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**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011**

Open to Public Inspection

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>
	INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL 2139		23-7268707
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
	P O BOX 4454		775-831-7658
City or town, state or country, and ZIP + 4			<b>F Group Exemption Number</b>
INCLINE VILLAGE, NV 89450-4454			

**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:**  N/A

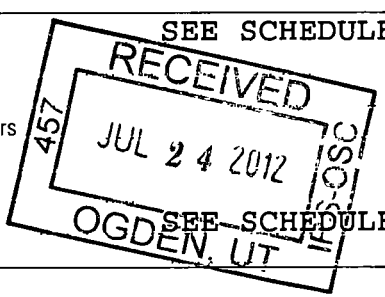
**J Tax-exempt status (check only one)** —  501(c)(3)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization or a section 527 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**  \$ **70,737.**

**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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received						3,069.																						
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments							50,720.																					
	4	Investment income																												
	5a	Gross amount from sale of assets other than inventory																												
	b	Less: cost or other basis and sales expenses																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
	6	Gaming and fundraising events																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																												
	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)																												
c	Less: direct expenses from gaming and fundraising events																													
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													
7a	Gross sales of inventory, less returns and allowances												10,728.																	
b	Less: cost of goods sold												10,709.																	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													
8	Other revenue (describe in Schedule O)								SEE SCHEDULE O																					
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													
Expenses	10	Grants and similar amounts paid (list in Schedule O)							SEE SCHEDULE O																					
	11	Benefits paid to or for members																												
	12	Salaries, other compensation, and employee benefits																												
	13	Professional fees and other payments to independent contractors																												
	14	Occupancy, rent, utilities, and maintenance																												
	15	Printing, publications, postage, and shipping																												
	16	Other expenses (describe in Schedule O)								SEE SCHEDULE O																				
17	<b>Total expenses</b> Add lines 10 through 16																													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												
	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)																												
	20	Other changes in net assets or fund balances (explain in Schedule O)								SEE SCHEDULE O																				
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																												



LHA For Paperwork Reduction Act Notice, see the separate instructions Form **990-EZ** (2011)

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**INTERNATIONAL ASSOCIATION OF  
FIRE FIGHTERS LOCAL 2139**

Form 990-EZ (2011)

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**Part II Balance Sheets.** (see the instructions for Part II.)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	164,755.	174,736.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	164,755.	174,736.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	164,755.	174,736.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III  Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	ARBITRATION, NEGOTIATIONS AND LEGAL COSTS FOR UNION CONTRACT	
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	28a 20,168.
29		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32 20,168.

**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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
STEVE ALCORN, P. O. BOX 4454, INCLINE VILLAGE, NV 89450	PRESIDENT 4.00	0.	0.	0.
JEFF SAMBRANO, P. O. BOX 4454, INCLINE VILLAGE, NV 89450	VICE PRESIDENT 2.00	0.	0.	0.
RUSS BARNUM, P. O. BOX 4454, INCLINE VILLAGE, NV 89450	SECRETARY/TREASURER 2.00	0.	0.	0.

**INTERNATIONAL ASSOCIATION OF  
FIRE FIGHTERS LOCAL 2139**

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		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)	34		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
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. <span style="float:right">▶ 37a</span> <u>0.</u>			
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 tax year covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶</span> <u>N/A</u> ; section 4912 <span style="float:right">▶</span> <u>N/A</u> , section 4955 <span style="float:right">▶</span> <u>N/A</u>			
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 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	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 <span style="float:right">▶</span> <u>0.</u>			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <u>0.</u>			
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. <span style="float:right">▶</span> <u>NONE</u>			
42a The organization's books are in care of <span style="float:right">▶</span> <u>RUSS BARNUM</u> Telephone no. <span style="float:right">▶</span> <u>775-831-7658</u> Located at <span style="float:right">▶</span> <u>P O BOX 4454, INCLINE VILLAGE, INCLINE VILLAGE,</u> ZIP + 4 <span style="float:right">▶</span> <u>89450</u>			
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: <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		X
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: <span style="float:right">▶</span> _____	42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <u>43</u> <span style="float:right">▶</span> <u>N/A</u>			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b 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 (see instructions)	45b		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  Yes  No  
 If "Yes," complete Schedule C, Part I 46  Yes  No

**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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No  
 49a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No  
 b If "Yes," was the related organization a section 527 organization?  Yes  No

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

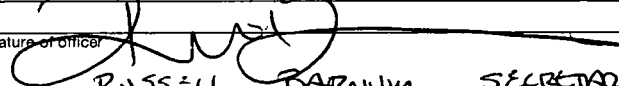
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A


(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: 7-20-2012  
 Type or print name and title: RUSSELL BARNUM SECRETARY TREASURER 7-20-2012

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BETH KOHN-COLE		05/22/12		P00212562
	Firm's name ▶ KOHN COLODNY LLP	Firm's address ▶ 5310 KIETZKE LANE, SUITE 101 RENO, NV 89511		Firm's EIN ▶ 86-0846032	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

**2011**

Open to Public  
Inspection

Name of the organization	INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL 2139	Employer identification number	23-7268707
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**FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:**

**INCOME:**

1. GROSS RECEIPTS	10,728.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	10,728.
4. COST OF GOODS SOLD (LINE 13)	10,709.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	19.

**COST OF GOODS SOLD:**

6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	10,709.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	10,709.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	10,709.

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

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER INCOME	3,207.
INTEREST INCOME	3,013.
TOTAL TO FORM 990-EZ, LINE 8	6,220.

**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.  
132211  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

**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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**2011**

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Name of the organization	INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL 2139	Employer identification number	23-7268707
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PURPOSE OF PAYMENT: NATIONAL ASSOCIATION DUES

AMOUNT OF PAYMENT: 7,381.

AFFILIATE NAME: PFFN

PURPOSE OF PAYMENT: PROFESSIONAL ASSOCIATION DUES

AMOUNT OF PAYMENT: 6,305.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 13,686.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DONATIONS	4,541.
GROCERIES	4,509.
INSURANCE	2,282.
SUPPLIES	978.
TRAVEL	131.
RETIREMENT GIFTS	3,980.
MISCELLANEOUS EXPENSE	649.
HONOR GUARD UNIFORMS	549.
WEBSITE	1,885.
BUSINESS LICENSE	55.
STATE TAXES	266.
TOTAL TO FORM 990-EZ, LINE 16	19,825.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
INVESTMENT EXPENSE	-1,516.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

**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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UNREALIZED GAIN ON INVESTMENTS -6,735.

TOTAL TO FORM 990-EZ, LINE 20 -8,251.

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.