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Filing Relief VCP

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)

OMB No 1545-1150

2007

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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.

A For the 2007 calendar year, or tax year beginning

, 2007, and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

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

INT'L ASSOCIATION OF FIREFIGHTERS
PO BOX 71739
FAIRBANKS, AK 99707

D Employer identification number

92-6003293

E Telephone number

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: ☒ 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) (5) (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 \$100,000 or more, file Form 990 instead of Form 990-EZ.

\$ 80,018.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the 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	75,566.
	4	Investment income	4	4,452.
	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 sched)	5c	
	6	Special events and activities (attach schedule). 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	80,018.	
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	6,680.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	24,352.
	13	Professional fees and other payments to independent contractors	13	2,470.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe) SEE STATEMENT 2	16	14,249.
	17	Total expenses (add lines 10 through 16)	17	47,751.
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	32,267.	
NET 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	41,649.
	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	73,916.

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	91,509.	22 114,334.
23 Land and buildings		23
24 Other assets (describe)		24
25 Total assets	91,509.	25 114,334.
26 Total liabilities (describe SEE STATEMENT 3)	49,860.	26 40,418.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,649.	27 73,916.

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

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NE

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	SEE STATEMENT 5		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a
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

Part IV 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
DOMINIC P LOZANO PO BOX 82088 FAIRBANKS, AK 99708	PRESIDENT 20.00	7,667.	0.	0.
SEAN M ALDRICH 825 CANTERBURY FAIRBANKS, AK 99709	TREASURER 5.00	3,833.	0.	0.
SCOTT C RAYGOR 2619 ALLEN ADALE RD FAIRBANKS, AK 99712	SECRETARY 5.00	3,833.	0.	0.
STEVEN C SUNDBORG 293 EAST BIRCH HILL ROAD FAIRBANKS, AK 99712	VICE PRESIDENT 10.00	5,751.	0.	0.

Part V Other Information (Note the statement requirement in the instructions.)

SEE STATEMENT 6

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
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?	35 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.	
b	Did the organization file Form 1120-POL for this year?	37 b		X
38 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 unpaid at the start of the period covered by this return?	38 a		X
b	If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38 b	N/A	
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39 a	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	

Part V Other Information (Note the statement requirement in the instructions.) (Continued)**40 a** 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

	Yes	No
40b	<u>N/A</u>	
40e		<u>X</u>

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?**41** List the states with which a copy of this return is filed ▶ NONE**42 a** The books are in care of ▶ SEAN ALDRICHTelephone no ▶ (907) 347-0449Located at ▶ PO BOX 71739 FAIRBANKS AKZIP + 4 ▶ 99707**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 ▶ _____

	Yes	No
42b		<u>X</u>
42c		<u>X</u>

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 hereand enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43▶ ☐ N/AN/A

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.

Please Sign Here▶ Sean Aldrich

Signature of officer

11/13/10

Date

▶ SEAN M ALDRICH

Type or print name and title

TREASURER**Paid Preparer's Use Only**

Preparer's signature

▶ Dianne M Sandberg
DIANNE M SANDBERG

Date

10/12/10Check if self-employed ▶ ☐Preparer's SSN or PTIN (See General Instruction X)
N/A

Firm's name (or yours if self-employed), address, and ZIP + 4

DIANNE M. SANDBERG, CPA, P.C.P.O. BOX 72565FAIRBANKS, AK 99707-2565

EIN

▶ N/A

Phone no

▶ 907 457-2797

BAA

TEEA0812L 12/27/07

Form 990-EZ (2007)

2007

FEDERAL STATEMENTS

PAGE 1

INT'L ASSOCIATION OF FIREFIGHTERS

92-6003293

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

PAYMENTS TO AFFILIATES

NAME:	INT'L ASSOC OF FIREFIGHTERS	
ADDRESS:	1750 NEW YORK AVE, NW STE 300	
	WASHINGTON DC, 20006	
PURPOSE OF PAYMENT:	MEMBERSHIP DUES	
AMOUNT:		\$ 4,401.

NAME:	AK PROFESSIONAL FIREFIGHTERS	
ADDRESS:	PO BOX 111222	
	ANCHORAGE, AK 99511	
PURPOSE OF PAYMENT:	MEMBERSHIP DUES	
AMOUNT:		\$ 2,279.

TOTAL PAYMENTS TO AFFILIATES \$ 6,680.

TOTAL GRANTS AND SIMILAR AMOUNTS PAID \$ 6,680.

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

ADVERTISING I& PROMOTION	\$ 3,255.
CHARITABLE CONTRIBUTIONS	1,000.
CONFERENCES, CONVENTIONS, AND MEETINGS	1,506.
DUES	458.
EQUIPMENT STORAGE	4,900.
INFORMATION TECHNOLOGY	794.
OFFICE	524.
TRAVEL	1,812.
TOTAL	\$ <u>14,249.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCRUED PAYROLL LIABILITIES	\$ 694.	\$ 1,260.
MORTGAGES AND OTHER NOTES PAYABLE	49,166.	39,158.
TOTAL	\$ <u>49,860.</u>	\$ <u>40,418.</u>

STATEMENT 4
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE INTERNATIONAL ASSOCIATION OF FIREFIGHTERS LOCAL 1324 REPRESENTS APPROXIMATELY 40 MEMBERS AND WAS FORMED TO ORGANIZE ALL FIREFIGHTERS AND EMERGENCY MEDICAL OR RESCUE WORKERS, TO PROMOTE FAIR AND REASONABLE WORKING CONDITIONS, SECURE JUST COMPENSATION FOR SERVICES AND EQUITABLE SETTLEMENT OF GRIEVANCES, IMPROVE THE WORKING SKILLS AND EFFICIENCY OF ITS MEMBERS, TO PROTECT OURSELVES AND OUR SURVIVORS BY FOSTERING ADEQUATE SICK AND DEATH BENEFITS, ENCOURAGE FRIENDSHIP AND TRUST AMONG MEMBERS AND TO PRESERVE AND ENHANCE THE ALTRUISM AND COURAGE WHICH ARE THE ESSENCE OF THE PROFESSION.

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE INTERNATIONAL ASSOCIATION OF FIREFIGHTERS, LOCAL 1324 IS THE PRIMARY ADVOCATE FOR PROVIDING FIRE FIGHTERS AND PARAMEDICS WITH THE TOOLS THEY NEED TO PERFORM THEIR JOB. THE UNION ALSO PROVIDES A STRONG VOICE IN THE DEVELOPMENT AND IMPLEMENTATION OF NEW TRAINING AND EQUIPMENT, AND HAS WORKED HARD TO ADVANCE THE PROPER STAFFING OF FIRE AND EMS DEPARTMENTS.		
INCLUDES FOREIGN GRANTS: NO		
	\$ 0.	\$ 0.

STATEMENT 6
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