

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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	49a	
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	49b	
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 MATT LUDWIG TREASURER Type or print name and title	2020-01-27 Date
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Paid Preparer Use Only	Print/Type preparer's name RAY BADER CPA	Preparer's signature	Date 2021-01-27	Check <input type="checkbox"/> if self-employed	PTIN P00003887
	Firm's name ► CPA ASSOCIATES LLC			Firm's EIN ► 20-4944057	
	Firm's address ► 152 N DURBIN ST STE 410 CASPER, WY 82601			Phone no. (307) 473-7400	

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

Additional Data

Software ID:

Software Version:

EIN: 83-6005783

Name: CASPER FIREFIGHTERS ASSOC LOCAL 904

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

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; optional for others.)
28 CARRYING OUT THE MISSION OF THE ORGANIZATION'S GOVERNING BODY AND MEMBERS. (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZComplete 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 for the latest information.

2019**Open to Public
Inspection**

Name of the organization

CASPER FIREFIGHTERS ASSOC LOCAL 904

Employer identification number

83-6005783

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	AFL-CIO 2,608 FEDERATED FIREFIGHTERS OF WYOMING 10,543 INT'L ASSOCIATION OF FIREFIGHTERS 18,208

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CASH CONTRIBUTION: 9,000 RELATIONSHIP: MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	NAME: MUSCULAR DYSTROPHY ASSOCIATION ADDRESS: 720 S COLORADO BLVD DENVER, CO 80246 CASH CONTRIBUTION: 15,107

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 912 TRAVEL EXPENSE 2,301 BANK FEES 437 EVENT EXPENSES 2,302 FLOWE RS 484 MISCELLANEOUS 1,004 SUPPLIES 1,284 TAXES & LICENSES 600 TOTAL 9,324

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE ORGANIZATION'S PRIMARY MISSION IS TO PROVIDE SUPPORTING SERVICES FOR IT'S FIREFIGHTER MEMBERS, CARRIED OUT BY PROVIDING ENHANCED LIVING CONDITIONS WHILE THE MEMBERS ARE ON DUTY, AND TO PROVIDE ASSISTANCE TO THOSE MEMBERS WHO HAVE EXPERIENCE UNFORESEEN HARDSHIPS AND REQUIRE SOME FINANCIAL ASSISTANCE.