



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011**Open to Public Inspection**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 (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 , 2011, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
LOUISIANA FIRE CHIEFS ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
2001 FRANCIS AVE.

City or town, state or country, and ZIP + 4
METAIRIE, LA 70003-4657

D Employer identification number
72-0996121

E Telephone number
(504) 454-6128

F 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: ►

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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

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

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 ☐

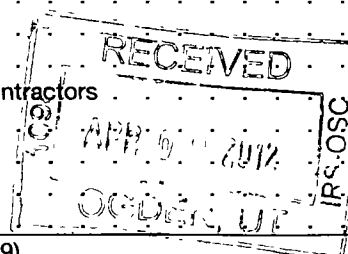
Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	23695	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
b	Less: cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0		
b	Gross income from fundraising events (not including \$ 0 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	0		
c	Less: direct expenses from gaming and fundraising events	6c	0		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0		
7a	Gross sales of inventory, less returns and allowances	7a	0		
b	Less: cost of goods sold	7b	0		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8	9188		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	32883		
10	Grants and similar amounts paid (list in Schedule O)	10	0		
11	Benefits paid to or for members	11	0		
12	Salaries, other compensation, and employee benefits	12	899		
13	Professional fees and other payments to independent contractors	13	2029		
14	Occupancy, rent, utilities, and maintenance	14	0		
15	Printing, publications, postage, and shipping	15	1249		
16	Other expenses (describe in Schedule O)	16	21706		
17	Total expenses. Add lines 10 through 16	17	25883		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7000		
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	50941		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	57941		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

SCANNED APR 27 2012



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	50941	22 57941
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	50941	25 57941
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)	50941	27 57941

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 ☐

What is the organization's primary exempt purpose? _____

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.

Expenses

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

28 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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 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) 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
Merrick Tassin 2031 Madison St., Mandeville, LA 70448	President	0		
Chuck Albert 4214 Spring Hollow Court Zachary, LA 70791	1st Vice President	0		
Jacques Picou 2401 Guillory St., Westlake, LA 70669	2nd Vice President	0		
Chad Roberson 10660 Hilltree Drive, Baton Rouge, LA 70810	Secretary	599		
Donald Bock 2001 Francis Ave., Metairie, LA 70003	Treasurer	300		
Michael A. Labruzzo 1000 Amelia St., Gretna, LA 70053	1st. District Representative +	0		
Mark Stewart 40214 Alise Ave., Prairieville, LA 70769	2nd. District Representative +	0		
Russell Di Salvo Jr. 411 Highland Drive, Houma, LA 70364	3rd. District Representative +	0		
Guy Bonin 805 College Drive, New Iberia, LA 70560	4th. District Representative +	0		
Keith Murray 4862 Lane Road, Iowa, LA 70647	5th. District Representative +	0		
Adam Cline 3373 N. Bayou Des Glaisses Rd. Moreauville, LA 71355	6th. District Representative +	0		
Robert Roe 612 Stewart Rd., Haughton, LA 71037	7th. District Representative +	0		

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 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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
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 0	
b Gross receipts, included on line 9, for public use of club facilities	39b 0	
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		
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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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	✓
41 List the states with which a copy of this return is filed. ▶ LOUISIANA		
42a The organization's books are in care of ▶ DONALD T. BOCK, TREASURER Telephone no. ▶ (504) 454-6128 Located at ▶ 2001 FRANCIS AVE., METAIRIE, LA ZIP + 4 ▶ 70003-4657		
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)?	42b	✓
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 .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	✓
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 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
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? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

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 Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
-----------	--	-------------------------------------

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
------------	--	-------------------------------------

b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
------------	--	-------------------------------------

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
NONE				

f Total number of other employees paid over \$100,000 **0**

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."

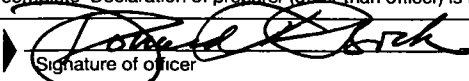
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 **0**

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
DONALD T. BOCK, TREASURER
Type or print name and title

3/1/12
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no	
Firm's address				

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

LOUISIANA FIRE CHIEFS ASSOCIATION (72-0996121)
EXPLANATION STATEMENT
2011

Part I		
Line 8 - Other revenue		
Interest Income	241	
Income from Fire Rescue GPO	481	
Income from Bookstore	837	
LMA per diem	1500	
Donation for 2012 Conference	3000	
Reimbursed Invoices Previously Paid	3096	
Miscellaneous Income	33	
TOTAL		9188
Line 16 - Other expense		
Travel	838	
Past Presidents Luncheon	1052	
LSFA Yearbook	200	
Liability Insurance	3012	
Loan for 2012 Conference	3000	
Seminars/Conferences	5699	
Firefighters Memorial	1000	
State Fire Marshal's Donaltion	1500	
Donation for 2012 Conference	3000	
Miscellaneous Expense	2405	
TOTAL		21706

Part IV (Continued)

Ricky Jones	8th District Representative
P. O. Box 366, 105 Circle Dr., Newellton, LA 71357	
Steven Krental	9th District Representative
29500 Philip Smith Rd , Lacombe, LA 70445	
Samuel Colon	Industrial Representative
17356 Cherry Creek Dr., Prairieville, LA 70769	
Edwin Smith	Immediate Past President
12825 York, Baton Rouge, LA 70814	

LOUISIANA FIRE CHIEF'S ASSOCIATION SAVINGS AND SPECIAL ACCOUNTS

Regular Savings (Account #1)	Period	Starting Balance	Deposits	Withdrawals	Dividend	Ending Balance
	DEC					22.85
	01/01/10	22.85	0.00	0.00	0.01	22.86
	04/01/10	22.86	5000.00	0.00	0.00	5022.86
	07/01/10	5022.86	0.00	0.00	1.12	5023.98
	10/01/10	5023.98	0.00	8.60	1.27	5016.65
TOTAL			5000.00	8.60	2.40	5016.65

\$5,000.00 was deposited from Account #8 to allow the VISA card for the Secretary and Treasurer

Special Savings (V.I.P. Account #8)	Period	Starting Balance	Deposits	Withdrawals	Dividend	Ending Balance
	DEC					46704.11
	JAN	46704.11	0.00	2000.00	19.58	44723.69
	FEB	44723.69	0.00	0.00	19.84	44743.53
	MAR	44743.53	0.00	0.00	17.33	44760.86
\$5000.00 Trans to Acct 1 for VISA	APR	44760.86	10000.00	5000.00	19.01	49779.87
	MAY	49779.87	0.00	0.00	17.03	49796.90
	JUN	49796.90	0.00	0.00	20.87	49817.77
	JUL	49817.77	0.00	0.00	20.47	49838.24
Checking Should Have Paid VISA	AUG	49838.24	61.42	61.42	21.16	49859.40
	SEPT	49859.40	0.00	0.00	21.16	49880.56
	OCT	49880.56	0.00	0.00	20.50	49901.06
	NOV	49901.06	0.00	0.00	21.19	49922.25
	DEC	49922.25	0.00	0.00	20.52	49942.77
TOTAL			10061.42	7061.42	238.66	49942.77

On 02/05/11, Transferred \$2,000.00 from Account #8 (VIP)to Account #2 (Checking)

On 04/11/11, Transferred \$10,000.00 from Account #2 Checking to Account #8 VIP

\$5,000.00 was deducted from Account #8 to Account #2 for VISA

LOUISIANA FIRE CHIEF'S ASSOCIATION 2011 BUDGET

	BUDGET	ACTUAL	Difference
Beginning Balance (01/01/11)	50,941.38	50,941.38	0 00
Income:			
Membership Dues	26,000.00	23,445 01	-2,554.99
Corp. Dues	0.00	250.00	250.00
Fire Rescue GPO	450.00	480.60	30 60
Fire Service Bookstore	1,350.00	837.48	-512.52
LMA per diem	1,500.00	1,500.00	0.00
Donation	0.00	3,000 00	3,000 00
Reimbursed Invoices Paid	0 00	3,096.00	3,096 00
Other	500.00	33.00	-467.00
Interest:			
Savings	0.10	2 40	2 30
Special	260.00	238.66	-21 34
Total Income	30,060 10	32,883 15	2,823.05
Expenses:			
Postage/Supplies	2,500.00	1,249 13	-1,250.87
Travel	2,000.00	837.94	-1,162.06
Past Presidents Lunch	2,000 00	1,051.37	-948.63
Loan for 2012 Conference	3,000.00	3,000 00	0.00
LSFA Yearbook Ad	200.00	200 00	0.00
Secretary Compensation	599.00	599.00	0.00
Treasurer Compensation	300.00	300 00	0.00
Liability Insurance	3,500 00	3,012 00	-488.00
All Seminars/Conferences	8,000.00	5,699 22	-2,300.78
Firefighters Memorial	1,000.00	1,000 00	0.00
Web Page (Hosting Fee)	1,800 00	2,029.90	229.90
State Fire Marshal of LA	1,500 00	1,500.00	0 00
Donation	0 00	3,000 00	3,000.00
Other	3,500 00	2,405 00	-1,095.00
Total Expenses	29,899 00	25,883.56	-4,015.44
Ending Balance	51,102.48	57,940.97	6,838.49

