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▶ 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 (see instructions). 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 01-01-2011 , and ending 12-31-2011**


<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</b> Name of organization CARSON CITY FIREFIGHTERS ASSOCIATION LOCAL #2251 OF INTL ASSN FIRE FIGHTERS		<b>D</b> Employer identification number 23-7294712
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 676	Room/suite	<b>E</b> Telephone number (775) 882-4459
	City or town, state or country, and ZIP + 4 CARSON CITY, NV 89702		<b>F</b> Group Exemption Number 

**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:**  [CARSON.ORG/INDEX.ASPX?PAGE=299](http://CARSON.ORG/INDEX.ASPX?PAGE=299)

**J Tax-Exempt status**(check only one)— ☐ 501(c)(3) ☒ 501(c)( 5) ☐ (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. **\$ 86,191**

**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 ☒

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	5,859
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	80,233
	<b>4</b>	Investment income . . . . .	<b>4</b>	99
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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)	<b>6b</b>	
	<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	
	<b>d</b>	Net income or (loss) from gaming and fundraising events (Add lines 6 a and 6 b and subtract line 6 c)	<b>6d</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7 b from line 7 a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	86,191	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	20,572
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	14,429
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	8,222
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	1,351
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	364
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	12,115
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	57,053
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	29,138
	<b>19</b>	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) . . . . .	<b>19</b>	134,682
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	163,820

Part II Balance Sheets

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

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	134,682	22	163,820
23	Land and buildings		23	
24	Other assets (describe in Schedule O )		24	
25	Total assets	134,682	25	163,820
26	Total liabilities (describe in Schedule O )	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21 )	134,682	27	163,820

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? OUR PRIMARY MISSION IS TO IMPROVE THE WORKING CONDITIONS OF FIRE FIGHTERS IN CARSON CITY NV WE REPRESENT OUR MEMBERS IN ALL CONTRACT NEGOTIATIONS, LABOR DISPUTES, GRIEVENCES, AND FUND LEGAL REPRESENTATION IN UNFAIR LABOR PRACTICE MATTERS WE PROVIDE WORKSITE CONVENIENCES AND BETTERMENTS FOR OUR MEMBERS WE ALSO SEND OUR MEMBERS TO COURSES OR PROVIDE THEM WITH EDUCATION AND TRAINING ON LABOR PRACTICES AND NEGOTIATIONS		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
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	PROVIDE WORKSITE CONVENIENCES AND BETTERMENTS FOR OUR MEMBERS MEMBERS AT EACH STATION WERE PROVIDED DAILY LOCAL NEWSPAPERS, CABLE TV ACCESS, COFFEE AND BEVERAGES, AND APPROVED STATION ATTIRE (Grants \$ 0) If this amount includes foreign grants, check here	28a	0
29	EDUCATION AND TRAINING ON LABOR PRACTICES AND NEGOTIATIONS COSTS OF ATTENDANCE AT REGIONAL AND NATIONAL CONFERENCES AND TRAINING SESSIONS WAS PROVIDED FOR AT LEAST TWO OFFICERS DURING THE YEAR (Grants \$ 0) If this amount includes foreign grants, check here	29a	0
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)	32	

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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROBERT SCHREIHANS PO BOX 676 CARSON CITY,NV 89703	PRESIDENT 10 00	0	0	0
GARY GARRETT PO BOX 676 CARSON CITY,NV 89703	SECRETARY/TREASURER 5 00	0	0	0
DAVE PARK PO BOX 676 CARSON CITY,NV 89703	VP/DIRECTOR 5 00	0	0	0

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	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	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text" value="0"/>		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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	
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 . . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____		
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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> NV		
42a	The organization's books are in care of <input type="checkbox"/> BULLIS & COMPANY CPAS LLC Telephone no <input type="checkbox"/> (775) 882-4459 206 SOUTH DIVISION ST Located at <input type="checkbox"/> CARSON CITY, NV ZIP + 4 <input type="checkbox"/> 89703		
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . <input type="checkbox"/> 43 <input type="text" value=""/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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	

		Yes	No
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		
46			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.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	If "Yes," was the related organization a section 527 organization?		

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

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 "

(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	2012-10-30 Date			
	ROBERT SCHREIHANS PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	KELLY J BULLIS CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BULLIS AND COMPANY CPAS LLC 206 SOUTH DIVISION STREET CARSON CITY, NV 89703			P01055802
				EIN	27-1281864
					Phone no (775) 882-4459
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 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 CARSON CITY FIREFIGHTERS ASSOCIATION LOCAL #2251 OF INTL ASSN FIRE FIGHTERS	Employer identification number  23-7294712
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	BANK INTEREST 99
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME IAFF AFFILIATE ADDRESS 1750 NEW YORK AVE, NW STE 300 WASHINGTON, DC 20006 PURPOSE OF PAYMENT INTERNATIONAL UNION DUES AMOUNT OF PAYMENT 9,649
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME PFFN AFFILIATE ADDRESS PO BOX 676 CARSON CITY, NV 89701 PURPOSE OF PAYMENT UNION DUES AMOUNT OF PAYMENT 5,320 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 14,969
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CANCER RESEARCH GRANTEE NAME SUSAN G KOMEN FOUNDATION GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/01/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CANCER RESEARCH GRANTEE NAME SUSAN G KOMEN FOUNDATION GRANTEE RELATIONSHIP NONE DATE OF GIFT 03/28/11 AMOUNT GIVEN 100
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION COLLEGE SCHOLARSHIP GRANTEE NAME CARSON HIGH SCHOOL GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/19/11 AMOUNT GIVEN 1,580
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION ASSISTANCE TO NEEDY / CHILD WITH CANCER GRANTEE NAME CHRISTIAN CONTRES GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/14/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION ASSISTANCE TO NEEDY GRANTEE NAME ST BALDRICKS GRANTEE RELATIONSHIP NONE DATE OF GIFT 03/16/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CHRISTMAS GIFTS FOR NEEDY GRANTEE NAME TOYS FOR JOY GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION PURCHASED TOYS DATE OF GIFT 12/14/11 AMOUNT GIVEN 1,623
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HISTORICAL PRESERVATION GRANTEE NAME WARREN ENGINE COMPANY GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/28/11 AMOUNT GIVEN 300 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,603
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES AMOUNT 10,296 DESCRIPTION LICENSES AMOUNT 100 DESCRIPTION MEETING EXPENSE AMOUNT 534 DESCRIPTION OFFICE SUPPLIES AMOUNT 171 DESCRIPTION PO BOX RENT AMOUNT 200 DESCRIPTION STORAGE AMOUNT 814 TOTAL TO FORM 990-EZ, LINE 16 12,115

## TY 2011 Transfers Personal Benefits Contracts Declaration

**Name:** CARSON CITY FIREFIGHTERS ASSOCIATION  
LOCAL #2251 OF INTL ASSN FIRE FIGHTERS

**EIN:** 23-7294712

**Declaration:** 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.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-7294712  
**Name:** CARSON CITY FIREFIGHTERS ASSOCIATION  
LOCAL #2251 OF INTL ASSN FIRE FIGHTERS

**Form 990-EZ, Special Condition Description:**

<b>Special Condition Description</b>
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