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Form **990-EZ**

Department of the Treasury Internal Revenue Service

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 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

OMB No 1545-1150

2011

Open to Public Inspection

A F	or t	he 2	2011 ca	lendar year, or tax year beginning , 2011	, and er	nding			, 20	
B Ch	neck oplica	ıf able	Г	C Name of organization	-		D En	nploye	identification number	
\Box			ange	INTERNATIONAL ASSOCIATION OF FIRE						
Na Na	ame change L4049 MASON PROFESSIONAL FIREFIGHTE 9			91	-205	8750				
In	tial n	etum	, [Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Te	E Telephone number		
Te	ermin	ated	ı	P O BOX 21			513-967-8662			
Ar	nend	ied re	eturn	City or town, state or country, and ZIP + 4	-		F Gr	oup Ex	emption	
T A	plica	ation 9		MASON OH 45040-0021			Νι	ımber	>	
			ng Meth	od Cash X Accrual Other (specify) ▶			H Cr	eck▶	if the organization is not	
ı w	ebs	site	: ▶				red	quired t	o attach Schedule B	
J Ta	х-е:	xen	npt state	us(check only one) - 501(c)(3) 501(c)(5) ◀ (insert no) 4	947(a)(1) or 527	(Fo	orm 990), 990-EZ, or 990-PF)	
KCh	eck	: ▶	► If	the organization is not a section 509(a)(3) supporting organization a	ınd its g	ross receipts a	re nori	nally n	ot more than \$50,000	
АΙ	orr=	n 9	90-EZ o	r Form 990 return is not required though Form 990-N (e-postcard) m	ay be re	quired (see ins	structio	ns) Bu	t if the organization chooses	
to	file	a re	eturn, be	sure to file a complete return						
L Ad	d lu	nes	5b, 6c,	and 7b, to line 9 to determine gross receipts. If gross receipts are \$2	200,000	or more, or if				
total	ass	ets	(Part II,	line 25, column (B) below) are \$500,000 or more, file Form 990 inst	ead of F	orm 990-EZ		▶ \$	36,624.	
Pa	rt l		Reve	nue, Expenses, and Changes in Net Assets or Fund	Balar	ices (See	the ins	truction	s for Part I)	
			Check	f the organization used Schedule O to respond to any question in th	ıs Part I				X	
		1	Contrib	utions, gifts, grants, and similar amounts received				1	2,650.	
		2	Program	n service revenue including government fees and contracts .				2	1,170.	
		3	Membe	rship dues and assessments			[3	20,972.	
		4	Investr	nent income			[4		
		5 a	Gross a	amount from sale of assets other than inventory .	5a			4,-		
		b	Less c	ost or other basis and sales expenses	5b 1			, ، است ما در		
		С	Gain or	(loss) from sale of assets other than inventory (Subtract line 5b from	n line 5a	1)		5 c		
Revenue	-	6	Gaming	g and fundraising events						
Ş.	1	а	Gross		6a			1		
æ		b	Gross i	ncome from fundraising events (not including $\$$ 2,	650.	of contribu	itions			
			from fu	ndraising events reported on line 1) (attach Schedule G if the sum						
			of such	gross income and contributions exceed \$15,000).	6b	11,83		, ? []		
		C	Less d	rect expenses from gaming and fundraising events	6c	8,63	4.	ו ב '		
		d	Net inc	ome or (loss) from gaming and fundraising events (add lines 6a and	6b and	subtract line 6	c)	6d	3,198.	
		7 a	Gross	sales of inventory, less returns and allowances	7a					
~		b	Less c	ost of goods sold .	7b					
2012	ļ	С	Gross I	profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7 c	<u>.</u>	
		8		evenue (describe in Schedule O) .		••		8		
	\perp	9		Popule Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		· ·	. ▶	9	27,990.	
	- 1	0	Grants	and similar amounts paid (list in Schedule O)				10		
<u></u>		1	Benefit	နှ pajd to onfon manber ပို				11		
INTLU S Expenses	1	2		s, other compensation, and employee benefits				12		
7 8	1	3		sional fees and other payments to independent contractors		•	• • •	13	4,000.	
	· 1	4		ancy Ent-untitles and maintenance		•		14		
₹ ~	1	15	-	publications, postage, and shipping				15	3,111.	
SCAININEL SEP Expenses	1	16		expenses (describe in Schedule O)		••	-	16	19,870.	
)	1	7		expenses. Add lines 10 through 16				17	26,981.	
ģ	1	18		or (deficit) for the year (Subtract line 17 from line 9)				18	1,009.	
set	1	19		sets or fund balances at beginning of year (from line 27, column (A))	(must a	gree with		ا ۔۔۔ ا	_	
Net Assets				year figure reported on prior year's return) .	•			19	5,740.	
Ret		20		changes in net assets or fund balances (explain in Schedule O)	•			20		
		21		sets or fund balances at end of year Combine lines 18 through 20				21	6,749.	
For	Par	oen	work Re	duction Act Notice, see the separate instructions.					Form 990-EZ (2011)	

For Paperwork Reduction Act Notice, see the separate instructions.

P	Balance Sheets. (see the instructions for Pa	•	Abor Do All			
	Check if the organization used Schedule O to res	spond to any question in		nning of year	 (B) End of year
22	Cash, savings, and investments				22	6,749.
	Land and buildings				23	
	Other assets (describe in Schedule O)				24	
	Total assets		•	5,740.	25	6,749.
	Total liabilities (describe in Schedule O)				26	
	Net assets or fund balances (line 27 of column (B) mus	at agree with line 21)		5,740.	27	6,749.
	art III Statement of Program Service Accor				1	
Wh De: me ber	Check if the organization used Schedule O to restat is the organization's primary exempt purpose? SUPP scribe the organization's program service accomplishment asured by expenses. In a clear and concise manner, descretified, and other relevant information for each program tite. PURPOSE IS A LABOR UNION ORG	pond to any question in ORT_LABOR_RI s for each of its three lar ribe the services provide le	this Part III GHTS OF EM gest program serviced, the number of pe	IPLOYEE	and 501(c	Expenses for section 501(c)(3))(4) organizations and 047(a)(1) trusts, or others)
	LABOR RIGHTS OF FIREFIGHTERS					
29	(Grants \$) If this amount includ	es foreign grants, check	here	•	28a	
	(Grants \$) If this amount includ	es foreign grants, check	here	▶	29a	
30						
	(Grants \$) If this amount includ	es foreign grants, check	here .	▶∏	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includ	es foreign grants, check	here	▶ 🗍	31a	
32	Total program service expenses (add lines 28a through	h 31a)		▶	32	
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees. List each	one even if not comp	pensated (se	e the inst	ructions for Part <u>IV</u>)
	Check if the organization used Schedule O to res	· · · · · · · · · · · · · · · · · ·				
	(a) Name and address	(b) Average hours per week devoted to position	(c) Reportable compensation (For, W-2/1099-MISC) (If not paid, enter-0-)	(d) Contrib employee be & deferred	nefit plans	(e) Estimated amount of other compensation
MA	ARK GERANO	PRESIDENT			•	
74	112 HOLYO MAINEVILLE OH 45039	5	0			
Ē١	AN WILLIS	V P				
7(04 GUMLEY BLANCHESTE OH 45107	2	0			
	ARON BOSKO	V P				
	211 GRACE WINCHESTER OH 45697		0			
	ILL BLADES	V P				
	598 ALLIS BATAVIA OH 45103		0			
	RYAN BRUMAGEN	TREASURER				
83	309 GLENH CINCINNATI OH 45241	5	0			
	<u> </u>					
_						
		_		1		
	<u></u>	}				
						
						
		1				
-	· · · · · · · · · · · · · · · · · · ·					1

91-2058750

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Form **990-EZ** (2011)

Form 990-EZ (2011) INTERNATIONAL ASSOCIATION OF FIRE

BCA

	Part V) Check if the organization used Schedule O to respond to any question in this Part V.	tions i	OI .	П
	, and a second s		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 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
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			l
	activities (such as those reported on lines 2, 6a, and 7a, among others)? .	35a		<u>X</u>
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		
С	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	Х	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?			١
	If "Yes," complete applicable parts of Schedule N	36	,	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions . 37a 0		لـــــا	
þ	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	نــــا		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-1	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter		ĺ	,
a	Initiation fees and capital contributions included on line 9	<u> </u>		
	Gross receipts, included on line 9, for public use of club facilities	ľ		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	[i	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶	;	; ;	
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction	<u> </u>	ļ	
	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	40ь		
_	prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400		
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.			
ч	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by	ŀ	ı	1
u	the organization		i	
	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 OH		<u> </u>	<u> </u>
		-67	7-0	300
	Located at ▶ 11925 MONTGOMERY RD STE 4 OH CINCINNATI ZIP+4 ▶ 452			
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		Yes	No
	account)?	42b		Х
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		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			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43			
			Yes	No
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		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	·	L	
	of Form 990-EZ	44b		X
С	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		Х
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		X

a	1	-2	Λ	5	Ω	7	$\overline{}$	Λ
J	_		u		O	- /	J	U

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Yes No

46		organization engage, directly or indireates for public office? If "Yes," comple		gn activities on beh	alf of or in oppos	sition to	. 46		
Par		Section 501(c)(3) organizati		947(a)(1) none	xempt chari	table trusts			<u>l </u>
		All section 501(c)(3) organizations at and 52, and complete the tables for	, ,, ,	onexempt charitable	trusts must ans	wer questions	47–49b		
		Check if the organization used Sche		v avection in this Da	ort \ / I				П
		Check if the organization used Sche-	dule O to respond to an	y question in this Pa	art vi		<u> </u>	Yes	No
47		e organization engage in lobbying activif "Yes," complete Schedule C, Part II	vities or have a section s	501(h) election in ef	fect during the ta	ax	47		
48	-	organization a school as described in s	section 170(b)(1)(A)(ii)?	If "Yes," complete \$	Schedule E		48	ļ -	
49a	Did the	e organization make any transfers to a	n exempt non-charitable	e related organizatio	n?		49a		
b		," was the related organization a section	-				. 49b	<u> </u>	<u> </u>
50		ete this table for the organization's five					and key em	ploye	es) wh
	each re	eceived more than \$100,000 of compe	ensation from the organi	zation If there is no	1				
(•	e and title 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-MIS	benefit plans	benefits, s to employee s, and deferred ensation	(e) Estimat		
		·							
	ompens	e this table for the organization's five had been set to from the organization. If there is and address of each independent continuous.	none, enter "None "		Type of service		c) Compen		
		· · · · · · · · · · · · · · · · · · ·							
f T	otal nu	mber of other independent contractors	each receiving over \$1	00 000	•	<u> </u>		-	
52 [Old the o	organization complete Schedule A? No	ote: All section 501(c)(3	•	4947(a)(1) none	xempt	Yes	—————————————————————————————————————	No
Under	penalties	of perjury, I declare that I have examined this return plete. Declaration of preparer (other than officer) is	n, including accompanying scho	•	•	owledge and belief		£3_	110
					I 0	5/29/20	12		
Sig		Signature of officer	-			3/29/20 ate	12		
Her	е	BRYAN BRUMAGEN		SECRET	ARY/TREA				
		Type or print name and title			·				
		Print/Type preparer's name	Preparer's sign		Date	Check X			
Paid Prep		LEONARD R SLYE	LEONARD R	SLYE	05/25/20				3770
Use		Firm's name SLYE ACCOUNT Firm's >11925 MONTGO	ING MERY RD STE	4		Firm's EIN ▶	32-011 513-67		
)H 45249-	-1		Phone no	<u> </u>	, – (, 500
Мау	the IRS	discuss this return with the preparer s		uctions	•	·	▶ X Yes	<u>. </u>	No
BCA			US990E				Form 990 -		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Name of the organization INTERNATIONAL ASSOCIATION OF FIRE Employer identification number 91-2058750

l۲	art	Reason to	r Public Charity	Status (All organizations	must coi	mpiete ti	nis part)	See ins	tructions	<u> </u>			
The	org	janization is not a priva	te foundation becaus	se it is (For lines 1 through 11	, check o	nly one	box)						
1	П	A church, convention	of churches, or assoc	ciation of churches described i	n sectio	n 170(b)	(1)(A)(i)						
2	П	A school described in	section 170(b)(1)(A))(ii). (Attach Schedule E)									
3	П	A hospital or a cooper	ative hospital service	e organization described in sec	tion 170)(b)(1)(A)(iii)						
4		A medical research or	ganization operated	in conjunction with a hospital of	described	ın sect	ion 170(b)(1)(A)	(iii) Ent	er the ho	ospital's r	name,	
		city, and state											
5	П	An organization opera	ted for the benefit of	a college or university owned	or opera	ted by a	governr	nental u	nıt descr	ibed in s	ection		
	_	170(b)(1)(A)(iv). (Con	nplete Part II)										
6		A federal, state, or loc	al government or gov	vernmental unit described in se	ection 1	70(b)(1)	(A)(v).						
7	П	An organization that n	ormally receives a su	ubstantial part of its support fro	m a gov	ernment	al unit o	r from th	ne gener	al public			
	_	described in section	170(b)(1)(A)(vi) (Cor	mplete Part II)									
8	П	A community trust des	scribed in section 17	0(b)(1)(A)(vi) (Complete Part	11)								
9	X	An organization that n	ormally receives (1)	more than 33 1/3 % of its sup	port from	contrib	utions, n	nembers	hip fees	, and gro	oss		
	_	receipts from activities	related to its exemp	ot functions - subject to certain	exception	ns, and	(2) no m	ore than	33 1/3	% of its			
		support from gross inv	estment income and	I unrelated business taxable in	come (le	ss section	on 511 ta	ax) from	busines	ses			
	_	acquired by the organ	ization after June 30,	, 1975 See section 509(a)(2)	(Comple	ete Part	IIF)						
10		An organization organ	ized and operated ex	xclusively to test for public safe	ety See	section	509(a)(4	l).					
11				xclusively for the benefit of, to									
				d organizations described in se						section			
		509(a)(3). Check the b	oox that describes the	e type of supporting organizati	on and c	omplete	lines 11	e throug	h 11h				
	_	a Type!	b 📙 Type II	c 📙 Type III - Fu	ınctional	ly integra	ated	d L	Type I	II - Othe	r		
е				inization is not controlled direct									
		persons other than for	undation managers a	and other than one or more put	olicly sup	ported o	rganızat	ions des	scribed in	section	ı		
		509(a)(1) or section 5											
f		If the organization rec	eived a written deteri	mination from the IRS that it is	а Туре	I, Type i	or Type	e III supp	oorting				_
		organization, check th											L
g		_		on accepted any gift or contrib					rsons?		Г		
		(i) A person who dire	ectly or indirectly cont	trols, either alone or together v	vith pers	ons desc	cribed in	(11)			_	Yes	No
		and (III) below, the	e governing body of t	he supported organization?							11g(i)		
		(ii) A family member	of a person described	d ın (ı) above?							11g(iı)		
		•		scribed in (i) or (ii) above?							11g(iii)	i	
<u>h</u>		Provide the following	nformation about the	supported organization(s)	т								
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is t	he organ-	(v) D	id you	1 ' '	s the	(viı) A		t of
		organization		(described on lines 1-9	ızatıon	ın col	notif	y the		ation in	su	pport	
				above or IRC section	(i) listed	ın your	organiz	ation in		(1)			
				(see instructions))		rning		of your	1	nızed			
					docur	T-		port?		US?			
					Yes	No	Yes	No	Yes	No			
(A)					İ								
					-				ļ		L		
(B)													
_								 	}				
(C)							ļ						
		<u> </u>				 		<u> </u>					
(D)							1						
(E)					1								
			1	1	t]								

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.

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2011

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If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- 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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Section 501(c)(4), (5), or (6) organizations Complete Part III		
Name of organization		identification number
INTERNATIONAL ASSOCIATION OF FIRE		2058750
Part I-A Complete if the organization is exempt under section 501(c) or is	a section 527 c	organization.
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV		
2 Political expenditures	▶\$ _	
3 Volunteer hours .	-	
Part I-B Complete if the organization is exempt under section 501(c)(3).		
1 Enter the amount of any excise tax incurred by the organization under section 4955	▶\$ _	
2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶\$ _	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes No
4a Was a correction made?		Yes No
b If "Yes," describe in Part IV		
Part I-C Complete if the organization is exempt under section 501(c), exce	ept section 501	(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function activity	ities ▶\$_	
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527	7	
exempt function activities	▶\$ _	
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form		
1120-POL, line 17b	▶\$	Yes No
4 Did the filing organization file Form 1120-POL for this year?		Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political org	ganizations to which	the filing organization mad
payments For each organization listed, enter the amount paid from the filing organization's funds A	Also enter the amour	nt of political contributions
received that were promptly and directly delivered to a separate political organization, such as a se	parate segregated fu	ind or a political action
committee (PAC) If additional space is needed, provide information in Part IV		
(a) Name (b) Address (c) EIN	(d) Amount paid	(e) Amount of political
	from filing	contributions received
	organization's funds If none	and promptly and directly delivered to a separate
	enter -0-	political organization If
		none, enter -0-
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
	i	i

	,					
Sched	dule C (Form 990 or 99	90-EZ) 2011 INTERN	ATIONAL ASSO	CIATION OF F	IRE 91-	2058750 Page 2
Par		ete if the organizati section 501(h)).	on is exempt unde	er section 501(c)(3)	and filed Form 5	768 (election
A Ch	eck If the filing o	organization belongs to a	n affiliated group (and li	st in Part IV each affiliate	d group member's nar	ne, address,
	EIN, expens	ses, and share of excess	lobbying expenditures)			
B Ch	eck ▶ If the filing o	organization checked box	A and "limited control" p	provisions apply		
		Limits on Lobbyir	ng Expenditures		(a) Filing organization's	(b) Affiliated group
	(The ter	m "expenditures" mea	ns amounts paid or inc	urred.)	totals	totals
1 a	Total lobbying exper	nditures to influence pub	lic opinion (grass roots lo	obbying)		
b	Total lobbying exper	nditures to influence a le	gislative body (direct lobl	bying)		
С	Total lobbying exper	nditures (add lines 1a an	d 1b)			
d	Other exempt purpo	se expenditures				
е	Total exempt purpos	se expenditures (add line	es 1c and 1d)			
f	Lobbying nontaxable	e amount. Enter the amo	unt from the following ta	ble in both columns		
	If the amt. on line 1	le, col. (a) or (b) is:	The lobbying nontaxa	able amount is:	1	
	Not over \$500,000		20% of the amount on	line 1e		
	Over \$500,000 but r	not over \$1,000,000	\$100,000 plus 15% of the exce	ess over \$500,000	1	
	Over \$1,000,000 bu	t not over \$1,500,000	\$175,000 plus 10% of the exce	ess over \$1,000,000	i] ,
	Over \$1,500,000 bu	t not over \$17,000,000	\$225,000 plus 5% of the exces	ss over \$1,500,000	1	
	Over \$17,000,000		\$1,000,000			ļ
g	Grassroots nontaxal	ble amount (enter 25% o	f line 1f)			
h	Subtract line 1g fron	n line 1a If zero or less,	enter -0-	•		
ı		line 1c If zero or less, e			,	
j	If there is an amoun	t other than zero on eithe	er line 1h or line 1i, did th	ne organization file Form	4720 reporting	
-	section 4911 tax for	this year?				Yes No
		4	-Year Averaging Period	Under Section 501(h)		
	(\$	ome organizations that	t made a section 501(h)	election do not have to	o complete all of the	five
		columns below.	See the instructions fo	r lines 2a through 2f in	the instructions.)	
				ng 4-Year Averaging P		
0-1						
	endar year (or fiscal	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
у	ear beginning in)					
2 a	Lobbying non-					
	taxable amount					
b	Lobbying ceiling	!		1	í	
	amount (150% of	. !		s :		
	line 2a, column(e))		1	. *	-2 - 2 -	
С	Total lobbying					
	expenditures					
đ	Grassroots non-					
	taxable amount	<u></u>				
е	Grassroots ceiling					

Schedule C (Form 990 or 990-EZ) 2011

amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

Schedule C (F	orm 990 or 990-EZ) 2011 INTERNATIONAL	_ ASSOCIATION	OF FIRE	91-2058750	Page 4
Part IV	orm 990 or 990-EZ) 2011 INTERNATIONAL Supplemental Information (continued)				
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 **2011**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 91-2058750 INTERNATIONAL ASSOCIATION OF FIRE ALL INCOME FOR 2011 WAS THROUGH MEMBERSHIP DUES/DONATIONS/FUND RAISERS THE DIRECT EXPENSES (6C) WERE FOR THE GOLF OUTING COST.

SCHEDULE O

(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

INTERNAT	TIONAL ASSOCIA	TION OF FIRE	91-2058750
ALL INCOME	FOR 2011 WAS	THROUGH MEMBERSHIP DUES/DONATI	ONS/FUND RAISERS
THE DIRECT	EXPENSES (6C)	WERE FOR THE GOLF OUTING COST.	

Name: INTERNATIONAL ASSOCIATION OF FIRE	ID: 91–2058750
Description: PROGRAM SERVICES	
Туре	Amount
POP MACHINE	1,170.
****	1 170
Total	1,170.

Name: INTERNATIONAL ASSOCIATION OF FIRE

ID: 91-2058750

Туре	Amount
RAVEL	3,739
MBERSHIP DUES TO OAPFF/IAFF CHAPTERS	9,843
TERTAINMENT	1,662 3,155
DOGING	3,155
ALS	1,471
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Total	19,870