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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

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)

Sponsonng 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

		year, or tax year beginning , 20	009, and end	ling		, 20
B Ca	heck if pplicable	C Name of organization, number and street, city, town, st	ate, and ZIP	code DE	mploye	er identification number
\Box	ddress change			i	,	
ПΝ	ame change			91	L-20	58750
Πr	pnnt or type	E Telephone number				
Н	ermination See Specific	INTERNATIONAL ASSOCIATION OF L4049 MASON PROFESSINAL FIRE			•	67-8662
Н	mended return	P O BOX 21	21 101111			xemption
	pplication ending	MASON OH 45040-0021			-	•
			4 -441		lumber	
		anizations and 4947(a)(1) nonexempt charitable trusts mu	ust attach	G Accounting		Cash X Accrual
		completed Schedule A (Form 990 or 990-EZ).		Other (spec		
	ebsite:	helenius va		_		ganization is not required
		k only one) - X 501(c)(5) ◀ (insert no) 4947(a)(1) c	<u> </u>			(Form 990, 990-EZ, or 990-PF)
		ganization is not a section 509(a)(3) supporting organization			-	
_A	990-EZ or Form 990 r	eturn is not required, but if the organization chooses to file a	a return, be s		ete retu	
		9 to determine gross receipts, if \$5000,000 or more, file Form 990 instead of Fo		▶ \$		25,676.
Pa	Revenue, E	xpenses, and Changes in Net Assets or Fund	Balances	(See the in	struction	ons for Part I)
	1 Contributions	gifts, grants, and similar amounts received			1	1,567.
	2 Program serv	ce revenue including government fees and contracts	·		. 2	1,010.
	3 Membership o	lues and assessments			. 3	12,296.
	4 Investment in	come			4	
	5 a Gross amoun	from sale of assets other than inventory	5 a			
	b Less cost or	other basis and sales expenses	5 b		_	
	c Gain or (loss)	from sale of assets other than inventory (Subtract line 5b fr	om line 5a).		5 c	
e		activities (complete applicable parts of Schedule G). If any amount is from gain			'	
Revenue	a Gross revenu	e (not including \$ 4,100. of contribution				
ě	reported on lu		. 6a	10,803.	1 .	
	Topontou on in	or 1) or 1) or 2) or 2) or 2) or 2) or 2)	6ь	8,144.	٦٠ - ٦	
	i	(loss) from special events and activities (Subtract line 6b f			- 6c	2,659.
	1	f inventory, less returns and allowances	. 7a	••	00	2,033.
	b Less cost of	• •	7 b		-,	
					7	
	·	r (loss) from sales of inventory (Subtract line 7b from line 7a	a)		7 c	
	8 Other revenue	•			8	17 522
		a. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<u> </u>	9	17,532.
		milar amounts paid (attach schedule)	•	• ••	10	
	1	to or for members	-	• •	11	
6	(e)	r compensation, and employee benefits			12	2 200
36		ees and other payments to independent contractors			13	2,200.
7ES		ht/utulies, and maintenance			14	
C	Printing, publi	cat ions, post age and shipping	••		15	1,516.
7	م مینی اخترال	es (describe SEE STATEMENT) .	16	13,586.
	Total expens	s. Add4ines 19 through 16			17	17,302.
Ć)	ficit) for the year (Subtract line 17 from line 9)		•	18	230.
Set	9 Ne assets or	fund balances at beginning of year (from line 27, column (A	۸)) (must agr	ee with		
AS	Lend of year in	jure reported on prior year's return) .		• •	. 19	2,399.
Ę	20 Other change	s in net assets or fund balances (attach explanation) .		• •	20	
	₹21 Net assets or	fund balances at end of year Combine lines 18 through 20		<u> </u>	21	2,629.
Pa	art II Balance SI	neets. If Total assets on line 25, column (B) are \$1,250	,000 or more	e, file Form 990 ins	tead of	Form 990-EZ
		(See the instructions for Part II)		(A) Beginning of y	ear	(B) End of year
22	Cash, savings, and in	vestments		2,399	. 22	2,629.
23	Land and buildings		_		23	
24	Other assets (describe	▶) [24	
	Total assets			2,399	. 25	2,629.
	Total liabilities (descr	ibe ►) <u> </u>	<u> </u>	26	, , , , , , , , , , , , , , , , , , , ,
	•	ilances (line 27 of column (B) must agree with line 21)	—–′ <u> </u>	2,399	- 	2,629.
		erwork Reduction Act Notice, see the separate Instruction	n.		1	Form 990-EZ (2009)

Por	m 990-EZ (2009) INTERNATIONAL ASSOCI	ATION OF	FIR	RE	_	9	1-	205	<u> 875</u>	O Page 2
Pá	rt III Statement of Program Service Accom	olishments	(See	the instructions	for Part	HI)				enses
Wh	at is the organization's primary exempt purpose? SUPI	PORT LABO	R RI	GHTS OF	EMP:	LOY	E			ction 501(c)(3)
Des	cribe what was achieved in carrying out the organization's	exempt purposes	In a cle	ear and concise	manner				1(c)(4) org 14947(a)(1	ganizations and
des	cribe the services provided, the number of persons benefite	ed, and other rele	vant info	ormation for eac	h progra	ım tıtl	le		of other	
	PURPOSE IS A LABOR UNION ORGA									
	LABOR RIGHTS OF FIREFIGHTERS						-	1		
							-	1		
	(Grants \$) If this amount include	s foreign grants (heck he			ÞΤ	Τİ	28a		
29	, in the amount model	o toroign granto, t	ATTO OTT THE				╁			
23			_				-			
							-			
	(Grants \$) If this amount include	o foreign grants	hook be			▶	тΙ	29a		
20	(Grants \$) If this amount include	s loreign grants, t	HECK HE				+	29a		
30							-			
					<u> </u>		-			
	70						-1			
	(Grants \$) If this amount include	s foreign grants, o	neck he	ere		>	4	30a		
31	Other program services (attach schedule)	-		•			٦ [
	(Grants \$) If this amount include		heck he	ere		<u> </u>	Щ.	31a		
	Total program service expenses (add lines 28a through 3							32		
Pa	rt IV List of Officers, Directors, Trustees, a	, 								(See the instr)
	(a) Name and address	(b) Title & av hours per w	erage eek	(c) Compens				ibutions enefit pla		(e) Expense account and
	(a) Name and address	devoted to po	sition	enter -0)	·			ed comp		other allowances
ΜZ	RK GERANO	PRESIDE	NT							
74	12 HOLYO MAINEVILLE OH 45039	5			0					
ΕV	AN WILLIS	VICE PR	ESI	1						
70	4 GUMLEY BLANCHESTE OH 45107	2			0					
AA	RON BOSKO	VICE PR	ESI							
22	11 GRACE WINCHESTER OH 45697	7 2			0					
B1	LL BLADES	VICE PR	ESI							
45	98 ALLIS BATAVIA OH 45103	1 2			0					
_	YAN BRUMAGEN	SEC/TRE	ASU							
_	09 GLENH CINCINNATI OH 45241	5		1	o					
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									Form \$	990-EZ (2009)

Page 3

Par	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		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			ı
	the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	1		ı
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			·
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			i
	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		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer 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			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	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			į
	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		i
С	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			i
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by			ı
	the organization			ı
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			i
_	If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed OH	100		
42a		3-67	7-0	300
		249-	· ·	
h	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	ſ	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	720		
	See the instructions for exceptions and filing requirements foForm 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	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of the local form 1041 - Check here			
43			•	Ĺ
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		ſ	. ·	•
	Delths are an incident and an incident and a second and a	اــــا	Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1		
44	•			
	Form 990-EZ	44		X
44 45	Farm 000 F7	44		X

	Z(2009) INTERNATIONAI			91-20		e 4
Part VI	Section 501(c)(3) organiza				-	
	All section 501(c)(3) organizations and section					
	e organization engage in direct or in-		ictivities on behalf of or	in opposition to		No
	dates for public office? If "Yes," comp			•	46	—
	e organization engage in lobbying ac	·			47	—
	organization a school as described i		·='	equie E		—
	le organization make any transfers to s," was the related organization a sec	-	e related organization?		49a	
	s, was the related organization a sec plete this table for the organization's f	•	employage (ather than	officers directors trustees a	nd key employees) y	<u></u>
	received more than \$100,000 of com	•			nd key employees) v	VIIO
		(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense	
(a) Nan	ne and address of each employee	hours per week	, , , ,	employee benefit plans &	account and	
	paid more than \$100,000	devoted to position		deferred compensation	other allowances	3
				-		
		-				
	umber of other employees paid over	1100 000				
51 Comple	ete this table for the organization's fivents at the terminal from the organization. If there	e highest compensated in	dependent contractors	— who each received more tha	n \$100,000 of	
(a) Na	me and address of each independen	t contractor paid more tha	an \$100,000	(b) Type of service	(c) Compensation	
	· · · · · · · · · · · · · · · · · · ·					
						_
d Total nu	umber of other independent contractor	ors each receiving over \$1	100,000	>		
	Under penalties of perjury, I declare that I hav	e examined this return, including a	ccompanying schedules and sta	tements, and to the best of my knowle	dge	
	and belief, it is true, correct, and complete De	eclaration of preparer (other than of	ficer) is based on all information	of which preparer has any knowledge		
		_		4		
Sign				08/24/20	12	
Here	Signature of officer			Date		
	BRYAN BRUMAGEN		SECRETA	ARY/TREASURER		
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·		· · · . · · · · · · · · · · · · · ·		
Paid	Preparer's				dentifying No (See in	nstr)
Preparer's	,		8/20/2012 emp		0333770	
Use Only	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ACCOUNTING	DD CME 4	EIN ▶32	-0115059	
	· · · · / —	5 MONTGOMERY			2 677 0200	
Movith - 104		INNATI OH 452		Phone no ▶51	3-677-0300	
way the IRS	S discuss this return with the prepare	i snown above / See instr	นบเเอทร		► X Yes No	O

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

or Form 990-EZ.

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Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organizations 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 uctions. Inspection
Employer identification number

I	NTERNATIONAL	. ASSOCIATI	ON OF	FIRE				91	-2 <u>05</u>	<u>8750</u>			
Pa	t Reason for	Public Charity	Status	(All organizations	must co	mplete th	ıs part)	See ins	tructions				
The o	rganization is not a priva	te foundation becaus	seitis (For	lines 1 through 11,	check o	nly one b	ox)						
1 _	A church, convention	of churches, or assoc	ciation of ch	urches described ii	section	170(b)(1)	(A)(i).						
2 _	A school described in:	section 170(b)(1)(A)((ii). (Attach	Schedule E)									
з [A hospital or a cooper	ative hospital service	e organizatio	on described ir secti	on 170(l	o)(1)(A)(i	ii)						
4 [A medical research or	ganization operated	ın conjuncti	on with a hospital d	escribed	(Section	170(b)(1)(A)(iii) Enter t	he hosp	ıtal's nar	ne,	
-	city, and state												
5 [An organization opera	ted for the benefit of	a college o	r university owned	or operat	ed by a	jovernm	ental un	ıt describ	oed moec	tion		
_	170(b)(1)(A)(iv). (Com	plete Part II)											
6	A federal, state, or loc	al government or gov	vernmental	unit described insec	tion 170	(b)(1)(A)	(v).						
7	An organization that n							from the	general	public			
-	described in section 1				_				_	•			
8 [A community trust des)								
9 🛚						contribut	tions, me	embersh	np fees, a	and gros	SS		
_	receipts from activities								•	-			
	support from gross inv			=									
	acquired by the organ							•					
10 [An organization organ	ized and operated ex	xclusively to	test for public safe	ty Seese	ection 50	9(a)(4).						
11	An organization organ	ized and operated ex	xclusively fo	or the benefit of, to p	erform t	he functi	ons of, o	r to car	y out the	ł			
·	purposes of one or mo		*	-					•				
	509(a)(3). Check the b		-										
	a Type I	b Type II		Type III - Fu				d T	1	II - Othe	r		
e [By checking this box,	certify that the organ	nization is n	ot controlled direct	y or ındıı	ectly by	one or m	ore disc	ualified				
_	persons other than for									section			
	509(a)(1) or section 5			•			_						
f	If the organization rec	eived a written deteri	mination fro	m the IRS that it is	a Type I,	Type II o	or Type I	ll suppo	rting				
	organization, check th	is box				• • • • • • • • • • • • • • • • • • • •		٠,					
g	Since August 17, 200	6, has the organization	on accepted	any gift or contribu	tion fron	n any of t	he follow	ing per	sons?				_
	(i) A person who dire	ctly or indirectly cont	rols, either	alone or together w	ith perso	ns desci	ıbed ın (II)				Yes	No
	and (III) below, the	governing body of t	he supporte	ed organization?							11g(i)		
	(ii) A family member	of a person described	d ın (ı) abov	re? .							11g(ii)		
	(iii) A 35% controlled	entity of a person de	scribed in (i) or (ii) above?							11g(iii)		
h	Provide the following	nformation about the	supported	organization(s)									
(i) Name of supported	(ii) EIN	(iii) Typ	e of organization	(iv) Is t	he organ-	(V) Di	d you	(vi) l	s the	(vii)	Amour	nt of
	organization		(descri	bed on lines 1-9	ızatıon	in col	notify	the	organiz	ation in	sı	pport	
			above	or IRC section	(i) listed	ın your	organiza	ation in	col	(i)			
			(see	instructions))	gove	ming	col (i)	of your	orgai	nized			
					docus	ment?	supp		ın the				
					Yes	No	Yes	No	Yes	No			
					L	<u>L</u>		L					
_													
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Total													
Eor D	rivacy Act and Paperwo	rk Reduction Act No	ntice see th	ne Instructions for	Form 99	n		School	dulo A (E		3 0 0 0 0 0	E7\ 2/	000

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization **Employer identification number** INTERNATIONAL ASSOCIATION OF FIRE 91-2058750 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . ▶\$ Enter the amount of any excise tax incurred by the organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nο 4a Was a correction made? b If "Yes." describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL. line 17b Did the filing organization fileForm 1120-POL for this year? State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid (e) Amount of political from filina contributions received organization's and promptly and directly funds If none, delivered to a separate enter -0political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

BCA

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Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

or Privacy Act and Paperwork Reduction Act Notice, see instructions for Form 990.	Schedule O (Form 990) 2009
	19 179 14 .
THE DIRECT EXPENSES (6B) WERE FOR THE GOLF OUTING COS	Т
ALL INCOME FOR 2009 WAS THROUGH MEMBERSHIP DUES/DON.	ATIONS/FUND RAISERS
INTERNALIONAL ASSOCIATION OF FIRE	91-2058750

US990O\$1

Rev 1

Name: INTERNATIONAL ASSOCIATION OF FIRE	ID: 91-2058750
Description: PROGRAM SERVICES	
Туре	Amount
POP MACHINE	1,010.
74 April 1	
 	
	
	
	· · · · · · · · · · · · · · · · · · ·
Total	1,010.

91-2058750

US 990 (Other Expenses					
_	Expenses	Net investment	Adjusted net	Charitable		
Description	per books	ıncome	ıncome	purposes		
DDGING	3,807.					
ALS/ENTERTAINMENT	1,002.					
JEL	123.					
SF	315.					
EMBERSHIP DUES TO OAPFF/IAFF	8,339.					
	13,586.					
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