



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**
 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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

| | | |
|---|--|---|
| 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 | C Name of organization INTERNATIONAL ASSOC OF FIRE FIGHTERS LOCAL #1945 FT COLLINS CO | D Employer identification number 23-7082518 |
| | Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 1754 | E Telephone number (970) 581-7768 |
| | City or town, state or country, and ZIP + 4 FORT COLLINS, CO 80522 | F Group Exemption Number 0160 |

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: WWW.IAFF1945.ORG

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. **\$ 101,910**

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 | 10 | Grants and similar amounts paid (list in Schedule O) | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 11 | Benefits paid to or for members | 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 | 12 | Salaries, other compensation, and employee benefits | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 13 | Professional fees and other payments to independent contractors | 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 | 14 | Occupancy, rent, utilities, and maintenance | | |
| 5b | Less cost or other basis and sales expenses | 15 | Printing, publications, postage, and shipping | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 16 | Other expenses (describe in Schedule O) | | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 17 | Total expenses. Add lines 10 through 16 | | |
| 6b | 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) | | | | |
| 6c | Less direct expenses from gaming and fundraising events | | | | |
| 6d | 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 | | | | |
| 7b | Less cost of goods sold | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | |

Part III 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 | 198,637 | 22 | 199,418 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | 8,883 | 24 | 6,692 |
| 25 Total assets | 207,520 | 25 | 206,110 |
| 26 Total liabilities (describe in Schedule O) | 1,533 | 26 | 2,874 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 205,987 | 27 | 203,236 |

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?

EDUCATE THE PUBLIC ON FIRE SAFETY AND HELP WITH RELIEF PROGRAMS

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 PROVIDE MEMBERS WITH FAIR REPRESENTATION AND AN EQUAL VOICE ON LABOR RELATED ISSUES BOTH WITHIN THE POUFRE FIRE AUTHORITY AND THE COMMUNITY WE SERVE (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 101,769 |
| 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) <input type="checkbox"/> | 32 | 101,769 |

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 title | (b) 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 |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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
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
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
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
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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of JAY KLASSEN Telephone no (970) 581-7768 Located at PO BOX 1754 FORT COLLINS, CO ZIP + 4 80522
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)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U S ? 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
44c Did the organization receive any payments for indoor tanning services during the year?
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
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

| | | |
|----|-----|----|
| | Yes | No |
| 46 | | 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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

| | | |
|-----|-----|----|
| | Yes | No |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |

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 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?

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 title of each employee paid more than \$100,000 | (b) 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 |
|--|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 | 2013-02-16 Date |
| | JAY KLASSEN TREASURER Type or print name and title | |

| | | | | | |
|-------------------------------|---|--|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature DENISE A JULIANA | Date | Check <input type="checkbox"/> if self-employed | PTIN P00055673 |
| | Firm's name <input type="checkbox"/> SAMPLE & BAILEY CPAS PC | | | Firm's EIN <input type="checkbox"/> 84-1041726 | |
| | Firm's address <input type="checkbox"/> 375 EAST HORSETOOTH SHORES 4 STE 20 FORT COLLINS, CO 80525 | | | Phone no (970) 223-8825 | |

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

2012

Open to Public Inspection

Name of the organization
INTERNATIONAL ASSOC OF FIRE FIGHTERS
LOCAL #1945 FT COLLINS CO

Employer identification number

23-7082518

| Identifier | Return Reference | Explanation |
|--|-------------------------------|---|
| OTHER INVESTMENT INCOME | FORM 990-EZ, PART I, LINE 4 | INTEREST INCOME 178 |
| INCOME FROM SALES OF INVENTORY | FORM 990-EZ, PART I, LINE 7 | INCOME GROSS RECEIPTS 4,592 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 2,698 GROSS PROFIT 1,894 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 5,550 MERCHANDISE PURCHASED 1,678 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 4,530 COST OF GOODS SOLD 2,698 |
| OTHER REVENUE | FORM 990-EZ, PART I, LINE 8 | DESCRIPTION MISCELLANEOUS INCOME AMOUNT 26 |
| OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | FORM 990-EZ, PART I, LINE 14 | DESCRIPTION DEPRECIATION AMOUNT 977 |
| OTHER EXPENSES | FORM 990-EZ, PART I, LINE 16 | DESCRIPTION TRAVEL AMOUNT 5,111 DESCRIPTION CONFERENCES & MEETINGS AMOUNT 2,893 DESCRIPTION AFFILIATE DUES AMOUNT 42,206 DESCRIPTION REGISTRATIONS AMOUNT 3,300 DESCRIPTION MEALS AMOUNT 1,043 DESCRIPTION COMPUTER EXPENSE AMOUNT 11 DESCRIPTION WEBSITE AMOUNT 329 DESCRIPTION DECALS AMOUNT 198 DESCRIPTION LICENSES AND FEES AMOUNT 10 DESCRIPTION MISCELLANEOUS AMOUNT 507 DESCRIPTION SUMMER PICNIC AMOUNT 3,996 DESCRIPTION OFFICE EXPENSES AMOUNT 902 DESCRIPTION CHARITABLE DONATIONS AMOUNT 7,104 DESCRIPTION RETIREMENT AWARDS AMOUNT 1,765 DESCRIPTION RECRUITMENT AMOUNT 235 DESCRIPTION TELEPHONE AMOUNT 3,000 TOTAL TO FORM 990-EZ, LINE 16 72,610 |
| OTHER ASSETS | FORM 990-EZ, PART II, LINE 24 | DESCRIPTION INVENTORY BEG OF YEAR AMOUNT 5,550 END OF YEAR AMOUNT 4,530 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 3,333 END OF YEAR AMOUNT 2,162 |
| OTHER LIABILITIES | FORM 990-EZ, PART II, LINE 26 | DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,533 END OF YEAR AMOUNT 2,874 |

Additional Data

Software ID:

Software Version:

EIN: 23-7082518

Name: INTERNATIONAL ASSOC OF FIRE FIGHTERS
LOCAL #1945 FT COLLINS CO

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (a) Name and title | (b) 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 |
|-----------------------------------|--|--|---|--|
| RONALD SIMMS PRESIDENT | 20 00 | 3,204 | 0 | 0 |
| JONATHAN MCKEON VICE PRESIDENT | 20 00 | 3,204 | 0 | 0 |
| MURRAY BYLER ANDUSS SECRETARY | 10 00 | 3,204 | 0 | 0 |
| JAY KLASSEN TREASURER | 10 00 | 3,204 | 0 | 0 |
| BRIAN ALLEN ONIGKEIT E-BOARD | 10 00 | 3,204 | 0 | 0 |

**TY 2012 Transfers Personal Benefits
Contracts Declaration**

Name: INTERNATIONAL ASSOC OF FIRE FIGHTERS
LOCAL #1945 FT COLLINS CO

EIN: 23-7082518

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.