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Form 990-EZ

Department of the Treasury

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 frust 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

ganization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2009

Open to Public Inspection

		ne Service	rvoor (or tax year beginning 04-01 , 2009, and end	ina	03-	31 ,20 10
_		1		loyer identification number			
$\overline{}$	Check if ap		71-605				
二	Address ct	-	Please use IRS label or	Number and street (or P O box, if mail is not delivered to street address) Room	√surte E 1	elephone r	
\equiv	Name char	_	print or	Number and steet (of PO box, it mains not delivered to steet address)	vsuite L	elebilone i	lullibei
=	Initial retur		type. See	8619 CHICOT RD		(501) 5	665-9181
=	Teminated		Specific Instruc-	City or town, state or country, and ZIP + 4	F (Group Exen	
뉘	Amended		tions.	LITTLE ROCK, AR 72209-4445		Number 🕨	•
Ш	Application		omania	rations and 4947(a)(1) nonexempt charitable trusts must attach		ing Method	
	• 000			npleted Schedule A (Form 990 or 990-EZ).		pecify)	[X] 93611 [] 1 10513131
			<u> </u>	inplaced deficiency (i. e.i.ii add el. eee).	H Check	· · · · · · · · · · · · · · · · · · ·	e organization is not
	Website				1		Schedule B (Form 990,
			heck on	ly one) - X 501(c) (5) ◀ (insert no) 4947(a)(1) or 527	•	or 990-PF	
				ion is not a section 509(a)(3) supporting organization and its gross rece	<u> </u>		
				urn is not required, but if the organization chooses to file a return, be su			
				ne 9 to determine gross receipts, if \$500,000 or more, file Form 990 inst			
_	art IS			penses, and Changes in Net Assets or Fund Balances			
₹ -	1			grants, and similar amounts received	• • • • • • •	1	218
• ∌	2			enue including government fees and contracts		2	
∍ = 1	3	-		nd assessments · · · · · · · · · · · · · · · · · · ·		3	193,226
_	4	Investment ii				4	3,225
ر ا	5a	Gross amou	nt from	sale of assets other than inventory · · · · · · · · 5a		****	
	1			asis and sales expenses · · · · · · · · · · · · 5b			i i
Ŗ	c			ale of assets other than inventory (Subtract line 5b from line 5a) - • •		• • 5c	·-
≳e	6			ies (complete applicable parts of Schedule G) If any amount is from garning, check i		1025	
⋛V	а	Gross reven			_	人等	
evenue		reported on i	-	6a		*****	`
e	b	Less. direct	expense	es other than fundraising expenses · · · · · · · · 6b		- 15 m	<u>.</u>
	C	Net income of	or (loss)	from special events and activities (Subtract line 6b from line 6a) · · ·		· · 6c	
	7a	Gross sales	of inver	tory, less returns and allowances · · · · · · · · · · 7a	5	, 835	
	b	Less cost of	goods	sold · · · · · · · · · · · · · · · · · · ·	6	,140	<u> </u>
	С	Gross profit	or (loss	from sales of inventory (Subtract line 7b from line 7a)		· · 7c	(305)
	8	Other revenu	ue (desc	cribe STM141 RECEI	VED	_) 8	32,542
	9	Total revenu	ie. Add	lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	0)	▶ 9	228,906
	10	Grants and s	sımılar a	mounts paid (attach schedule)	2010 101	10	
E	11	•		or members	₹₽16\Ŵ	· · 11	
X	12			pensation, and employee benefits		· · 12	37,111
p e	13			d other payments to independent contractors OGDE	4. UT	13	
n S	14			ittles, and maintenance		14	5,258
e	15			s, postage, and shipping · · · · · · · · · · · · · · · · · · ·		15	1,733
3	16			scribe STM130) 16	149,967
	17	Total expens	ses. Ad	d lines 10 through 16 · · · · · · · · · · · · · · · · · ·		► 17 · · 18	34,837
1	18			or the year (Subtract line 17 from line 9)			
N.S	19			alances at beginning of year (from line 27, column (A)) (must agree with eported on prior year's return)		19	스 215,448
NS e s t t	-	end-of-year	iigure re	ported on prior years return) · · · · · · · · · · · · · · · · · · ·		20	213,446
5	5 l	Other chang	es in ne	alances at end of year Combine lines 18 through 20		▶ 21	250,285
	21	ivet assets o	Char	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file	Form 990 inst	ead of Form	
P	art II	Ralance	e Snee	(See the instructions for Part II.)	(A) Beginnin		(B) End of year
22	Cach	savinge on	d invest	ments · · · · · · · · · · · · · · · · · · ·		155,043	
23	Jasi I and	and huildings				62,647	
24		r assets (desc				2,000	
25	Total	assets · ·				219,690	250,285
26		l liabilities (de				4,242	26
27	Net a	ssets or fund	baland	tes (line 27 of column (B) must agree with line 21)		215,448	27 250,285
Fo	r Privac	Act and Pag	erwork	Reduction Act Notice, see the separate instructions.	EEA		Form 990-EZ (2009)

What is the organization's primary exempt purpose? LABOR UNION 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. 28 LABOR UNION (Grants \$) If this amount includes foreign grants, check here. (Grants \$) If this amount includes foreign grants, check here. 29 (Grants \$) If this amount includes foreign grants, check here. 29 (Grants \$) If this amount includes foreign grants, check here. 29 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). 33 Total program service expenses (add lines 28a through 31a). 34 Other program service expenses (add lines 28a through 31a). 35 Total program service expenses (add lines 28a through 31a). 36 Other program service expenses (add lines 28a through 31a). 37 Total program service expenses (add lines 28a through 31a). 38 Other program service expenses (add lines 28a through 31a). 39 Other program service expenses (add lines 28a through 31a). 30 Other program service expenses (add lines 28a through 31a). 30 Other program service expenses (add lines 28a through 31a). 31 Other program service expenses (add lines 28a through 31a). 31 Other program service expenses (add lines 28a through 31a). 32 Other program service expenses (add lines 28a through 31a). 33 Other program service expenses (add lines 28a through 31a). 34 Other program service expenses (add lines 28a through 31a). 35 Other program service expenses (add lines 28a through 31a). 36 Other program service expenses (add lines 28a through 31a). 37 Other program service expenses (add lines 28a through 31a). 38 Other program service expenses (add lines 28a through 31a). 39 Other program service expenses (add lines 28a through 3	Page nses
Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise organization organization's exempt purposes in a clear and concise organization organization's exempt purposes in a clear and concise organization organi	
rescribe what was achieved in carrying out the organization's exempt pulposes in a clear and conticise organization anner, describe the services provided, the number of persons benefited, or other relevant information for ach program title ' for others') Rabber Union	
Agament Agam	
Grants \$ If this amount includes foreign grants, check here 28a	usts, option
(Grants \$) If this amount includes foreign grants, check here	
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1 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here	
Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here	
(Grants \$) If this amount includes foreign grants, check here	
2 Total program service expenses (add lines 28a through 31a)	
List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part (in the paid, enter-0) LICHARD J MOOREHEAD O30 CACHE RIVER CT NORTH LITTLE ROCK, 721 6 6 13,174 CHARLES L AUSTIN JR VICE PRES 100 SEC/TRE CO Compensation (if not paid, enter-0) CO COMPEN	
(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 & deferred compensation (e) according to the enter -0) (Finot paid, enter -0) (D) Title and average hours per week devoted to position (E) Compensation (I) Compensation (E) Compensation (I) Com	
(a) Name and address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position employee benefit plans & address hours per week devoted to position hours per week devoted to position employee benefit plans & address hours per week devoted to position hours per week devoted to p	
devoted to position deferred compensation other RICHARD J MOOREHEAD DRESIDENT LO30 CACHE RIVER CT NORTH LITTLE ROCK, 72116 6 13,174 0 CHARLES L AUSTIN JR S8857 FREEDOM COVE BENTON AR, 72015 4 11,504 0 ROGER K POOL SEC/TRE	Expense ount and
CHARLES L AUSTIN JR VICE PRES 3857 FREEDOM COVE BENTON AR, 72015 4 11,504 0 ROGER K POOL SEC/TRE	llowances
CHARLES L AUSTIN JR VICE PRES 8857 FREEDOM COVE BENTON AR, 72015 4 11,504 0 ROGER K POOL SEC/TRE	
ROGER K POOL SEC/TRE	3,770
ROGER K POOL SEC/TRE	
ROGER K POOL SEC/TRE	3,490
	
SOUT TIMBER CREEK DR NORTH LITTLE ROCK, 72118 6 12,432 9	3,770
	
	·

Pa	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	<u> </u>		
••	the changes	34		v
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	⊢ —		X
33	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		ar som	\$ h-2'
_			<u>`</u>	لسخت
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	35a		,,
	6033(e) notice, reporting, and proxy tax requirements?	35b		X
	$oldsymbol{\cdot}$	350		 -
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	20		
	during the year? If "Yes," complete applicable parts of Schedule N	36	影响影片	X 1320
	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ▶ 37a	3,70	***	
	Did the organization file Form 1120-POL for this year?	37b	- T	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	- 3000	<u>``</u> `-•	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	3 + EXP(#)	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		32 74	
39	Section 501(c)(7) organizations Enter		7.25	1
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	\$ 0.5	的意	
b	Gross receipts, included on line 9, for public use of club facilities		14 16	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	623		
	section 4911 ▶ , section 4912 ▶, section 4955 ▶			15.43
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	2 12 14		20.
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		į	
	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		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	10 p.		£-34
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	45.0		13
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·	1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	77876		M
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ ROGER K POOL Telephone no ▶ 501-5	65-9:	L81	
	Located at ▶ 8615 CHICOT RD LITTLE ROCK, AR ZIP+4 ▶ 72209	-444	5	
ь	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		Yes	No
	account)? · · · · · · · · · · · · · · · · · · ·	42b		Х
	If "Yes," enter the name of the foreign country	230	355A'T	A. 12.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	3. 1		
_	At any time during the calendar year, did the organization maintain an office outside of the US?	42c	.Die Byse	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			. [
40	and enter the amount of tax-exempt interest received or accrued during the tax year ••••••• 43		•	
	and effect the attrount of the executive interest received of decided during the tax year.			
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 34	\$797-11
	Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44	التكثيبات	الخمشط X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If		1	<u>A</u>
43	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u></u>	X
	100, 1 oth 000 meet of completes meters of a complete meters of a complete of a comple			4

Terror Construction	_,~~					:	9-
PärtM	Section 501(c)(3) organization 501(c)(3) organizations and section 494				. All sectio	n	
	and complete the tables for lines 50 and	151					
46 Did	the organization engage in direct or indirect	political campaign activities of	n behalf of or in oppo	osition to		Yes	No
	ididates for public office? If "Yes," complete	· · ·			. 46	-	\vdash
	the organization engage in lobbying activitie	•	le C. Part II		. 47		
	he organization a school as described in sec				. 48	 -	├
					· 49a		
	the organization make any transfers to an e		=		<u> </u>		├
	Yes," was the related organization a section	•			· 49b	L	<u> </u>
	mplete this table for the organization's five h				•		
emp	ployees) who each received more than \$100						
	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		xpense unt and owance	
				-			
						 .	
	al number of other employees paid over \$10						
	mplete this table for the organization's five hi	-		each received more than			
\$10	00,000 of compensation from the organizatio	n If there is none, enter "None	∌".				
			· · · · · · · · · · · · · · · · · · ·				
	(a) Name and address of each independent contractor	r paid more than \$100,000	(b) T	Type of service	(c) Compen	sation	
			ľ				
			ľ				
d Tota	al number of other independent contractors	each receiving over \$100,000					
u 100	ar number of other independent controls	causi reserving ever \$ 100,000					
)					
	Under perialties of perjury, I declare that I had and belief, it is true, correct, and complete. D	ve examined this return, including acco Declaration of preparer (other than office	mpanying schedules and er) is based on all informat	statements, and to the best of my kno tion of which preparer has any knowle	owieage edge		
	1, 1000	/	•	0)	
Sign					<u>2010</u>		
Here	Signature of officer Pool			Date			
	160 GONE 100 C S	ornovany-Til	FAJURION				
	Type or print name and title						
	Preparer's Wellow H Selen	1	Date		entifying No ((See ins	it)
Paid	signature William H and		08-09-2010	self- employed			
Preparer's		H ELDRIDGE CPA PA		EIN •			
Use Only	Firm's name (or yours	TH ST SUITE 1H					
	and area and ZID + A	ROCK, AR 72202	······································	Phone no ► 501-3	50-9540		
May the IF	RS discuss this return with the preparer show	vn above? See instructions		• • • • • • • • • • •	X Yes	\Box	No
			EEA	··	Form 99	0-EZ (;	2009)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047

Employer identification number

2009

Open to Public

Department of the Treasury Internal Revenue Service

Name of organization

Inspection 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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- 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

Section 501(c)(4), (5), or (6) organizations Complete Part III

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.

INTL ASSOC OF FIRE FIGHTERS LOCAL34 71-6057157 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 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 organization managers under section 4955 · · · · · · · ▶ \$ 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b - - - - - - - - - - - - - - ▶ \$ Did the filing organization file Form 1120-POL for this year? No 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 organization's funds. Also enter the amount of political

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of pointical contributions received an promptly and directly delivered to a separate political organization if none, enter -0-

chec	dule C (Form 990 or 990-EZ) 2009 INTL ASSOC OI	F FIRE FIGHTER	s LOCAL34		71-6057	7157 Page 2		
	rt II-A Complete if the organization	on is exempt un	der section 50	1(c)(3) and file	d Form 5768 (ele	ection		
	under section 501(h)).							
(Check 🕨 🔲 if the filing organization belongs t	_						
(Check if the filing organization checked		ontrol" provisions ap	ply	-, - · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	•	bying Expenditures			(a) Filing	(b) Affiliated		
	(The term "expenditures" n				organization's totals	group totals		
la	Total lobbying expenditures to influence public							
b	Total lobbying expenditures to influence a legis	• •						
C	Total lobbying expenditures (add lines 1a and 1	b) · · · · · · ·		• • • • • • • • •				
d	Other exempt purpose expenditures · · · ·	• • • • • • • • •						
e	Total exempt purpose expenditures (add lines 1			• • • • • • • • •				
t	Lobbying nontaxable amount Enter the amount	t from the following to	able in both					
r	columns		and the first of the training	77.				
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	is:				
	Not over \$500,000		ount on line 1e			AND CARLES		
	Over \$500,000 but not over \$1,000,000		15% of the excess of			THE SECURITY A		
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of					
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov					
	Over \$17,000,000	\$1,000,000		7.2 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	* <u>[</u>			
g	Grassroots nontaxable amount (enter 25% of lin							
h	h Subtract line 1g from line 1a If zero or less, enter -0-							
	Subtract line 1f from line 1c If zero or less, enter -0- · · · · · · · · · · · · · · · · · ·							
J						☐Yes ☐No		
	section 4911 tax for this year?					esno		
	(Some organizations that	4-Year Averaging Pe made a section 501(w. See the instruction	h) election do not h	ave to complete all	of the five			
		ying Expenditures I						
		ynig Experiantales i	Juling + Teal Avela	Jang r criou	Т	<u> </u>		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

	(election under section 501(h)).	(a)			(b)	
		Yes	No	-	mount	î
1	During the year, did the filing organization attempt to influence foreign, national, state or local	- y2K	3943 200 386			
	legislation, including any attempt to influence public opinion on a legislative matter or	李宗	Jan.			
	referendum, through the use of	و کو است. سند	41.2	1	17.24.87	2 12
а	Volunteers? · · · · · · · · · · · · · · · · · · ·					• •
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					',
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? • • • • • • • • • • • • • • • • • • •					
i	Other activities? If "Yes," describe in Part IV			_		
j	Total Add lines 1c through 1:		7 to 13			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? · · · · · · · · ·					
b	If "Yes," enter the amount of any tax incurred under section 4912	i izi tamen	22.0			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			15. 150	, C.	53.0
Pa	rtill-A: Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).	or se	ection		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2]	Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
På	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c	(5),	or se	ection		
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines					
	"Yes."	_	_			
1	Dues, assessments and similar amounts from members	• •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		100			
	expenses for which the section 527(f) tax was paid).					
а	Current year · · · · · · · · · · · · · · · · · · ·	• •	2a			
b	Carryover from last year · · · · · · · · · · · · · · · · · · ·	• •	2b			
С	Total · · · · · · · · · · · · · · · · · · ·	• •	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · ·	• •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		PART !			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		3. 2			
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5		-	
Pă	rt IV. Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line	1:				
Aiso	, complete this part for any additional information					
	FFA	Schools	de C. Æd	vm 990 o	r 990-EZ	2009

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

DESCRIPTION INTERNATIONAL DUES	AMOUNT 52,620
STATE COUNCIL DUES	12,546
INSURANCE PMTS IN EXCESS PREMIUMS	8,131
CONTRIUBTIONS AND GIFTS	2,420
ADVERTISING	5,172
ACCOUNTING	925
ATTORNEYS FEES	1,734
CONFERENCES AND MEETINGS	28,899
DEPRECIATION	4,961
INSURANCE GENERAL	1,038
OFFICE SUPPLIES AND SERVICES	5,628
REPAIRS AND MAINTENANCE	1,078
TAXES AND LICENSES - OTHER	3,276
TAXES - PAYROLL	3,446
TELEPHONE	6,063
SCHOLARSHIPS	1,000
TRAVEL ALLOWANCES	11,030
TOTAL	149,967

FORM 990EZ, PART II, LINE 24 OTHER ASSETS SCHEDULE 3

	BEGINNING			
DESCRIPTION	OF YEAR	END OF YEAR		
INVENTORY	2,000	2,000		
TOTAL	2,000	2,000		

ame(s) as shown on return	Federal Supporting Statements	2009 FEIN
	M 990EZ, PART II, LINE 26 ER LIABILITIES SCHEDULE 3	
SCRIPTION TLL PHONE DEPOSITS	BEGINNING OF YEAR 4,242	END OF YEAR
TAL	4,242	
	RM 990EZ, PART I, LINE 8 HER REVENUES SCHEDULE 2	
SCRIPTION ENTAL INCOME	······································	AMOUNT 4,200
-11 11. OOIII		28,342

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS LOCAL #34 F/Y/E/ MARCH 31, 2010

				PRIOR	CURRENT	ACCUM
DESCRIPTION	ACQD	BASIS	METHOD	DEPRN	DEPRN	DEPRN
OFFICE EQUPMENT:						
OFFICE EQUIPMENT		2,381.83	MACRS5	2,381.83		2,381.83
OFFICE EQUIPMENT	6/92	2,958.04	MACRS5	2,958.04		2,958.04
OFFICE EQUIPMENT	10/06	5,334.10	SL 5	2,667.05	1,066 82	3,733.87
OFFICE EQUIPMENT	2007	1,698.40	SL 5	509.52	339.68	849.20
OFFICE EQUIPMENT	10/08	734.32	SL 5	73.43	146.86	220 29
LAPTOP COMPUTER	3/09	1,328.76	SL 5	22.15	265 75	287.90
SAVIN COPIER	5/09	600.00	SL 5		110.00	110.00
GENERATOR	8/09	1,044.90	SL 5		139.32	139.32
	_	16,080.35		8,612.02	2,068 43	10,680.45
	_					
BUILDING	9/11/91	68,591.83	SL31 3.18%	36,912.64	2,181 22	39,093.86
PARKING LOT	2/1/95	12,950.50	MACRS5	12,950.50	-	12,950.50
HEATING UNIT	12/4/97	3,350.00	MACRS5	3,350.00	-	3,350 00
ROOF	12/3802	14,226.00	SL 5%	4,504.80	711.30	5,216 10
	_	99,118.33		57,717.94	2,892.52	60,610 46
	-	·	_			
LAND	9/11/91	15,383.89	_			
	_		-			

TOTAL DEPRECIATION 4,960.95

LAND AND BUILDING PURCHASED ON SEPTEMBER 11, 1991. DOCUMENTATION ESTABLISHED IN PRIOR YEARS