

07/12

OMB No. 1545-1150

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 601(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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

2007

Open to Public
Inspection

A For the 2007 calendar year, or tax year beginning

and ending

<input type="checkbox"/> Check if applicable	Please use IRS label or print or type See Specific Instructions
<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	

C Name of organization

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL #4227

D Employer identification number

04-3724764

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

P.O. BOX 50373

E Telephone number

775-232-3522

City or town, state or country, and ZIP + 4

04

F Group Exemption
Number

SPARKS, NV 89435

9

• Section 601(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 ► N/A

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)(4) (insert no) 4947(a)(1) or 527K 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 \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 21,001.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the Instructions)

POSTMARK

RECEIVED

NOV 20 2020

NOV 23 2020

1 Contributions, gifts, grants, and similar amounts	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 20,986.
4 Investment income	4
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 line 5b from line 5a (attach schedule)	5c
6 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>	6
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 ► INTEREST	8 15.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 21,001.
10 Grants and similar amounts paid	10 3,966.
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	13
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► SEE STATEMENT 1	16 17,840.
17 Total expenses Add lines 10 through 16	17 21,806.
18 Excess or (deficit) for the year Subtract line 17 from line 9	18 <805. >
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 0.
20 Other changes in net assets or fund balances (attach explanation)	20 1,144.
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 339.

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 page 60 of the Instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0.22	339.
23 Land and buildings	23	
24 Other assets (describe ►)	24	
25 Total assets	0.25	339.
26 Total liabilities (describe ►)	0.26	0.
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	0.27	339.

723421
12 27 07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions

Q4

Form 990-EZ (2007)

INTERNATIONAL ASSOCIATION OF FIRE

Form 990-EZ (2007) FIGHTERS LOCAL #4227

04-3724764

Page 2

Part III Statement of Program Service Accomplishments (See page 60 of the Instructions)

What is the organization's primary exempt purpose? ASSOCIATION OF FIRE FIGHTERS

Expenses
(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 ARBITRATION, NEGOTIATION AND LEGAL COSTS FOR UNION CONTRACT AND COMMITTEE WORK FOR GRIEVANCES; SEMINARS AND WORKSHOPS FOR FIRE FIGHTING AND SKILL IMPROVEMENTS.

(Grants \$

) If this amount includes foreign grants, check here

28a

16,614.

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 16,614.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 81 of the 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 & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4				

Part V Other Information (Note the statement requirement in General Instruction V)

Yes No

33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

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

36 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," attach a statement

36

X

37a Enter amount of political expenditures, direct or indirect, as described in the Instructions ► 37a 0.

37a

X

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 schedule specified in the line 38 instructions and enter the amount involved

38b

N/A

39 501(c)(7) organizations Enter

39a

N/A

a Initiation fees and capital contributions included on line 9

39b

N/A

b Gross receipts, included on line 9, for public use of club facilities

Form 990-EZ (2007)

723431
12 27 07

INTERNATIONAL ASSOCIATION OF FIRE

Form 990-EZ (2007) FIGHTERS LOCAL #4227

04-3724764

Page 3

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

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/Ab **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 explanationc 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?41 List the states with which a copy of this return is filed ► NONE42a The books are in care of ► TREASURER Telephone no ► 775-232-3522Located at ► 5052 HALLGARTEN DR, SPARKS, NV ZIP + 4 ► 89436

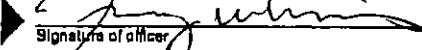
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ► _____

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.?

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

11/18/2020

Date

► Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ► <u>B. Kohn</u>	Date 09/27/11	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN ► <u>P 00212562</u>
	Firm's name (or yours if self-employed, address, and ZIP + 4) ► <u>KOHN COLODNY LLP 5310 KIETZKE LANE, SUITE 101 RENO, NEVADA 89511</u>	EIN ► <u>86-0846032</u>	Phone no ► <u>775-828-7300</u>	

Form 990-EZ (2007)

723432
12 27 07