 2005, and ending ,

Check if applicable: Address change; Name change; Initial return; Final return; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C
INTERNATION ASSOCIATION OF FIREFIGHTERS
LOCAL 404
5 WEST ALDER #203
WALLA WALLA, WA 99362

D Employer identification number: 91-6053938

E Telephone number: 509-527-4429

F Group Exemption Number ►

• ***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: [X] Cash [ ] Accrual
Other (specify) ►

Web site: ► N/A

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

Organization type (check only one) — [X] 501(c) (5) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

Check ► [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ ► $ 64,656.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	63,020.
	4	Investment income	4	1,636.
	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 (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule) If any amount is from **gaming**, check here ► [ ]		
	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 (line 6a less line 6b)	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 (line 7a less line 7b)	7c	
	8	Other revenue (describe ► POSTMARK RECEIVED)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►	9	64,656.
EXPENSES	10	Grants and similar amounts paid (attach schedule) 10 04 2011 SEE STATEMENT 1 10 07 2011	10	18,723.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors CINCINNATI SERVICE CENTER	13	1,470.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► SEE STATEMENT 2)	16	31,315.
	17	**Total expenses** (add lines 10 through 16) ►	17	51,508.
NET ASSETS	18	Excess or (deficit) for the year (line 9 less line 17)	18	13,148.
	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	32,572.
	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	45,720.

INTERNAL REVENUE SERVICE RECEIVED OCT 14 2011 ACCOUNTS MGMT - TEAM 108 - STATUTE CINCINNATI ACCOUNTS MGMT CTR.

Part II Balance Sheets – If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ

(See Instructions)

			(A) Beginning of year		(B) End of year
22		Cash, savings, and investments	54,257.	22	65,315.
23		Land and buildings		23	
24		Other assets (describe ► SEE STATEMENT 3)	2,790.	24	1,430.
25		**Total assets**	57,047.	25	66,745.
26		**Total liabilities** (describe ► SEE STATEMENT 4)	24,475.	26	21,025.
27		**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	32,572.	27	45,720.

9HR-4 NE 18

Statement of Program Service Accomplishments (See Instructions)

What is the organization's primary exempt purpose? SEE STATEMENT 5

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

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
28	(Grants $) If this amount includes foreign grants, check here ► ☐	28a
29	(Grants $) If this amount includes foreign grants, check here ► ☐	29a
30	(Grants $) If this amount includes foreign grants, check here ► ☐	30a
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ► ☐	31a
32	**Total program service expenses** (add lines 28a through 31a) ►	32

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions)

(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 STATEMENT 6		0.	0.	0.

Other Information (Note the attachment requirement in the instructions) SEE STATEMENT 7

			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	33		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	34		X
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (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?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmnt.)	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 275.			
b	Did the organization file **Form 1120-POL** for this year?	37b		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?	38a		X
b	If 'Yes,' attach the sch specified in the In 38 instructions and enter the 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 ► N/A ; section 4912 ► N/A , section 4955 ► N/A			
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,' attach an explanation.*	40b	N/A	
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.			

Other Information (**Note** the attachment requirement in the instructions) *(Continued)*

41 List the states with which a copy of this return is filed ► NONE

42 a The books are in care of ► FRED HECTOR Telephone no ► 509-527-4429

Located at ► 5 WEST ALDER #203, WALLA WALLA WA ZIP + 4 ► 99362

		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)?		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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		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* S — Check here ► ☐ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

Please Sign Here

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

► Signature of officer | 10-3-11 Date | ► Bryan McIntire Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature ►	MICHAEL A. DANDREA, CPA	Date 10-3-2011	Check if self-employed ► ☐	Preparer's SSN or PTIN (See General Instruction W) P00078856
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	LARSONALLEN LLP 204 WEST 2ND AVENUE / PO BOX 68 GRANDVIEW, WA 98930-0068		EIN ► 41-0746749 Phone no ► (509) 882-1511	

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:	POLITICAL ACTION FUND		
DONEE'S NAME:	FIREPAC WALLA WALLA, WA 99362		
AMOUNT GIVEN:		$	1,552.
CLASS OF ACTIVITY:	FIREFIGHTER ASSISTANCE		
DONEE'S NAME:	FIREFIGHTERS BENEVOLENT ASSN WALLA WALLA, WA 99362		
AMOUNT GIVEN:		$	6,020.
	TOTAL CASH GRANTS AND ALLOCATIONS	$	7,572.

PAYMENTS TO AFFILIATES

NAME:	INTL ASSOC OF FIREFIGHTERS		
ADDRESS:	1750 NEW YORK AVENUE N.W. WASHINGTON, DC 20006		
PURPOSE OF PAYMENT:	DUES TO INT'L ORGANIZATION		
AMOUNT:		$	4,430.
NAME:	WA STATE COUNCIL OF FIREFIGHTE		
ADDRESS:	1069 ADAMS STREET SOUTHWEST OLYMPIA, WA 98501		
PURPOSE OF PAYMENT:	DUES TO STATE COUNCIL		
AMOUNT:		$	6,721.
	TOTAL PAYMENTS TO AFFILIATES	$	11,151.
	TOTAL GRANTS AND SIMILAR AMOUNTS PAID	$	18,723.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES AND CONVENTIONS	$	4,886.
DEPRECIATION		1,360.
FIREHOUSE SUPPLIES EXPENSE		5,438.
FIREMANS BALL		2,485.
FIRETRUCK EXPENSE		2,055.
GOOD AND WELFARE		1,870.
HELMUT EXPENSE		1,206.
HONOR GUARD		2,457.
MISCELLANEOUS DUES EXPENSE		600.
MISCELLANEOUS EXPENSE		100.
OFFICE EXPENSE		2,011.
POLITICAL EXPENSE		275.
PUBLIC RELATIONS		6,477.
WSFFA DUES		95.
TOTAL	$	31,315.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
MACHINERY AND EQUIPMENT	$ 2,790.	$ 1,430.
TOTAL	$ 2,790.	$ 1,430.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
MORTGAGES AND OTHER NOTES PAYABLE	$ 24,475.	$ 21,025.
TOTAL	$ 24,475.	$ 21,025.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

REPRESENT LOCAL FIREFIGHTERS IN CONTRACT NEGOTIATIONS WITH THE CITY OF WALLA WALLA AND SUPPORT LOCAL FIREFIGHTERS IN THEIR DAILY WORK ENVIRONMENT/ACTIVITIES.

STATEMENT 6
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
JAVIN BERG 5 WEST ALDER #203 WALLA WALLA, WA 99362	PRESIDENT 5	$ 0.	$ 0.	$ 0.
TODD STUBBLEFIELD 5 WEST ALDER #203 WALLA WALLA, WA 99362	VICE PRESIDENT 5	0.	0.	0.
FRED HECTOR 5 WEST ALDER #203 WALLA WALLA, WA 99362	TREASURER 5	0.	0.	0.
JOHN KNOWLES 5 WEST ALDER #203 WALLA WALLA, WA 99362	DIRECTOR 2	0.	0.	0.

STATEMENT 6 (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
BO PINGREE 5 WEST ALDER #203 WALLA WALLA, WA 99362	DIRECTOR 2	$ 0.	$ 0.	$ 0.
BRYAN WINN 5 WEST ALDER #203 WALLA WALLA, WA 99362	DIRECTOR 2	0.	0.	0.
ERIK SWANSON 5 WEST ALDER #203 WALLA WALLA, WA 99362	DIRECTOR 2	0.	0.	0.
JOHN CLAYTON 5 WEST ALDER #203 WALLA WALLA, WA 99362	DIRECTOR 2	0.	0.	0.
BRAD MORRIS 5 WEST ALDER #203 WALLA WALLA, WA 99362	DIRECTOR 2	0.	0.	0.
ANTHONY SPADA 5 WEST ALDER #203 WALLA WALLA, WA 99362	SARGENT-AT-ARMS 2	0.	0.	0.
	TOTAL	$ 0.	$ 0.	$ 0.

STATEMENT 7
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

Form **2848**
(Rev June 2008)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

► **Type or print.** ► **See the separate instructions.**

OMB No 1545-0150

For IRS Use Only
Received by
Name
Telephone
Function
Date / /

Part I Power of Attorney

Caution: *Form 2848 will not be honored for any purpose other than representation before the IRS*

1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9

Taxpayer name(s) and address	Social security number(s)	Employer identification number
INTERNATIONAL ASSOCIATION OF FIREFIGHTER LOCAL 404 WALLA WALLA 5 W ALDER #203 WALLA WALLA, WA 99362		91-6053938 Plan number (if applicable)
	Daytime telephone number 509-240-2760	

hereby appoint(s) the following representative(s) as attorney(s)-in-fact.

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address	CAF No / Telephone No. / Fax No. / Check if new: Address ☐ Telephone No ☐ Fax No. ☐
MICHAEL A. DANDREA, CPA 101 W. POPLAR, PO BOX 998 WALLA WALLA, WA 99362	CAF No 8005-64112R Telephone No. 509-525-1410 Fax No.
DAVID A. ELMENHURST, CPA 101 W. POPLAR, PO BOX 998 WALLA WALLA, WA 99362	CAF No 8006-16914R Telephone No 509-525-1410 Fax No
Name and address	CAF No Telephone No. Fax No.

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:

3 Tax matters

Type of Tax (Income, Employment, Excise, etc) or Civil Penalty (see the instructions for line 3)	Tax Form Number (1040, 941, 720, etc)	Year(s) or Period(s) (see the instructions for line 3)
EXEMPT ORGANIZATION	FORM 990-EZ	2005,2006

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box See the instructions for **Line 4. Specific Uses Not Recorded on CAF** ► ☐

5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative or add additional representatives, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party See the line 5 instructions for more information.

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations See **Unenrolled Return Preparer** in the instructions An enrolled actuary may only represent taxpayers to the extent provided in section 10 3(d) of Treasury Department Circular No 230 (Circular 230) An enrolled retirement plan administrator may only represent taxpayers to the extent provided in section 10 3(e) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (levels k and l) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific additions or deletions to the acts otherwise authorized in this power of attorney _____

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH,** refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) ►

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

a If you also want the second representative listed to receive a copy of notices and communications, check this box ► ☐

b If you do not want any notices or communications sent to your representative(s), check this box ► ☐

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document If you **do not** want to revoke a prior power of attorney, check here ► ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► **IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.**

Signature	Date	Title (if applicable)
	10-3-11	TREASURER

Print Name	Pin Number	Print name of taxpayer from line 1 if other than individual
BRYAN MCINTIRE		

Signature	Date	Title (if applicable)

Print Name	Pin Number

Part II Declaration of Representative

Caution: *Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the instructions for Part II*

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:

a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below.

b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below

c Enrolled Agent — enrolled as an agent under the requirements of Circular 230

d Officer — a bona fide officer of the taxpayer's organization.

e Full-Time Employee — a full-time employee of the taxpayer.

f Family Member — a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).

g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U S C 1242 (the authority to practice before the Internal Revenue Service is limited by section 10 3(d) of Circular 230).

h Unenrolled Return Preparer — the authority to practice before the Internal Revenue Service is limited by Circular 230, section 10 7(c)(1)(viii) You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** in the instructions.

k Student Attorney — student who receives permission to practice before the IRS by virtue of their status as a law student under section 10 7(d) of Circular 230

l Student CPA — student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10 7(d) of Circular 230

r Enrolled Retirement Plan Agent — enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e))

► **IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**
See the Part II instructions

Designation — Insert above letter **(a - r)**	Jurisdiction (state) or identification	Signature	Date
B	WA	Michael A. Danahue, CPA	10-3-2011
B	WA	CPA	10/3/2011