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Filing Relief VCP  
Previously Filed 11/06/09

Short Form

OMB No 1545-1150

Form 990-EZ

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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

Department of the Treasury  
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning , 2008, 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.

C  
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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 64,526.

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	62,313.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	2,213.
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) (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	64,526.
10	Grants and similar amounts paid (attach schedule).	10	6,624.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	24,119.
13	Professional fees and other payments to independent contractors	13	20,408.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	3,972.
16	Other expenses (describe ▶ SEE STATEMENT 2)	16	23,157.
17	Total expenses (add lines 10 through 16)	17	78,280.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,754.
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	73,648.
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	59,894.

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	114,334.	88,292.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 3)		1,500.
25 Total assets	114,334.	89,792.
26 Total liabilities (describe ▶ SEE STATEMENT 4)	40,686.	29,898.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,648.	59,894.

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

Form 990-EZ (2008)

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22



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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
<b>34</b> 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
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
<b>39</b> 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	39a	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	39b	N/A
<b>40a</b> 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	N/A
<b>b</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		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		0.
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed	NONE	

**42a** The books are in care of SEAN ALDRICH Telephone no. (907) 347-0449  
 Located at PO BOX 71739 FAIRBANKS AK ZIP + 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
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?  
 If 'Yes,' enter the name of the foreign country: ..

**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

☐ N/A  
☒ 43 N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

	Yes	No
<b>44</b>		X
<b>45</b>		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



2008

## FEDERAL STATEMENTS

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CLIENT IAFF

INT'L ASSOCIATION OF FIREFIGHTERS

92-6003293

11/06/09

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

PAYMENTS TO AFFILIATES

NAME:	INTL ASSOC OF FIREFIGHTERS	
ADDRESS:	1750 NEW YORK AVE, NW STE 300	
	WASHINGTON, DC, DC 20006	
PURPOSE OF PAYMENT:	MEMBERSHIP DUES	
AMOUNT:		\$ 4,942.
NAME:	AK PROFFESIONAL FIREFIGHTERS	
ADDRESS:	PO BOX 111222	
	ANCHORAGE, AK 99511	
PURPOSE OF PAYMENT:	MEMBERSHIP DUES	
AMOUNT:		\$ 1,682.

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

ADVERTISING AND PROMOTION	\$ 4,813.
CHARITABLE CONTRIBUTIONS	200.
CONFERENCES, CONVENTIONS, AND MEETINGS	1,590.
DUES AND SUBSCRIPTIONS	658.
EQUIPMENT STORAGE	3,900.
INFORMATION TECHNOLOGY	539.
OFFICE EXPENSES	2,261.
TRAVEL	9,196.
<b>TOTAL</b>	<b>\$ 23,157.</b>

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

	<u>BEGINNING</u>	<u>ENDING</u>
NOTES AND LOANS RECEIVABLE	\$ 0.	\$ 1,500.
<b>TOTAL</b>	<b>\$ 0.</b>	<b>\$ 1,500.</b>

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

	<u>BEGINNING</u>	<u>ENDING</u>
ACCRUED PAYROLL TAXES	\$ 694.	\$ 748.
UNSECURED NOTES AND LOANS PAYABLE	39,992.	29,150.
<b>TOTAL</b>	<b>\$ 40,686.</b>	<b>\$ 29,898.</b>

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FEDERAL STATEMENTS

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CLIENT IAFF

INT'L ASSOCIATION OF FIREFIGHTERS

92-6003293

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03:27PM

**STATEMENT 5  
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 OUR MEMBERS AND TO PRESERVE AND ENHANCE THE ALTRUISM AND COURAGE WHICH ARE THE ESSENCE OF OUR PROFESSION.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	INT'L ASSOCIATION OF FIREFIGHTERS	92-6003293
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	PO BOX 71739	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	FAIRBANKS, AK 99707	

**Check type of return to be filed** (File a separate application for each return):

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of. ▶ **SEAN ALDRICH**  
Telephone No. ▶ **(907) 347-0449** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until 11/15, 20 09.
- 5** For calendar year 2008, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- 6** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7** State in detail why you need the extension.. ADDITIONAL INFORMATION IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs...	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Dianne M Sandberg Title ▶ CPA Date ▶ 8/17/09

BAA

FIFZ0502L 04/16/08

Form 8868 (Rev 4-2008)

DIANNE M. SANDBERG, CPA, P.C.

P.O. BOX 72565

FAIRBANKS, AK 99707-2565