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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ 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.

OMB No 1545-1150

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning****, 2009, and ending****, 20****B Check if applicable**

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

Please
use IRS
label or
print or
type or
See
Specific
Instructions**C Name of organization**

INTL ASSOC OF FIREFIGHTERS 785 LEW

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

Room/suite

2 COLLEGE STREET

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

LEWISTON, ME 04240

D Employer identification number

01-6014991

E Telephone number

207-783-3756

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) ▶

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

I Website: ▶**J Tax-exempt status** (check only one) - ☒ 501(c) (3) ◀ (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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 91918**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

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	44656
	4	Investment income	4	2926
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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 ☐		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	37770
	6b	Less direct expenses other than fundraising expenses	6b	24800
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	12970	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ SEE ATTACHED)	8	6566	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	67118	
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	16929
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	629
	15	Printing, publications, postage, and shipping	15	73
	16	Other expenses (describe ▶ SEE ATTACHED)	16	39785
	17	Total expenses. Add lines 10 through 16 ▶	17	57416
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9702
	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	94296
	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	103998

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 year
22 Cash, savings, and investments	94296	22 103998
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	94296	25 103998
26 Total liabilities (describe ▶)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	94296	27 103998

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

Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

Expenses

What is the organization's primary exempt purpose?

(Required for section 501(c)(3) and 501(c)(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, and other relevant information for each program title.

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
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Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated (See the instructions for Part IV))

[illegible]

Form 990-EZ (2009)

Page **3****Part V Other Information** (Note the statement requirements in the instructions 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	33	X
34	Were any changes made to the organizing or governing documents? 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, 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.		
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?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____	37b	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," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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	40b	X
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 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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. ▶ ME		
42a	The organization's books are in care of ▶ <u>MICHAEL ALBERT</u> Telephone no. ▶ <u>(207) 783-3756</u> Located at ▶ <u>2 COLLEGE STREET</u> ZIP + 4 ▶ <u>04240</u>		
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 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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
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

Form 990-EZ (2009)

Page 4

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

- 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** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☒ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☒ No
- 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"

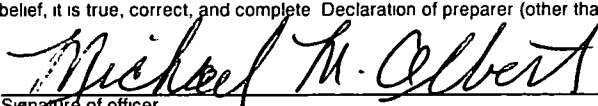
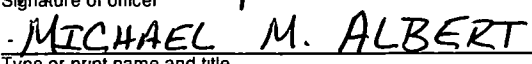
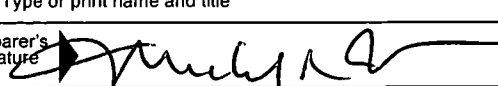
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

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		5/13/2010 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature 	Date 05/10/10	Check if self-employed ☒	Preparer's identifying number (See instructions) P00339779
	Firm's name (or yours if self-employed), address, and ZIP + 4 MORIN FINANCIAL SERVICES 90 CHARLES STREET LEWISTON, ME 04240		EIN ▶ 03-0500348 Phone no ▶ (207) 783-4490	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Schedule G
(Form 990 of 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

01-6014991

INTL ASSOC OF FIREFIGHTERS 785 LEW

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☒ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JOHN SILVERIA	FUNDRAISING		X	18885	12753	6132
ALL PRO PRODUCTIONS	FUNDRAISING		X	18885	12047	6838
Total				37770	24800	12970

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing
ME

Schedule G (Form 990 or 990-EZ) 2009

Page **2****Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 COMMUNITY BENEFIT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	37770			37770
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	37770			37770
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24800			24800
	10 Direct expense summary Add lines 4 through 9 in column (d)				(24800)
11 Net income summary Combine lines 3 and 10 in column (d)				12970	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2009

Page **3**

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a %		
b An outside facility	13b %		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records			
Name ►			
Address ►			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$			
c If "Yes," enter name and address			
Name ►			
Address ►			
16 Gaming manager information:			
Name ►			
Gaming manager compensation ► \$			
Description of services provided ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			

SUPPORTING STATEMENTS FOR ORGANIZATION
INTL ASSOC OF FIREFIGHTERS 785 LEW
01-6014991
2 COLLEGE STREET
LEWISTON, ME 04240

**** SCHEDULE of Part I - Other Expenses

<u>Description</u>	<u>Amount</u>
SEC OF STATE FILING FEES	35
PROF FIREFIGHTERS OF ME DUES	4,076
IAFF DUES	9,132
GRAVE MARKERS AND FLAGS	260
HONOR GUARD EXPENSES	663
RAFFLE AND MEETING ATTENDANCE	356
MEMORIAL SCHOLARSHIPS	250
LOCAL 785 TOURNAMENT SPONSORS	785
PAYROLL TAXES	1,551
LEGAL AND ACCOUNTING	1,133
BANK SERVICE CHARGES	67
PAYROLL PROCESSING FEES	261
OFFICE SUPPLIES	1,198
MILEAGE REIMBURSEMENTS	374
DONATIONS	13,317
ADVERTISING	480
TRAVEL AND TOLLS	318
SUBSCRIPTIONS	150
RETIREE GIFTS	2,467
MEETING EXPENSES	2,036
MISC DUES	126
MISC STIPENDS	750
Total Part I - Other Expenses:	39,785

**** SCHEDULE of Part I - Other Revenue

<u>Description</u>	<u>Amount</u>
DONATIONS RECEIVED	708
MDA FILL BOOT CAMPAIGN	4,656
HONOR GUARD ACTIVATION FEE	100
MISC INCOME	1,102
Total Part I - Other Revenue:	6,566