See a Social Security Number? Say Something!
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Form 990-EZ

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)

► 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, 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 Name of organization
INTERNATIONAL ASSOCIATION of WILDLAND FIRE

Number and street (or P.O box, if mail is not delivered to street address) | Room/suite
3416 PRIMM LANE

City or town, state or country, and ZIP + 4
BIRMINGHAM AL 35216

D Employer identification number
91-1471795

E Telephone number
(205) 824-7614

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: ► WWW.IAWFONLINE.ORG

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 Form 990-EZ or Form 990 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 ► $ 144,147.

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			1 872.
	2	Program service revenue including government fees and contracts			2 39,964.
	3	Membership dues and assessments			3 36,035.
	4	Investment income			4 3,167.
	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)			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 $ _____ of contributions reported on line 1)	6a	64,109.	
	b	Less: direct expenses other than fundraising expenses	6b	72,713.	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c -8,604.
	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 71,434.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt			10 5,000.
	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 47,600.
	14	Occupancy, rent, utilities, and maintenance			14
	15	Printing, publications, postage, and shipping			15 40,732.
	16	Other expenses (describe ► See Other Expenses Statement)			16 22,425.
	17	**Total expenses.** Add lines 10 through 16 ►			17 115,757.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 -44,323.
	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)			19 207,174.
	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 ►			21 162,851.

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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 of year
22	Cash, savings, and investments	206,674.	22	162,351.
23	Land and buildings	0.	23	0.
24	Other assets (describe ► See L-24 Stmt)	500.	24	500.
25	**Total assets**	207,174.	25	162,851.
26	**Total liabilities** (describe ► _____)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	207,174.	27	162,851.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose? SEE EXHIBIT 1

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.

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

28	SEE EXHIBIT 2 (Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐	28a	130,287.
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	130,287.

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

(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
CHUCK BUSHEY 1333 COLTON BLVD BILLINGS MT 59102	PRES 15.00	0.	0.	0.
KRIS JOHNAON 149 MC DOUGAL RD NORTHWEST TERRITORIES, CA	VICE PRES 10.00	0.	0.	0.
DAN BAILEY 500 NEW JERSEY AVE. WASHINGTON DC 20001	TREASURER 10.00	0.	0.	0.
DR. GAVRILL XANTHOPOULOS TERMA ALKMANOS ATHENS, GR	DIRECTOR 5.00	0.	0.	0.
BRETT SHIELDS PO BOX 1772 BOWRAL, AS	DIRECTOR 5.00	0.	0.	0.
KEVIN RYAN 5775 US HIGHWAY 10 MISSOULA MT 59808	DIRECTOR 5.00	0.	0.	0.
TIM DOLAN 201 SPEAR ST. SAN FRANCISCO CA 94105	DIRECTOR 5.00	0.	0.	0.
GENE ROGERS 1041 VISTA WAY KLAMATH FALLS OR 97601	DIRECTOR 5.00	0.	0.	0.
SANDRA WILLIAMS 1111 WASHINGTON ST OLYMPIA WA 98504	DIRECTOR 5.00	0.	0.	0.
RICHARD THORNTON 340 ALBERT ST E. MELBOURNE, AS	DIRECTOR 5.00	0.	0.	0.
MARTY ALEXANDER BOX 11; SUITE 64 RR4; ALBERTA, CA	DIRECTOR 5.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V | **Other Information** (Note the statement requirements in the instrs 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 significant disposition of net assets 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 0.			
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 outstanding at the end 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 ►			

42a The organization's books are in care of ► PRIME MANAGEMENT Telephone no ► (205) 823-6106

Located at ► 3416 PRIMM LANE BIRMINGHAM AL ZIP + 4 ► 35216

			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: ►	42b		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: ►	42c		X

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

			Yes	No
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

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.

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

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 and 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 ►

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.

Sign Here

► William Ranieri — June 17, 2010
Signature of officer — Date

► William Ranieri Exec. Dir.
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Joseph J. Serpico	Date 06/02/10	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP +4 ► Joseph J. Serpico, CPA 1619 S. Kaspar Ave. Arlington Heights IL 60005		EIN ►	
		Phone no ►	

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
INTERNATIONAL ASSOCIATION of WILDLAND FIRE	91-1471795

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box .. ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	a family member of a person described in (i) above?		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . 15 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ►☐

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ►☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ►☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ►☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')	0.	0.	0.	40,296.	36,907.	77,203.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0.	0.	0.	272,421.	104,073.	376,494.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	0.	0.	0.	312,717.	140,980.	453,697.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						453,697.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0.	0.	0.	312,717.	140,980.	453,697.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	0.	0.	0.	3,874.	3,167.	7,041.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	0.	0.	0.	3,874.	3,167.	7,041.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (add lns 9, 10c, 11, and 12.)						460,738.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► [X]

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► [ ]

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► [ ]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

INTERNATIONAL ASSOCIATION of WILDLAND FIRE

Employer identification number

91-1471795

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

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

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have 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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ►						

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.

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 2009 CONF (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	64,109.			64,109.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	64,109.			64,109.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	39,250.			39,250.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	33,463.			33,463.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				72,713.
	11 Net income summary. Combine lines 3, column (d) and line 10				-8,604.

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, column (d) and line 7				

		YES	NO
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? 9a		
b	If 'No,' explain.		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If 'Yes,' explain		
11	Does the organization operate gaming activities with nonmembers? 11		
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? 12		

			YES	NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter 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 contact 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 of the third party:				
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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► $				

Form 990-EZ
Part II

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
INTERNATIONAL ASSOCIATION of WILDLAND FIRE	91-1471795

Line 24 - Other Assets:	Beginning of Year	End of Year
ART	500.	500.
Totals to Form 990-EZ, Part II, line 24	500.	500.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

TEEW1801.SCR 02/11/10

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)	
BANKING & CREDIT CARD FEES	6,726.
DUES & SUBSCRIPTIONS	377.
COPYING & FAXING EXPENSE	427.
OFFICE SUPPLIES	1,144.
COMPUTER & WEBSITE COSTS	1,723.
TELEPHONE	5,546.
WEBSITE HOST	402.
CHARITABLE DONATIONS	1,744.
INSURANCE	1,100.
MEETING COST	926.
TRAVEL	2,115.
Total	22,230.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business [ ] Person [X] WILLIAM RANIERI 3416 PRIMM LANE BIRMINGHAM AL 35216 Foreign city Foreign country	Title EXEC. DIR. Hours/Week 15.00	0.	0.	0.
Business [ ] Person [X] DAVID GANZ 2925 CARLSEN ST OAKLAND CA 94602 Foreign city Foreign country	Title DIRECTOR Hours/Week 5.00	0.	0.	0.
Business [ ] Person [X] ALAN GOODWIN ROYAL COMM MELBOURNE, AU Foreign city . MELBOURNE Foreign country AU	Title DIRECTOR Hours/Week 5.00	0.	0.	0.
Business [ ] Person [X] DAVID MOORE 30 VILLAGE SQ GLENDALE OH 45246 Foreign city Foreign country	Title DIRECTOR Hours/Week 5.00	0.	0.	0.
Business [ ] Person [X] RON STEFFENS PO BOX 499 MOOSE WY 83012 Foreign city Foreign country	Title DIRECTOR Hours/Week 5.00	0.	0.	0.

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment . . . . . AWARD WINNER

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business . . ☐ Person ☒ VICTORIA BALFOUR 1308 COOPER ST MISSOULA MT 59802	NONE	2,500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift . . .

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment . AWARD WINNER

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A	Business ☐ Person . . . ☒ KELSEY GIBOS 33 WILLCOCKS TORONTO CA	NONE	2,500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

EXHIBIT 1

International Association of Wildland Fire
3416 Primm Lane
Birmingham, AL. 35216

91-1471795
2008 - Return of Organization Exempt From Income Tax-990EZ

IAWF Mission and Vision Statements – November 11, 2008

Mission

The International Association of Wildland Fire (IAWF) mission is to foster leadership and communication for the Wildland fire community.

The IAWF is uniquely positioned as an independent organization whose membership includes experts in all aspects of Wildland fire management. IAWF independence and breadth of global membership expertise allows it to offer a neutral forum for the consideration of important, at times controversial, Wildland fire issues. Our unique membership and organization allow the IAWF to creatively apply a full range of Wildland fire knowledge to perform its stated mission.

Vision Statement

"To be an acknowledged resource for local to global scale scientific and technical knowledge, education, networking and professional development that is depended on by members and partners in the international Wildland fire community."

EXHIBIT 2

International Association of Wildland Fire
3416 Primm Lane
Birmingham, AL. 35216
91-1471795

International Association of Wildland Fire Scholarships, 2008

In 2008 the International Association of Wildland Fire (IAWF) will be again awarding two graduate-level scholarships each valued at $2,500USD to Master of Science (M.Sc.) or Ph.D. students studying wildland fire or wildland fire-related topics. These scholarships are not intended for Masters of Forestry degrees in wildland fire or for non-thesis graduate programs. One of the two scholarships will be awarded to a student from the United States or Canada, and the other will be awarded to an individual from outside of these two countries.

The students that received the scholarships in 2007 were Sean T. Michaletz from the University of Calgary in Canada, and Andrew Sullivan from the Australian National University in Canberra, Australia.

The following conditions apply:

1. The application period will open January 15 and close March 31, 2008. Award winners will be announced the following May.

2. The applicant must be a student member of IAWF at the time of application and remain so at least during his/her award period. Membership information and application instructions can be accessed here http://www.lawfonline.org/membership

3. The applicant must be enrolled full-time in graduate school with at least 8 months remaining in his/her graduate-level degree program at the time of application.

4. The applicant must submit a 500-750 word paper outlining his/her research achievements and ongoing or proposed research; and briefly discussing the expected contribution of this work to the field of wildland fire science and the applicant's future fire science career goals. Applicants are encouraged to carefully read and follow the detailed instructions for applicants available here on our web site in the News Releases section at: http://www.lawfonline.org/documents

6. The applicant must arrange for a letter of support to be submitted on his/her behalf by his/her thesis supervisor. The letter of support must verify that the student is enrolled at the university, and will satisfy all terms and conditions of this award. Additionally, the supervisor may use up to 500 words to describe why they believe the student would be a deserving recipient of the scholarship. Electronic submissions are preferred and should be sent by email by the thesis supervisor as a Microsoft Word or Adobe .pdf attachment.

6. The IAWF Board of Directors will appoint a 3 or more person selection committee to review applications and recommend scholarship recipients.

7. One of the two scholarships will be awarded to a student based at a university in the United States or Canada, and the other will be awarded to a student based at a university outside of these two countries.

8. Upon completing his/her degree, all award winners will submit to the Association a copy of the signature page approving the thesis, and a copy of the abstract that appears in the body of the thesis. These materials will be transmitted by the student under a cover letter that states the IAWF is permitted to

use the information in these materials in publications of their choosing. The purpose of this authorization/waiver is to allow the IAWF to highlight the success of this program and those of the students sponsored.

9. Award winners will acknowledge the financial support of the IAWF in all publications or manuscripts arising from work sponsored in part by this scholarship.

10. Students interested in applying for this scholarship should send their applications to the chair of the selection committee:

Dr. J.L. Beverly
Canadian Forest Service
Natural Resources Canada
Northern Forestry Centre
5320 - 122 St
Edmonton, Alberta T6H 3S5
t: 780.430.3848
f: 780.435.7359
e: jbeverly@nrcan.gc.ca

Detailed Instructions for Applicants

Electronic scholarship applications are preferred. If possible, please submit your student paper by email as a Microsoft Word or Adobe .pdf document. Receipt of all electronic submissions will be acknowledged by the selection committee.

Applications must be received before midnight on March 31, 2008. It is up to the applicant to ensure that applications sent by email or post mail are received before this deadline.

Your application should consist of only 2 documents: (1) your student paper; and (2) the letter of support submitted on your behalf by your thesis supervisor. Additional items such as *curriculum vitae* or publication lists will be disregarded by the selection committee.

At the top of the first page of your student paper, please list the following information:

Your complete name
Your current degree program and university
You thesis supervisor's name (i.e., the individual submitting a letter of support on your behalf)
Your complete postal mailing address
Your phone number and fax number
Your email address

Following this information, begin the body of your paper. The text should be double-spaced on 8.5 x 11 inch paper. Your completed student paper, including the body of the text and any references, figure or table captions, must not exceed 750 words. Submissions that exceed 750 words, determined from an electronic word count, will be disqualified.

Your name should appear at the top of each page and all pages must be numbered.

*Please note that the scholarship selection committee is not responsible for IAWF student memberships. All membership inquiries should be directed to the IAWF http://www.iawfonline.org

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ► ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	INTERNATIONAL ASSOCIATION of WILDLAND FIRE	91 1471795
	Number, street, and room or suite no. If a P O. box, see instructions 3416 PRIMM LANE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BIRMINGHAM, AL. 35216	

Check type of return to be filed (file a separate application for each return)

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☑ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► PRIME MANAGEMENT SERVICES C/O WILLIAM RANIERI

Telephone No. ► (205) 823-6106 FAX No. ► (205) 823-2760

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for

► ☑ calendar year 20 09 or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	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.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. 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 instructions.	3c	$ 0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.