

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



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

Department of the Treasury Internal Revenue Service

Open to Public Inspection ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

	A	For the 2014 c	lendar year, or tax year beginning	, 2014, and	dending			
	B -	Check if applicable: Address change	C Name of organization			D Employer is	ientification number	
	-	Name change	INTERNATIONAL ASSOCIATION OF FIR	Е		51-02	11481	
	 	Initial return	Number and street (or P.O. box, if mail is not delivered to street add	ress)	Room/suite	E Telephone	Telephone number	
,		Final return/terminated	PO BOX 487			(425)	587-3650	
		Amended return	City or town, state or province, country, and ZIP or foreign postal co	de	·		11.	
		Application pending	KTRKI.AND	WA	98083	F Group Ex	emption 0	
	G	Accounting Met				ck > X if the	organization is not	
	Į							
	J		Tax-exempt status (check only one) — 501(c)(3) X 501(c) (5) ◄(Insert no.) 4947(a)(1) or 527 (Form 990,					
	K	Form of organiz	`					
	1	G -	, and 7b to line 9 to determine gross receipts. If gross re		O or more or if tota			
	-	assets (Part II,	olumn (B) below) are \$500,000 or more, file Form 990	instead of Form 990-	-EZ	"	118,485.	
	P:		ie, Expenses, and Changes in Net Assets					
		Check if	he organization used Schedule O to respond to any qu	estion in this Part I			X	
			ons, gifts, grants, and similar amounts received				bed	
			ervice revenue including government fees and contrac					
			nip dues and assessments				118,363.	
		4 Investme	t income			4	122.	
		5 a Gross an	ount from sale of assets other than inventory	5	al	7.50		
2016		f	or other basis and sales expenses			7.5%		
7			s) from sale of assets other than inventory (Subtract line 5b from lin			5c		
S.			nd fundraising events	c say		3.77		
.7	REV	_	ome from gaming (attach Schedule G if greater than \$1	5,000) 6	a	绿色		
ر	Ž	!	ome from fundraising events (not including \$	L	of contributions			
DE C	E N U E	from fund	raising events reported on line 1) (attach Schedule G if	the sum .	•	1		
		i	oss income and contributions exceeds \$15,000)		ь			
ũ,		c Less: dire	ct expenses from gaming and fundraising events	6	c			
LOCANNED		d Net incom	e or (loss) from gaming and fundralsing events (add lin	es 6a and		i and		
		6b and si	btract line 6c)		· • · · · · · · ·	6d		
		l .	es of inventory, less returns and allowances					
9			of goods sold		b	26.85		
-: N			fit or (loss) from sales of inventory (Subtract line 7b fro					
37			enue (describe in Schedule O)					
,		9 Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			🕨 9	118,485.	
!			d similar amounts paid (list in Schedule O)				34,704.	
١ _ ١			aid to or for members					
	E X P		other compensation, and employee benefits				16,724.	
). }-	Ę		nal fees and other payments to independent contractor		• • • • • • • • •		718.	
6	8		y, rent, utilities, and maintenance					
5	8	15 Printing,	oublications, postage, and shipping			1/25 15	3,968.	
	-	16 Other exp	enses (describe in Schedule O)		11. 11		61.017.	
			enses. Add lines 10 through 16		B NOV. 2			
•	A	ŀ	(deficit) for the year (Subtract line 17 from line 9)			12 240	1,354.	
	N8	19 Net asset	s or fund balances at beginning of year (from line 27, c	olumn (A)) (must agr	ee with end-of-yea	1		
	A88ETS		orted on prior year's return)		COGDE	$\mathbb{N}, \mathbb{U}_{20}^{19^{\circ}}$	145,890.	
	S		nges in net assets or fund balances (explain in Schedu		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
			s or fund balances at end of year. Combine lines 18 th			21	147,244.	
	BA	a rorraperwo	rk Reduction Act Notice, see the separate instruction	ons.			Form 990-EZ (2014)	

TEEA0812 05/28/14

Retroact _ Reinstatement

Form	990-EZ (2014) INTERNATIONAL A	SSOCIATION OF FIRE			51-02	11481 Page 2
Pa	Balance Sheets (see the instruction Check if the organization used Scheduler	ructions for Part II)	on in this Bort II			
	Check if the organization used Scried	ule O to respond to any question	on muns Parch	(A) Beginning o		(B) End of year
22	Cash, savings, and investments		. .	145,		
23	Land and buildings			145,		
24	Other assets (describe in Schedule O)					
25	Total assets			1.45		
26	Total liabilities (describe in Schedule O).		1_	145.		
	,				0. 26	
27	Net assets or fund balances (line 27 of c			145,	890 . 2 7	
Pal	** Statement of Program Service A					Expenses
What	Check if the organization used Sche					guired for section 501
What	is the organization's primary exempt purpose? <u>EN</u>	HANCING WORK CONDI	TIONS FOR MEN	IBERS		3) and 501(c)(4) enizations; optional
mea	ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for eac	nanner, describe the services r	provided, the number	of persons		others.)
bene	fited, and other relevant information for each	h program title.				
28	THE ASSOCIATION FOCUSES O	N PRESERVING AND E	NHANCING WAGE	ES, HOURS		
	AND WORKING CONDITIONS OF				ING	1
	LABOR AGREEMENTS AND PRES				1	
	(Grants \$) if thi	s amount includes foreign gran	nts, check here	TTTTT	288	117,131.
29			······································			
					1	i
					1	
	(Grants S) If thi	s amount includes foreign grar	nts check here		29:	.
30	71.00	o billouite moladoo lorolgil grai	tto, oncontractor i i i		-1	
•						
						1
	76 X X 66.					_[
64		s amount includes foreign gran				3
31	The program continue (accounts in account				(i
		is amount includes foreign gran			31:	
32	Total program service expenses (add lin					117,131.
Pa	t IV List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one	even if not compens	ated - see	the instructions for Part IV)
	Check if the organization used Sche	edule O to respond to any que	stion in this Part IV	· · · · · · · · ·	· · · · ·	<u> </u>
	(a) Name and Ada	(b) Average hours per		on (d) Health I	enefits, employee	(e) Estimated amount of
	(a) Name and title	(b) Average hours per week devoted to position		on (d) Health is contributions to benefit plans, a	enefits, employee nd deferred	(e) Estimated amount of other compensation
		(b) Average hours per week devoted to position	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	on (d) Heatin i contributions to benefit plans, a compens	enefits, employee nd deferred	(e) Estimated amount of other compensation
	AN_VADNEY	position	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compen	ernefits, employee nd deferred ration	other compensation
PRI	AN_VADNEY SIDENT	(b) Average hours per week devoted to position		benefit plans, a compen	enefits, employee nd deferred	(e) Estimated amount of other compensation
PRI SET	AN_VADNEY SIDENT H_BUCHANAN	30.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	enefits, employee nd deferred sation	other compensation
PRE SET VIO	AN_VADNEY SIDENT H BUCHANAN E PRESIDENT	position	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compen	ernefits, employee nd deferred ration	other compensation
PRE SET VIO RAN	AN_VADNEY SIDENT H BUCHANAN E PRESIDENT HDALL SCOTT	30.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	enefits, employee nd deferred ation	other compensation 0.
PRE SET VIO RAN SEO	AN_VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT	30.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	enefits, employee nd deferred sation	other compensation
PRESERVICE RANGE SECOND	AN_VADNEY SIDENT TH BUCHANAN THE PRESIDENT TOALL SCOTT TOTALS STATE TO THE STATE THE S	30.00 30.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compeni	enefits, employee nd deferred ation	other compensation 0.
PRESERVICE RANGE SECOND	AN_VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT	30.00 30.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compeni	enefits, employee nd deferred ation	other compensation 0.
PRESENTED FOR SECOND TRUE	AN VADNEY SIDENT CH BUCHANAN CE PRESIDENT UDALL SCOTT C/TREAS LIE HANI USTEE	30.00 30.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	emefits, employee and deferred eation	O. O.
PRI SET VIO RAN SEO HOI TRU JAS	AN_VADNEY SIDENT TH BUCHANAN THE PRESIDENT TOALL SCOTT TOTALS STATE TO THE STATE THE S	30.00 30.00 30.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	emefits, employee and deferred eation	O. O.
PRE SET VIO RAM SEO HOR TRU JAS	AN VADNEY SIDENT TH BUCHANAN E PRESIDENT IDALL SCOTT TREAS LE HANI ISTEE SON CHAPPELL	30.00 30.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	emefits, employee and deferred sation	0. 0. 0. 0.
PRI SEC RAM SEC HOI TRU JAS TRU DIC	AN VADNEY SIDENT CH BUCHANAN CE PRESIDENT IDALL SCOTT CATEAS SIE HANI ISTEE CON CHAPPELL ISTEE CK HUGHES	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	emefits, employee and deferred sation	0. 0. 0. 0. 0.
PRI SET VIOLENTE SECONDO TRU TRU DIOLENTE DIOLENTE TRU	AN VADNEY SIDENT CH BUCHANAN CE PRESIDENT IDALL SCOTT CATEAS SIE HANI ISTEE CON CHAPPELL ISTEE CK HUGHES ISTEE	30.00 30.00 30.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	emefits, employee and deferred eation	0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT CH BUCHANAN CE PRESIDENT IDALL SCOTT CATEAS SIE HANI ISTEE CON CHAPPELL ISTEE CK HUGHES ISTEE	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	emefits, employee and deferred eation	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action 0	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action 0	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action 0	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action 0	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action 0	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action 0	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action 0	0. 0. 0. 0. 0. 0.
PRI SET VIOL RAM SEC HOI TRU DIOL TRU DIOL TRU BIL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS HE HANI ISTEE SON CHAPPELL ISTEE K HUGHES ISTEE L HOOOYER	30.00 30.00 30.00 10.00	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, a compens	employee moderated action 0	0. 0. 0. 0. 0. 0.



	990-EZ (2014) INTERNATIONAL ASSOCIATION OF FIRE	51-021148	1.	Pi	age 3
Pāi	Other Information (Note the Schedule A and personal benefit contract statement require the instructions for Part V) Check if the organization used Schedule O to respond to any question	ments in on in this Part V			. 🛮
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
34	If Yes,' provide a detailed description of each activity in Schedule O	mondad documents if they reflect	33		X
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	-	34		х
35 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year from				
_	(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		X
	of Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 501		35 b		<u> </u>
•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603 reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III		35 c	х	
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		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions •			23.84°	أتنسد
	Did the organization file Form 1120-POL for this year?		37 b	70.75	X
300	any such loans made in a prior year and still outstanding at the end of the tax year covered by this r	etum?	38 a	بادر شاعهسد	X
t	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	20.	ऋषः ।	}~~~;	્- હર્ષ્યુ
39	Sertion 501(a)/7) organizations Enter	38 bi			19
a		39 a			7.5
Ŀ	Gross recelpts, included on line 9, for public use of club facilities	39 b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year u	nder:	かた。 と、 さ、	10 m	
	section 4911 ; section 4912 ; section 4955				公園
L.	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year to reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	hat has not been	40 b	344 gal., a	الكائد شد
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958	ation			74.7
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimburby the organization	sed	, **		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax		مــــــــــــــــــــــــــــــــــــ	1	X
41	shelter transaction? If 'Yes,' complete Form 8886-T		40 e	<u> </u>	
•	and all the states with things a copy of this retain to the				
42 a	The organization's books are in care of RANDALL SCOTT	Telephone no. ► (425)	587.	-365	in.
	Localed at PO BOX 487 KIRKLAND	WA ZIP+4 ► 90883	- 307	- 202	<u></u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other	authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country:			1	1 2 3
			7	1	
	See the Instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	2		الم المالية
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?		42 c		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 h	ere		► [
	and enter the amount of tax-exempt interest received or accrued during the tax year \dots		 -	136	1
44-	Did the comprisation maintain any depart advised funds during the user ISNes ! Form 000 worths	normalisted instead		Yes	No
*** a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ	completed instead	44a		X
ь	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 musinstead of Form 990-EZ	be completed	44 b	ا) چیمر د د معمد درمیند	X
C	Did the organization receive any payments for indoor tanning services during the year?		44 c		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		44 d	200	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a	1	x
			25.11	77. 5	11.20
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		45 b	0.E7	X (2014)
	1 E E AUG 1 A VEN E AUG 1 A		JIII 33		~ /

Retroadrive Reinstalement

Form 990-E	Z (2014) INTERNATIONAL ASSOC	IATION OF FIRE		51-021	1481	Pa	age 4
					Ex-str	Yes	No
46 Did th	ne organization engage, directly or indirectly dates for public office? If 'Yes,' complete So	r, in political campaign a	ctivities on behalf of or in	opposition to	. 46	1	250
					46	X	L
SOLT: AL	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s must answer que	stions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	stion in this Part VI				. \Box
						Yes	No
comp	ne organization engage in lobbying activities lete Schedule C, Part II						
	organization a school as described in secti						
	ne organization make any transfers to an ex						
	s, was the related organization a section 52						L
	plete this table for the organization's five hig pyees) who each received more than \$100,				көу		
		I	1	,			
	(a) Name and title of each employee	(b) Averege 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 other comp		
~							
					L		
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
		<u> </u>	<u>}</u>				
	number of other employees paid over \$100	·			*400.000		
51 Comp	plete this table for the organization's five hig ensation from the organization. If there is n	inest compensated inde one, enter 'None.'	pendent contractors who	each received more than	1 \$100,000 ()T	
	(a) Name and business address of each independent con		T	of service		pensation	
			1				
		· · · · · · · · · · · · · · · · · · ·	 				
		·	<u> </u>				
d Total	number of other independent contractors e	sab receiving over \$100			<u> </u>		
52 Did th	te organization complete Schedule A? Note leted Schedule A	e. All section 501(c)(3) o	rganizations must attach		. ► Ye		No
	s of perjury, I declare that I have examined this return, inc nd complete. Declaration of preparer (other than officer) is			of my knowledge and belief, it is		<u>`</u>	=::-
true, correct, ar	nd complete. Declaration of preparer (other than officer) is	based on all information of whi	ch preparer has any knowledge.	77			
ei	Signature of officer	.,,		Date Date	·		
Sign Here	Kandull Scot	# Sacre	tary /Th	lasurio			
	Type or print name and title	100000000000000000000000000000000000000	/ /		TIN		
	Print/Type preparer's name	Preparer's signature	Date	Check L II	TIN		
Paid	ERIKA C HOSEA	- JAN JA	02/19/1	6 self-employed E	0182618	34	
Preparer	Firm's name VS&Co. Certifie		ntants, PLLC	Florin Filt	74 000	7022	
Use Only		f Texas Hwy #3	-100	Phone no. (51	74-268	/830 -9090	
May the ID	Austin	m phoyo? Can inches:	TX 78746	Luviour (2)	.► X Ye		No
way ule IK	S discuss this return with the preparer shov	VII ADOVET SEE INSURCIO	лю		ليا ب		
					Form 9 9	, u – E.L. ((41 سے

Reproposative Reinstatement

Schedule C (Form 990 or 990-EZ) 2014

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

Open to Public Inspection

Section 501(c)(3) organizations:	to Form 990, Part IV, line 3, or Form 99 Complete Parts I-A and B. Do not complet	e Part I-C.		tles), then
	on 501(c)(3)) organizations: Complete Parts	1-A and C below. Do no	t complete Part I-B.	
• Section 527 organizations: Com	piete Part I-A only. ,' to Form 990, Part IV, line 4, or Form 99	A C7 Dark V/I line 47 /I	abbuing Asthritical tha	
	that have filed Form 5768 (election under s			
 Section 501(c)(3) organizations Part II-A. 	that have NOT filed Form 5768 (election ur	der section 501(h)): Cor	mplete Part II-B. Do not co	omplete
(Proxy Tax) (see instructions), the		(see instructions) or F	orm 990-EZ, Part V, line	: 35c
 Section 501(c)(4), (5), or (6) org. Name of organization 	anizations: Complete Part III.		Employer identifica	ston
•			1 ' '	
INTERNATIONAL ASSOCIA	TION OF FIRE		51-021148	1
	rganization is exempt under sec			zation.
1 Provide a description of the or	ganization's direct and indirect political can	ipaign activities in Part I'	v. ·	
2 Political expenditures		• • • • • • • • • • • •		2,250.
3 Volunteer hours				0
Part I-B Complete if the o	rganization is exempt under sec e tax incurred by the organization under se	tion 501(c)(3).		
 Enter the amount of any excis 	e tax incurred by the organization under se	ction 4955		
2 Enter the amount of any excis	e tax incurred by organization managers ur	der section 4955		
_	ection 4955 tax, did it file Form 4720 for th	•		
4a Was a correction made?				Yes No
b If 'Yes,' describe in Part IV.				ليا ليا
Part I-C Complete if the o	rganization is exempt under sec	tion 501(c) . excep	t section 501(c)(3).	
	ended by the filing organization for section			
function activities	organization's funds contributed to other or		27 exempt 	2,250.
line 17b	itures. Add lines 1 and 2. Enter here and or		· ·	
4 Did the filing organization file I	Form 1120-POL for this year?			Yes X No
organization made payments. amount of political contribution	nd employer identification number (EIN) of For each organization listed, enter the amo is received that were promptly and directly action committee (PAC). If additional space	ount paid from the filing of delivered to a separate :	organization's funds. Also political organization, suc	enter the
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds, if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1) ROGER GOODMAN	STATE_LEGISLATURE WA 98033	_ 83-0458254	1,000.	0.
(2) GREG BARUSO	STATE_LEGISLATURE			
(2)	OLYMPIA WA 98051		250.	0.
(3) MATT ISENHOWER	STATE LEGISLATURE			
(3)	OLYMPIA WA 98051	-	500.	0.
(4) JOAN MCBRIDE	STATE LEGISLATURE		, , , , , , , , , , , , , , , , , , ,	<u></u>
(4)	OLYMPIA WA 98051	-	500.	0.
(5)		-		
(6)		_		

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

Retroactive Reinstatement

chedule C (Form 990 or 990-EZ) 20	014 INTERNATION	AL ASSOCIATION OF	FIRE	51-021	
Complete if section 501	the organization (h)).	is exempt under sec	tion 501(c)(3) and	d filed Form 5768 (6	election under
A Check ► if the film	ng organization belong	s to an affiliated group (and	list in Part IV each affili	ated group member's nar	ne,
address,	, EIN, expenses, and s	share of excess lobbying exp	enditures).		
B Check ► if the filir	ng organization checke	ed box A and 'limited control'	provisions apply.		
(The term	Limits on Lobbyin 'expenditures' mean	ng Expenditures ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence public	opinion (grass roots lobbyin	g)		
b Total lobbying expenditu	ures to influence a legi	slative body (direct lobbying)			
		1b)			
	•				
e Total exempt purpose ex	xpenditures (add lines	1c and 1d)			
f Lobbying nontaxable amboth columns	nount. Enter the amou	nt from the following table in			
If the amount on line 1e, col	lumn (a) or (b) is:	The lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess of	over \$500,000.		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess of	over \$1,000,000		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess of	/er \$1,500,000.		يتو يوسلون الما يوسون ودر والم
Over \$17,000,000		\$1,000,000		A SECTION AND AND AND AND AND AND AND AND AND AN	1. 6-1.56 6 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	•	ine 1f)			
		nter -0			
i Subtract line 1f from line	e 1c. If zero or less, en	ter-0	• • • • • • • • • •	L	L
		line 1h or line 1i, did the org			П. П.
section 4911 tax for this	year?				· · · L Yes N
(Son	ne organizations that	-Year Averaging Period Ur made a section 501(h) ele s below. See the instructio	ction do not have to	complete all of the five	
	Lobb	ying Expenditures During	4-Year Averaging Per	lod	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of ilne 2d, column (e))					
f Grassroots lobbying expenditures					
4A				Schedule C (For	m 990 or 990-EZ) 2014

Part IV: Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

4

Retroactive Reinstalement

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

INTERNATIONAL ASSOCIATION OF FIRE

Employer identification number

51-0211481

Other

Pt I-C Line 5 - The organization was unable to obtain the EIN for some political contributions.