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RETROACTIVE REINSTATEMENT  
Short FormForm **990-EZ**

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2019**

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

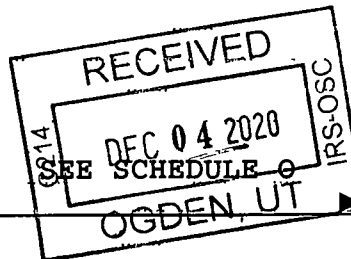
▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information. 1912Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2019 calendar year, or tax year beginning and ending	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	<b>C</b> Name of organization <b>INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL #4227</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P O BOX 12835</b> City or town, state or province, country, and ZIP or foreign postal code <b>RENO, NV 89510</b> 05
<b>D</b> Employer identification number <b>04-3724764</b>	<b>E</b> Telephone number <b>775-737-4242</b>
<b>F</b> Group Exemption Number	<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	<b>I</b> Website: ▶ <b>N/A</b>
<b>J</b> Tax-exempt status (check only one) -- <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 5 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>40,201.</b>	

**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 ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	8,021.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	30,100.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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) SEE SCHEDULE O	8	2,080.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	40,201.	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	11,275.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	10,346.
	14	Occupancy, rent, utilities, and maintenance	14	5,856.
	15	Printing, publications, postage, and shipping	15	1,199.
	16	Other expenses (describe in Schedule O)	16	13,714.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	42,390.
<b>Net Assets</b>	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-2,189.
	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	55,515.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	53,326.



LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED OCT 19 2021

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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	55,515.	53,326.
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	<b>Total assets</b>	55,515.	53,326.
26	<b>Total liabilities</b> (describe in Schedule O)	0.	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	55,515.	53,326.

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

<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
Advertising costs	\$
Business travel expenses	\$
Charitable contributions	\$
Depreciation expense	\$
Dues and subscriptions	\$
Gift taxes	\$
Interest expense	\$
Insurance premiums	\$
Legal fees	\$
Miscellaneous expenses	\$
Office rent	\$
Professional fees	\$
Real estate taxes	\$
Repairs and maintenance	\$
Taxes and licenses	\$
Total expenses	\$

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	<b>ARBITRATION, NEGOTIATION AND LEGAL COSTS FOR UNION CONTRACT AND COMMITTEE WORK FOR GRIEVANCES; SEMINARS AND WORKSHOPS FOR FIRE FIGHTING AND SKILL IMPROVEMENTS.</b>		
	(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	<b>Total program service expenses</b> (add lines 28a through 31a)	▶	<input type="checkbox"/> 32

(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

[illegible]

## INTERNATIONAL ASSOCIATION OF FIRE

Form 990-EZ (2019)

FIGHTERS LOCAL #4227

04-3724764

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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 Sch. 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		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		X
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)?		X
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	N/A	
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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
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), 501(c)(4), and 501(c)(29) 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		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
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		X
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	FRITZ KLINGER	
Located at	P O BOX 12835, RENO, NV	
Telephone no.	775-737-4242	
ZIP + 4	89510	
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)?		X
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 At any time during the calendar year, did the organization maintain an office outside the United States?		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	N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		

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**INTERNATIONAL ASSOCIATION OF FIRE  
FIGHTERS LOCAL #4227**

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**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
<b>46</b>		<b>X</b>

**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 ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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?

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

**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
N/A				

**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." N/A

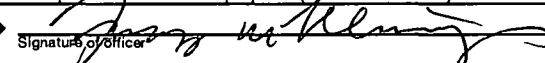
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**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** Date 11/18/2020

 **FRITZ KLINGER, TREASURER**

Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BETH KOHN-COLE	BETH KOHN-COLE	10/05/20		P00212562
	Firm's name ▶ EIDE BAILLY LLP			Firm's EIN ▶ 45-0250958	
	Firm's address ▶ 5441 KIETZKE LN STE 150 RENO, NV 89511-2094			Phone no. 775-689-9100	

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

Form 990-EZ (2019)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

INTERNATIONAL ASSOCIATION OF FIRE  
FIGHTERS LOCAL #4227

Employer identification number  
04-3724764

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

**DESCRIPTION OF OTHER REVENUE:**

**AMOUNT:**

INTEREST

368.

MISCELLANEOUS

1,712.

TOTAL TO FORM 990-EZ, LINE 8

2,080.

**FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:**

**AFFILIATE NAME:** INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL 2139

**AFFILIATE ADDRESS:** 1750 NEW YORK AVE NW WASHINGTON, DC 20006

**PURPOSE OF PAYMENT:** NATIONAL ASSOCIATION DUES

**AMOUNT OF PAYMENT:**

4,627.

**AFFILIATE NAME:** PROFESSIONAL FIRE FIGHTERS OF NEVADA

**AFFILIATE ADDRESS:** 909 N RICHMOND AVENUE CARSON CITY, NV 89703

**PURPOSE OF PAYMENT:** PROFESSIONAL ASSOCIATION DUES

**AMOUNT OF PAYMENT:**

3,948.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

8,575.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:**

**ACTIVITY CLASSIFICATION:**

**GRANTEE NAME:** OTHER ORGANIZATIONS

**AMOUNT GIVEN:**

1,700.

**ACTIVITY CLASSIFICATION:**

**GRANTEE NAME:** OTHER INDIVIDUALS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL #4227	Employer identification number 04-3724764
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AMOUNT GIVEN: 1,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,700.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

PROGRAM EXPENSES 4,515.

OFFICE EXPENSES 2,896.

UNION SUPPLIES 5,655.

TRAVEL 648.

TOTAL TO FORM 990-EZ, LINE 16 13,714.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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.