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Form **990-EZ**

Short Form

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending	1
S Citoti applicatio	loyer identification number
Address change Please use IRS INTERNATIONAL ASSN OF FIREFIGHTERS 23	-7063585
Ilabel or load a commercial party accounts	phone number
Introduced to the CALDWELL TD 02605	8-455-1062
Termination Specific	8-455-1062
	up Exemption
	nber
• 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 Other (specify) ▶	X Cash Accrual
Website: ► HTTP://WWW.CALDWELLFIREFIGHTERS1821.COM required to attach \$	ne organization is not Schedule B (Form 990,
J Tax-exempt status (check only one) — X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PF))
K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file	nally not more than 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	►\$ 25,247.
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruc	ctions for Part I.)
1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 529.
3 Membership dues and assessments	3 24,575.
4 Investment income	4 143.
	35 A
b Less cost or other basis and sales expenses 5b	6.
c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$	
a Gross revenue (not including \$ of contributions	
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)	
7a Gross sales စြာကျဖက္သစ်ကို ျှုံး sand allowances.	
b Less cost of goods sold	
c Gross profit-or-(loss)-from-sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe N UT)	8
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 25,247.
10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10 1,817.
	11
The state of the s	12 1,110.
Professional fees and other payments to independent contractors	13 17,205.
S 14 Occupancy, rent, utilities, and maintenance	14
Frinting, publications, postage, and shipping	15 307.
16 Other expenses (describe SEE STATEMENT 2	16 21,052.
17 Total expenses. Add lines 10 through 16	17 41,491.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -16,244.
16 Other expenses (describe SEE STATEMENT 2 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Of the expenses (describe SEE STATEMENT 2) Other changes in net assets or fund balances (attach explanation)	
figure reported on prior year's return)	19 23,701.
Cher changes in her assets of fand balances (attach explanation)	20
	21 7,457.
Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead	
(See the instructions for Part II) (A) Beginning of year	
22 Cash, savings, and investments 23,526.	
23 Land and buildings	23
24 Other assets (describe > SEE STATEMENT 3) 175.	24
25 Total assets 23, 701.	
	25 7,457.
26 Total liabilities (describe ►) 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 23,701.	25

7	Form	990-EZ (2009) INTERNATIONAL A	SSN OF FIREFIGHTER	S		3-	<u>706</u>	3585	Page 2
	Pär,	tilli Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	$oldsymbol{ol}}}}}}}}}}}}}}$		Expenses	
	What i	s the organization's primary exempt purpose? SE	E STATEMENT 3][Regi	uired for section (3) and (4) nizations and so (a)(1) trusts, or	n
	Desc	ribe what was achieved in carrying out the	ne organization's exempt purp	oses. In a clear and co	ncise manner,	╗	organ	nizations and se	ection
	desci	ribe the services provided, the number of	persons benefited, or other	relevant information for	each	14	1947	(a)(1) trusts, op thers.)	otional
		CER CEATEMENT 4				+"	01 01	uicis.j	
	28	SEE STATEMENT 4							
						ᆈ			
		(Grants \$) If the	is amount includes foreign gi	rants, check here .	P	4	28 a		
	29					- 1			
				. 		.]			
		(Grants \$) If the	nis amount includes foreign gi	rants, check here	. ▶] [29 a		
	30								
				- 		1			
		(Grants \$) If the	is amount includes foreign gi	rants, check here		$\prod :$	30 a		
	31	Other program services (attach schedule	e)			<u>.</u> [
		(Grants \$) If th	nis amount includes foreign gi	rants, check here .	▶ [31 a		
	_32	Total program service expenses (add li	nes 28a through 31a)			▶ ;	32		
	Päř	むV縄 List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not co	omp	ensa	ated. (See the i	nstrs.)
			(b) Title and average hours	(c) Compensation (If	(d) Contributio			(e) Expense a	ccount
		(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit p deferred comper	lans	and	and other allo	wances
	CDE	G TIMINSKY	PAST PRESIDENT	0.	dererred compe		0.		0.
							١٠٠		0.
		50 MALT ROAD	2.00						
		DWELL, ID 83607	57579705				$\overline{}$		
		<u>LD_CARICO</u>	DIRECTOR				0.		0.
		2 BLUE GRASS AVE	1.00				- 1		
		DWELL, ID 83605							
	WII	LIAM GIGRAY IV	TREASURER	330.			0.		0.
	382	25 STONEHEDGE WAY	2.00						
	CAI	DWELL, ID 83605							
	JOS	E MARTINEZ	SECRETARY	330.			0.		0.
	420	7 MARBLE FRONT ROAD	1.00						
	CAI	DWELL, ID 83605	1						
		ANE ARAK	VICE PRESIDENT	330.			0.		0.
		3 W. 4TH ST. NORTH	1.00						
		DILETON, ID 83644	1						
	FILL	DEBION, ID 00044							
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r,a	Other information (Note the statement requirements in the insus for rare 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		Х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	a to the	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?	35 a		х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	الم حشور شد من	X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. b Did the organization file Form 1120-POL for this year?	37 b		X X
	· ·	3/0		
	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 outstanding at the end of the period covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		1	
39	Section 501(c)(7) organizations Enter	1)	4	
	a Initiation fees and capital contributions included on line 9		2 2	
	b Gross receipts, included on line 9, for public use of club facilities. 39b N/A			
40	a Section 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 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	40 Ь		
	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	40 e		X
41	List the states with which a copy of this return is filed NONE			
42	a The organization's books are in care of ► WILL GIGRAY Located at ► 3825 STONEHEDGE WAY CALDWELL ID Telephone no ► 208-4 ZIP + 4 ► 83605	<u>55-1</u>	0 <u>62</u> 	
		[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)? If 'Yes,' enter the name of the foreign country.	42 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.?	42 c		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.		▶ □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
A A	Did the organization maintain any donor advised funds? If 'Yes.' Form 990 must be completed instead	[163	140
44	of Form 990-EZ	44	<u> </u>	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		х
RΔ	·	rm QQf	LE7	(2000)

	990-EZ (2009) INTERNATIO					3-706358		Page 4
Part!	Section 501(c)(3) or 501(c)(3) organization 46-49b and complet	ons and sect	tion 4947(a)(1) no	nexempt char	mpt charitable tr i itable trusts must	u sts only. A answer qu	All sectio estions	n
46 D	Old the organization engage in corpublic office? If 'Yes,' comple	lirect or indirect	t political campaign a	ctivities on behalf	of or in opposition to	candidates	Yes	No
	old the organization engage in l						47	
48 Is	s the organization a school as o	lescribed in sec	ction 170(b)(1)(A)(ii)?	If 'Yes,' complete	Schedule E		48	
49 a D	old the organization make any t	ransfers to an e	exempt non-charitable	related organizat	tion?		49a	
b If	f 'Yes,' was the related organiza	ation a section	527 organization?		• •		49b	
50 C	Complete this table for the organismployees) who each received r	nization's five h nore than \$100	ighest compensated ,000 of compensation	employees (other from the organiz	than officers, director ation. If there is none	s, trustees an , enter 'None.	d key	
	(a) Name and address of each employe more than \$100,000	e paid	(b) Title and average hours per week devoted to position	(c) Compensatio	d) Contributions to benefit plans deferred comper	and I	(e) Expense account and other allowand	
								•
- f T	otal number of other employee	s paid over \$10	00 000	L				
	Complete this table for the organization from the organization			ndependent contr	actors who each rece	ived more tha	n \$100,00	0 of
	(a) Name and address of each	independent contra	ctor paid more than \$100,000		(b) Type of service	(c) Compensati	ion
								
								
							_	 -
								-
d T	otal number of other independent	ent contractors	each receiving over \$	100.000	•	<u> </u>		
	Under penalties of perjury, I declar true, correct, and complete Declar	re that I have examir ration of preparer (of	ned this return, including accider than officer) is based on	ompanying schedules ai all information of which	preparer has any knowledge	,	and belief, it	IS
Sign	W NO	(m-			8-16	<u> </u>		
Here	Signature of officer William	Sibral	Treasure	ev	Date	•		
	Type or print name and title.	7/ /						
Paid Pre-	Preparer's DEBRA I	L VIS D	ebrallis C	PA 8/11	//O Check if self-employed	Preparer's (See instr	s Identifying N ructions)	lumber
parer Use	employed). > 1201 S.			VIS & HART,	PLLC	► N/A		
Only	address, and ZIP + 4 CALDWEI		05		Phone no	(208) 4	159-002	1

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► X Yes No Form **990-EZ** (2009)

2009	FEDERAL STATEMENTS		PAGE 1
CLIENT CALDFIRE	INTERNATIONAL ASSN OF FIREFIGHTERS		23-7063585
8/11/10 STATEMENT 1 FORM 990-EZ, PART I, LINI GRANTS AND SIMILAR AN	E 10 10UNTS PAID		04 11PM
DONEE'S NAME: CASH AMOUNT GIVEN:	FALLEN FF MEMORIAL	\$	550.
DONEE'S NAME: CASH AMOUNT GIVEN:	NAMPA FF LOCAL 804	\$	500.
DONEE'S NAME: CASH AMOUNT GIVEN:	FIREMANS BALL	\$	317.
DONEE'S NAME: CASH AMOUNT GIVEN:	HONOR GUARD	\$	350.
DONEE'S NAME: CASH AMOUNT GIVEN:	BRAIN KNIGHT CANCER FUNDRAISER	\$	100.
STATEMENT 2 FORM 990-EZ, PART I, LINI OTHER EXPENSES ADVERTISING AND PROMO BANK CHARGE CABLE TV COFFEE CONTRACT LABOR DUES & SUBSCRIPTIONS EQUIPMENT RENTAL EXERCISE EQUIPMENT MEALS NEWSPAPERS OFFICE EXPENSES PUBLIC RELATIONS REPAIRS TELEPHONE TRAVEL UNIFORMS WEBSITE		\$ TOTAL \$	53. 113. 1,679. 2,146. 405. 10,138. 170. 103. 690. 400. 1,494. 1,071. 274. 594. 740. 503. 479. 21,052.
STATEMENT 3 FORM 990-EZ, PART II, LIN OTHER ASSETS BURNOUT FUND RECEIVAB	<u>BI</u>	EGINNING 175. \$ 175. \$	ENDING 0. 0.

2009

FEDERAL STATEMENTS

PAGE 2

CLIENT CALDFIRE

INTERNATIONAL ASSN OF FIREFIGHTERS

23-7063585

8/11/10

04 11PM

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

THE ORGANIZATION IS AN ASSOCIATION OF LOCAL FIREFIGHTERS WHICH PROVIDES CONTINUING EDUCATION AND PROFESSIONAL SOCIALIZATION IN ADDITIONAL TO ENRICHING THE QUALITY OF THE FIREFIGHTERS LIFE WILL ON DUTY.

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

TO FORM A LEAGUES OF LOCAL FIREFIGHTERS AND ASSIT THEM IN TRAINING AND OTHER ITEMS NOT PROVIDED BY THE CITY SUCH A SUPPLEMENTING THIER FOOD, CLOTHING, ENTERTAINMENT COST AND TO PROVIDE LEGAL REPRESENTATION.

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545 1709

If you are	e filing for an Automatic 3-Mont	th Extension, comp	olete only Part I and	check this box			► <u>X</u>	
If you are	e filing for an Additional (Not A	utomatic) 3-Month	Extension, complete	only Part II (on p	age 2 of the	s form)		
o not comp	plete Part II unless you have air	eady been granted	an automatic 3-mon	th extension on a	previously f	iled Form 8868		
Partition	Automatic 3-Month Exter	nsion of Time.	only submit origin	nal (no copies i	needed).			
					•			
•	n required to file Form 990-T ar	-				•	J	
All other cor ncome tax r	porations (including 1120-C filei eturns	rs), partnerships, R	EMICS, and trusts m	ust use Form 700	4 to requesi	t an extension d	of time to file	
eturns noted he additiona Form 990-T	iling (e-file). Generally, you can d below (6 months for a corpora al (not automatic) 3-month exter Instead, you must submit the fi sit www.irs.gov/efile and click or	ation required to file nsion or (2) you file ully completed and	Form 990-T) Howe Forms 990-BL, 6069 Signed page 2 (Part	ver, you cannot file 9. or 8870. group r	e Form 886 eturns, or a	8 electronically a composite or c	if (1) you want	
	Name of Exempt Organization		· . · · · · · · · · · · · · · · · · · ·			Employer identific	ation number	
Type or								
orint	INTERNATIONAL ASSN	OF FIREFIGHT	ERS			23-706358	5	
ile by the lue date for	Number, street, and room or suite numb	er If a P O box, see inst	ructions					
iling your eturn See	310 SOUTH 7TH AVENU	JE						
nstructions	City, town or post office, state, and ZIP	code For a foreign addres	ss, see instructions					
	CALDWELL, ID 83605							
Check type	of return to be filed (file a sepa	rate application for	each return)					
Form 99	· · · · · · · · · · · · · · · · · · ·	Form 990-T (co	•	Γ	7 Form 472	20		
Form 99			ection 401(a) or 408(a) trust)	Form 522			
X Form 99		}1	Form 990-T (trust other than above) Form 606					
Form 99		Form 1041-A		´ ŀ	Form 887			
If the orgif this is	ganization does not have an offi for a Group Return, enter the outside box	ice or place of busing anization's four d	igit Group Exemption	n Number (GEN)	If			
the exter	nsion will cover							
1 reque	est an automatic 3-month (6 mo	onths for a corporati	on required to file Fo	orm 990-T) extensi	on of time			
until	8/15 , 20 10 , to fi	ile the exempt orga	nization return for th	e organization nar	ned above			
The ex	tension is for the organization's	return for						
► X	calendar year 20 09 or							
▶ [tax year beginning	, 20 ,	and ending	, 20				
2 If this	tax year is for less than 12 mon		Initial return	Final return		Change in accou	nting period	
	application is for Form 990-BL, fundable credits. See instruction		0, or 6069, enter the	tentative tax, less	any	3a \$	0.	
b If this made	application is for Form 990-PF of Include any prior year overpaying	or 990-T, enter any ment allowed as a	refundable credits a	nd estimated tax p	ayments	3b\$	0.	
depos	ce Due. Subtract line 3b from lir it with FTD coupon or, if require istructions.	ne 3a Include your ed, by using EFTPS	payment with this fo (Electronic Federal	rm, or, if required, Tax Payment Syste	em).	3c \$	0.	
Caution. If y payment ins	you are going to make an electr structions	onic fund withdraw	al with this Form 886	8, see Form 8453	EO and Fo	rm 8879-EO for		
BAA For Pi	rivacy Act and Paperwork Redu	iction Act Notice, s	ee instructions.			Form 88	58 (Rev 4-2009)	