

2015

Open to Public
Inspection

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service**A For the 2015 calendar year, or tax year beginning 01-01-2015****, and ending 12-31-2015**

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization CARSON CITY FIREFIGHTERS ASSOC LOCAL 2251 OF INTL ASSN FIRE FIGHT	D Employer identification number 23-7294712
Number and street (or P O box, if mail is not delivered to street address) PO BOX 676	E Telephone number (775) 882-4459
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: ► 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** Form of organization Corporation Trust Association Other _____**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 79,681**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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td>70,403</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td>9,278</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td></td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td></td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr><td>b</td><td>Less cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td></td></tr> <tr><td>b</td><td>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)</td><td>6b</td><td></td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events</td><td>6c</td><td></td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td></td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr><td>b</td><td>Less cost of goods sold</td><td>7b</td><td></td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td><td></td></tr> <tr><td>9</td><td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>►</td><td>9 79,681</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	70,403	2	Program service revenue including government fees and contracts	2	9,278	3	Membership dues and assessments	3		4	Investment income	4		5a	Gross amount from sale of assets other than inventory	5a		b	Less cost or other basis and sales expenses	5b		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		6	Gaming and fundraising events			a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		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)	6b		c	Less direct expenses from gaming and fundraising events	6c		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		7a	Gross sales of inventory, less returns and allowances	7a		b	Less cost of goods sold	7b		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8	Other revenue (describe in Schedule O)	8		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	9 79,681
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Net Assets	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>-24,987</td></tr> <tr><td>19</td><td>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)</td><td>19</td><td>163,446</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td></td></tr> <tr><td>21</td><td>Net assets or fund balances at end of year. Combine lines 18 through 20</td><td>►</td><td>21 138,459</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-24,987	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	163,446	20	Other changes in net assets or fund balances (explain in Schedule O)	20		21	Net assets or fund balances at end of year. Combine lines 18 through 20	►	21 138,459																																																				
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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 Schedule O to respond to any question in this Part V

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	37a	
b	37b	No
38a		No
b	38b	
39	39a	
a	39b	
40a		
b	40b	
c		
d		
e	40e	No
41		
42a		
b	42b	No
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	42c	No
If "Yes," enter the name of the foreign country		
43		
44a		
b	44b	No
c	44c	No
d	44d	
45a		
45b		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

	Yes	No
46		No

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	(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 business address of each independent contractor	(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 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 KEVIN NYBERG TREASURER Type or print name and title	2016-07-28 Date
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Paid Preparer Use Only	Print/Type preparer's name KELLY J BULLIS CPA	Preparer's signature	Date 2016-08-04	Check <input type="checkbox"/> if self-employed	PTIN P01055802
	Firm's name ► BULLIS & COMPANY LLC	Firm's EIN ► 27-1281864			
	Firm's address ► 206 S DIVISION ST CARSON CITY, NV 897034276	Phone no (775) 882-4459			

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID:
Software Version:

EIN: 23-7294712

Name: CARSON CITY FIREFIGHTERS ASSOC
LOCAL 2251 OF INTL ASSN FIRE FIGHT

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**

Name of the organization

CARSON CITY FIREFIGHTERS ASSOC
LOCAL 2251 OF INTL ASSN FIRE FIGHT**Employer identification number**

23-7294712

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	INTERNATIONAL ASSOCIATION OF FIRE ASSOCIATION DUES FIGHTERS 1750 NEW YORK AVE NW, STE 300 7,162 0 WASHINGTON, DC 20006 0 PFFN ASSOCIATION DUES PO BOX 676 CARSON CITY , NV 89701 7,649 0 0
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSE 1,725 CONFERENCES 10,207 BANK FEES 573 MEETING EXPENSE 2,164 PO BOX 266 STORAGE 407 TOTAL 15,342
FORM 990-EZ, PART III	OUR PRIMARY MISSION IS TO IMPROVE THE WORKING CONDITIONS OF FIRE FIGHTERS IN CARSON CITY, NEVADA. WE REPRESENT OUR MEMBERS IN ALL CONTRACT NEGOTIATIONS, LABOR DISPUTES, GRIEVANCES, AND FUND LEGAL REPRESENTATION IN UNFAIR LABOR PRACTICE MATTERS. WE PROVIDE WORKSITE CONVENTIONS AND BETTERMENTS FOR OUR MEMBERS. WE PROVIDE MEMBERS OPPORTUNITY TO ATTEND COURSES DESIGNED FOR EDUCATION AND TRAINING ON LABOR PRACTICES AND NEGOTIATIONS