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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

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## A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

INTERNATIONAL ASSOCIATION OF  
FIRE FIGHTERS LOCAL 2139

Number and street (or P O box, if mail is not delivered to street address)

P O BOX 4454

Room/suite

City or town, state or country, and ZIP + 4

INCLINE VILLAGE, NV 89450-4454

D Employer identification number

23-7268707

E Telephone number

775-831-7658

F Group Exemption  
Number ▶

G Accounting Method

☒ Cash☐ Accrual

Other (specify) ▶

H Check ☒ if the organization is not  
required to attach Schedule B

I Website ▶ N/A

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(4) (insert no) ☐ 4947(a)(1) or ☐ 527

(Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$ 70,113.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

1	Contributions, gifts, grants, and similar amounts received	1	2,692.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	51,790.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	7,994.
b	Less cost or other basis and sales expenses	5b	9,394.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<1,400.>
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	1,205.
b	Less cost of goods sold	7b	3,346.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<2,141.>
8	Other revenue (describe in Schedule O)	8	6,432.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,373.
10	Grants and similar amounts paid (list in Schedule O)	10	11,590.
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	16,206.
14	Occupancy, rent, utilities, and maintenance	14	3,636.
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	24,728.
17	Total expenses. Add lines 10 through 16	17	56,160.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,213.
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	153,660.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	9,882.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	164,755.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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02-02-11

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Check if the organization used Schedule O to respond to any question in this Part II

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

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, and other relevant information for each program title.

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

(Grants \$ ) If this amount includes foreign grants, check here ☐ 28a 29,111.

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 (describe in Schedule O)**

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a

**32 Total program service expenses** (add lines 28a through 31a)

<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>29,111.</b>
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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

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02-02-11

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A	
	section 4912	N/A	
	section 4955	N/A	
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	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	0.	
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.	
40e	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		X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	RUSS BARNUM	
	Located at	P O BOX 4454, INCLINE VILLAGE, INCLINE VILLAGE,	
	Telephone no	775-831-7658	
	ZIP + 4	89450	
42b	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)?		X
42c	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42d	At any time during the calendar year, did the organization maintain an office outside of the U S?		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	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
<b>45</b>		<b>X</b>
<b>45a</b>		<b>X</b>
<b>46</b>		<b>X</b>

**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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**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."

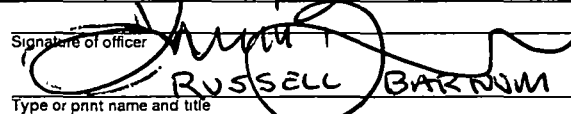
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

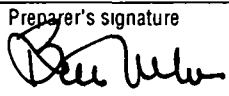
- f** Total number of other employees paid over \$100,000 **►**
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." **N/A**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000 **►**
- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **►** ☐ Yes ☐ No

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 **5-17-2011**  
Type or print name and title **RUSSELL BARNUM SECRETARY TREASURER**

**Paid Preparer Use Only** Print/Type preparer's name **BETH KOHN-COLE** Preparer's signature  Date **05/17/11** Check ☐ if self-employed PTIN   
Firm's name **► KOHN COLODNY LLP** Firm's EIN **►**  
Firm's address **► 5310 KIETZKE LANE, SUITE 101 RENO, NV 89511** Phone no **775-828-7300**

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

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Name of the organization

INTERNATIONAL ASSOCIATION OF  
FIRE FIGHTERS LOCAL 2139

Employer identification number  
23-7268707

FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

INCOME:

1. GROSS RECEIPTS	1,205.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	1,205.
4. COST OF GOODS SOLD (LINE 13)	3,346.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	-2,141.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	3,346.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	3,346.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	3,346.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER INCOME	3,683.
INTEREST INCOME	2,749.
TOTAL TO FORM 990-EZ, LINE 8	6,432.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: IAFF

AFFILIATE ADDRESS: 1750 NEW YORK AVE WASHINGTON DC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL ASSOCIATION OF  
FIRE FIGHTERS LOCAL 2139

Employer identification number  
23-7268707

PURPOSE OF PAYMENT: NATIONAL ASSOCIATION DUES

AMOUNT OF PAYMENT: 5,570.

AFFILIATE NAME: PFFN

PURPOSE OF PAYMENT: PROFESSIONAL ASSOCIATION DUES

AMOUNT OF PAYMENT: 6,020.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 11,590.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

DONATIONS 8,450.

GROCERIES 4,097.

BANK CHARGES 165.

INSURANCE 2,282.

SUPPLIES 2,243.

TRAVEL 5,139.

RETIREMENT GIFTS 25.

MISCELLANEOUS EXPENSE 75.

HONOR GUARD UNIFORMS 2,252.

TOTAL TO FORM 990-EZ, LINE 16 24,728.

FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES: AMOUNT:

INVESTMENT EXPENSE -1,360.

UNREALIZED GAIN ON INVESTMENTS 11,242.

TOTAL TO FORM 990-EZ, LINE 20 9,882.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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Name of the organization

INTERNATIONAL ASSOCIATION OF  
FIRE FIGHTERS LOCAL 2139

Employer identification number  
23-7268707

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ASSOCIATION IS THE  
PRIMARY ADVOCATE FOR PROVIDING FIRE FIGHTERS AND PARAMEDICS WITH THE  
TOOLS THEY NEED TO PERFORM THEIR JOBS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.