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Form **990**

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)

► 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 1545-0047

2009

Open to Public Inspection

For the 2009 calendar year, or tax year beginning Apr 1 , 2009, and ending Mar 31 , 2010

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 FIRE FIGHTERS 3718L JONESBORO

Number and street (or P O box if mail is not delivered to street addr) Room/suite
P. O. BOX 6041

City, town or country State ZIP code + 4
JONESBORO AR 72403-6041

D Employer Identification Number
71-0796294

E Telephone number
(870) 932-2428

G Gross receipts $ 62,684.

F Name and address of principal officer
PAUL PITTMAN 5504 CAMDEN LANE JONESBORO AR 72404

H(a) Is this a group return for affiliates? [X] Yes [ ] No

H(b) Are all affiliates included? [X] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c) (5) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ► 0160

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1990

M State of legal domicile AR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities TO PROMOTE SAFETY AND A COHESIVE WORKING ENVIRNMENT
THE JONESBORO FIREFIGHTER'S LOCAL 3718 REPRESENTS ON A LOCAL LEVEL HE MISSION OF THE INTERNATIONAL ORGANIZATION GOALS OF PROMOTING SAFETY AND SUPPORT FOR FIRE FIGHTERS IN THE JONESBORO, ARKANSAS AREA.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	135
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	135
5 Total number of employees (Part V, line 2a)	5	
6 Total number of volunteers (estimate if necessary)	6	35
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	38,828.	62,633.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59.	51.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	327.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,214.	62,684.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	41,358.	42,978.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	41,358.	42,978.
	19 Revenue less expenses Subtract line 18 from line 12	-2,144.	19,706.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	12,599.	19,408.
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	12,599.	19,408.

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Part II Signature Block

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

► Signature of officer Date 10-14-10

► Korcey Martin, Sec. Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Dudley S. Bowdon, CPA Date 10-14-10

Check if self-employed ► [X] Preparer's identifying number (see instructions) P00028961

Firm's name (or yours if self-employed), address, and ZIP + 4 ► Dudley S. Bowdon, CPA
716 S. Main Street
Jonesboro AR 72401

EIN ► 71-0782964

Phone no ► (870) 932-8282

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 07/20/09 Form **990** (2009)

SCANNED AUG 25 2011

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