

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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change *See state ment*
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **IAFF LOCAL 2446, INC. DBA PALM BAY PROFESSIONAL FIREFIGHTERS**
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
1465 GEORGIA ST NE
 City or town State ZIP code
PALM BAY FL 32907
 Foreign country name Foreign province/state/country Foreign postal code

D Employer identification number: **51-0190348**

E Telephone number: **(321) 723-3036**

F Group Exemption Number: **0160**

G Accounting Method: Cash Accrual Other (specify) _____

I Website: **www.iaff2446.com**

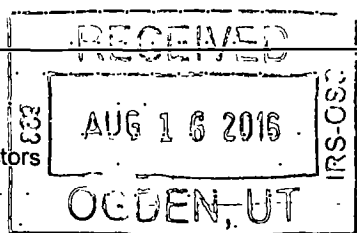
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) (insert no) 4947(a)(1) or 527

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 **\$ 147,676**

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	19,791
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	119,440
4	Investment income	361
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
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)	1,838
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)	1,838
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)	0
8	Other revenue (describe in Schedule O)	6,246
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	147,676
10	Grants and similar amounts paid (list in Schedule O)	24,364
11	Benefits paid to or for members	327
12	Salaries, other compensation, and employee benefits	28,864
13	Professional fees and other payments to independent contractors	1,076
14	Occupancy, rent, utilities, and maintenance	2,677
15	Printing, publications, postage, and shipping	12
16	Other expenses (describe in Schedule O)	89,293
17	Total expenses. Add lines 10 through 16	146,613
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1,063
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)	247,393
20	Other changes in net assets or fund balances (explain in Schedule O)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	248,456



Handwritten: 611 67 19

Vertical stamp: SCHEDULED SEP 02 2016

Part II 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	158,946	22	149,889
23 Land and buildings	170,673	23	169,921
24 Other assets (describe in Schedule O)		24	
25 Total assets	329,619	25	319,810
26 Total liabilities (describe in Schedule O)	82,226	26	71,354
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	247,393	27	248,456

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? WELFARE AND SAFETY OF ITS UNION MEMBERS

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 PROMOTING THE WELFARE AND SAFETY OF ITS UNION MEMBERSHIP BASE OF PROFESSIONAL FIREFIGHTERS IN THE CITY OF PALM BAY, FLORIDA	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	86,456
29 SUPPORTING AND ADVANCING THE CAUSES OF CHARITABLE ORGANIZATIONS INCLUDING THE MUSCULAR DYSTROPHY ASSOCIATION (MDA) AND LOCAL NON PROFIT ORGANIZATIONS AND SCHOOLS	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	17,840
30 SUPPORTING DECEASED MEMBER'S FAMILIES IN THEIR TIME OF NEED BY PAYING FUNERAL EXPENSES AND SENDING FLOWERS	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6,524
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)		32	110,820

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
DAVID GINSBURG PRESIDENT	Hr/WK 20 00	10,209	0	0
CHERYL PARENTE SECRETARY	Hr/WK 10 00	5,158	0	0
RONALD ROSS TREASURER	Hr/WK 10.00	4,249	0	0
BRIAN GENT VICE PRES	Hr/WK 10 00	4,249	0	0
JOSEPH GIANANTONIO VICE PRES.	Hr/WK 10 00	5,078	0	0
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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 [X]

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. 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 activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a 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. 35b X
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. 35c 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. 36 X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a
b Did the organization file Form 1120-POL for this year? 37b X
38 a 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? 38a X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b
39 Section 501(c)(7) organizations Enter:
a Initiation fees and capital contributions included on line 9. 39a
b Gross receipts, included on line 9, for public use of club facilities. 39b
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955
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. 40b
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.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
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 40e X
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of RON ROSS, TREASURER Telephone no (321) 723-3036
Located at 1465 GEORGIA ST NE City PALM BAY ST FL ZIP + 4 32907
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)? 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). 42b X
c 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: 42c X
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
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44a 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. 44b X
c 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 X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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). 45b X

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.

Table with columns Yes, No and row 46 with an X in the No column.

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.

Table with columns Yes, No and row 47.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

Table with columns Yes, No and row 48.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a with an X in the No column.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 49b with an X in the No column.

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (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"

Table with 3 columns: (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 complete Schedule A.

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 furnished to preparer.

Sign Here: Signature of officer DAVID GINSBURG, Type or print name and title

Paid Preparer Use Only: Preparer's name RICHARD M BONAS, Firm's name R.M BONAS, CPA, Firm's address PO BOX 361144, MELBOURNE, FL 32901

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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Employer identification number

IAFF LOCAL 2446, INC. DBA PALM BAY PROFESSIONAL FIREFIGHTERS

51-0190348

Form 990-EZ, Part I, Line 8, Other Revenue: REAL ESTATE RENTAL INCOME 6,246

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: GENERAL, Grantee: MUSCULAR DYSTROPHY

ASSOCIATION, Cash Grant 17,115, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: GENERAL, Grantee: DESIGNATED MEMBERS,

Cash Grant 6,524, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Travel 4,827

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment 412

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 3,416

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings 3,846

Form 990-EZ, Part I, Line 16, Other Expenses: Interest: 5,237

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,161

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation 6,466

Form 990-EZ, Part I, Line 16, Other Expenses: PROMOTION AND ADVERTISING: 133

Form 990-EZ, Part I, Line 16, Other Expenses: BUILDING INSURANCE: 1,660

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EQUIPMENT AND FURNITURE 274

Form 990-EZ, Part I, Line 16, Other Expenses: WEBSITE HOSTING: 384

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE: 288

Form 990-EZ, Part I, Line 16, Other Expenses: PER CAP DUES TO AFFILIATES: 31,469

Form 990-EZ, Part I, Line 16, Other Expenses: DUES AND SUBSCRIPTIONS: 2,246

Form 990-EZ, Part I, Line 16, Other Expenses: POLITICAL ACTION COMMITTEES (PACS) 5,143

Form 990-EZ, Part I, Line 16, Other Expenses: FEES: 124

Form 990-EZ, Part I, Line 16, Other Expenses: SOCIAL EVENTS FOR MEMBERS: 9,949

Form 990-EZ, Part I, Line 16, Other Expenses: PAYROLL TAXES: 2,488

Form 990-EZ, Part I, Line 16, Other Expenses: REAL ESTATE TAXES 4,656

Form 990-EZ, Part I, Line 16, Other Expenses: MEMBER ATTIRE, UNIFORMS 4,688

Form 990-EZ, Part I, Line 16, Other Expenses: PFIA INSURANCE ACCOUNT: 247

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

Schedule O (Form 990 or 990-EZ) (2015)

HTA

Name of the organization

Employer identification number

IAFF LOCAL 2446, INC. DBA PALM BAY PROFESSIONAL FIREFIGHTERS

51-0190348

Form 990-EZ, Part I, Line 16, Other Expenses: MAITENANCE ON RENTAL PROPERTY: 179

Form 990-EZ, Part II, Line 26, Liabilities: PAYROLL TAX LIABILITY: Beginning of year 1,223,

End of year 1,301

Form 990-EZ, Part II, Line 26, Liabilities: MORTGAGE PAYABLE ON BUILDING Beginning of year

81,003, End of year: 70,053

Form 990-EZ, Part V, Section 1, Line 35A: ORGANIZATION HAS REAL ESTATE RENTAL INCOME OF \$6246

Articles of Amendment
to
Articles of Incorporation

INTERNATIONAL ASSOCIATION OF FIREFIGHTERS
PALM BAY PROFESSIONAL FIREFIGHTERS LOCAL 2446, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000004769

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

IAFF LOCAL 2446, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1465 GEORGIA ST, NE

PALM BAY, FL 32907

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address: _____

(City)

Florida

(Zip Code)

FILED
16 JAN - 8 PM 1:37
P.M. 2017

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title.

P = President, V = Vice President; T = Treasurer, S = Secretary, D = Director; TR = Trustee, C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|----------|------------------------|---|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>DAVID GINSBURG</u> | <u>1465 GEORGIA ST, NE</u>
<u>PALM BAY, FL 32907</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>V</u> | <u>CHERYL PARENTE</u> | <u>1465 GEORGIA ST, NE</u>
<u>PALM BAY, FL 32907</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>V</u> | <u>JOE GIANANTONIO</u> | <u>1465 GEORGIA ST, NE</u>
<u>PALM BAY, FL 32907</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>S</u> | <u>BRIAN GENT</u> | <u>1465 GEORGIA ST, NE</u>
<u>PALM BAY, FL 32907</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u>T</u> | <u>RON ROSS</u> | <u>1465 GEORGIA ST, NE</u>
<u>PALM BAY, FL 32907</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/30/2015

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DAVID GINSBURG
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)