

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



DLN: 93493315017625

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	endar year, or tax year beginnin	g 01-01-2014 , and ending 12	-31-2014					
B Ch	eck if a	pplicable	C Name of organization INTERNATIONAL ASSOCIATION OF F	IRE FIGHTERS			D Employ	er ider	ntification number	
Add	Iress cl	hange					86-60	51286	5	
┌ Na	ne cha	inge	Doing business as							
┌ Init	ıal retu	ırn	UNITED PHOENIX FIRE FIGHTERS L	OCAL 493			E Telepho	no num	hor	
_ Fin	al		Number and street (or P O box if r 61 EAST COLUMBUS AVENUE SUITE	nail is not delivered to street address)	Room/suite		·			
		mınated	OT EAST COLOMBOS AVENUE SOTTE	200			(602)	277-1	500	
M Am	ended	return	City or town, state or province, cou PHOENIX, AZ 85012	ntry, and ZIP or foreign postal code			6 6 ma a a ma		2 026 005	
☐ App	lication	n pending	PHOLNIX, AZ 0301Z				G Gross re	ceipts \$	2,936,095	
			F Name and address of pri	ncıpal officer	H	(a) Is th	s a group	return	for	
			PETE GORRAIZ 61 EAST COLUMBUS AVE	NIIE SIIITE 200		subo	rdınates?		┌ Yes No	
			PHOENIX, AZ 85012	VOL 3011 L 200	н	(b) Are a	all subordır	natac	┌ Yes ┌ No	
						inclu		iates	1 1651 110	
I Ta	x-exen	npt status	「 501(c)(3)	(insert no)	527	If"N	o," attach	a lıst	(see instructions)	
J W	ebsite	e: ► WV	VW L493 ORG		Н/	(c) Grou	ıp exemptı	on nur	mber ►	
	-					/				
	n of or rt I		Corporation Trust Association	on Other F		. Year of fo	rmation 193	36 M	State of legal domicile AZ	
Ра			imary							
			escribe the organization's missi THER THE INTEREST OF ITS N			A HIGH	FR DEGRE	F O F S	SKILL AND	
			ENCY, CULTIVATION OF FRIE							
ညိ										
屋										
Governance	,	Check t	his box দ if the organization d	scontinued its operations or di	sposed of mo	re than 2	5% of its	net as	sets	
ŝ	-		o zek i j	o o o o o o o o o o o o o o o o o o o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	3	Number	of voting members of the govern	ning body (Part VI, line 1a) .				3	60	
Activities &	4	Number	of independent voting members	of the governing body (Part VI,	line 1b) .			4	0	
Ĭ	5	Total nu	mber of individuals employed in	calendar year 2014 (Part V, Iır	ne 2a)			5	29	
ã	6	Total nu	mber of volunteers (estimate if i	necessary)				6	0	
	7a	Total un	related business revenue from F	art VIII, column (C), line 12				7a	0	
	ь	Net unre	elated business taxable income	rom Form 990-T, line 34 .				7b	0	
						Pric	r Year		Current Year	
_	8	Contr	ibutions and grants (Part VIII, I		2,037,362 2,555					
Rayenue	9	Progr	am service revenue (Part VIII, l	ıne 2g)	L		255,772		278,691	
e Ac	10	Inves	tment income (Part VIII, colum	n (A), lines 3, 4, and 7d)	· · L		1,3	93	46,292	
	11		revenue (Part VIII, column (A)		· -		38,4	13	37,812	
	12		revenue—add lines 8 through 11				2,332,9	40	2,918,013	
	13		s and sımılar amounts paıd (Part				196,1		969,920	
	14		its paid to or for members (Part				84,6		159,607	
	15		es, other compensation, employ							
\$	-	5-10		or bonomic (r are 177) containin (r			852,2	99	845,838	
Expenses	16a	Profes	ssional fundraising fees (Part IX	column (A), line 11e)				0	0	
Ě	ь	Total fo	ındraısıng expenses (Part IX, column (E), line 25) ► 0						
ш	17	Other	expenses (Part IX, column (A),	lines 11a-11d 11f-24e)			1,209,7	31	1,185,767	
	18		expenses Add lines 13-17 (mu		_		2,342,9		3,161,132	
	19		nue less expenses Subtract line		· -		-9,9		-243,119	
<u>> 27</u>		- , - ,	,			Beginnin	g of Currer		<u> </u>	
Net Assets or Fund Balances							'ear		End of Year	
98.59 98.49	20	Total	assets (Part X, line 16)		· · L		2,213,9	68	2,318,707	
38	21	Total	liabilities (Part X, line 26) .		· · · L		164,8	36	145,670	
	22		ssets or fund balances Subtract	line 21 from line 20			2,049,1	32	2,173,037	
Pai	t II	Sigr	ature Block							
my k	nowle	dge and	perjury, I declare that I have ex belief, it is true, correct, and coi nowledge							
		***	***			20	015-11-06			
Sign	1	Sign	ature of officer				ate			
Here		RICI	HARD LOETE TREASURER							
			e or print name and title							
			Print/Type preparer's name MONICA J STERN CPA	Preparer's signature MONICA J STERN CPA	Date 2015-1		eck 🗀 ıf	PTIN P00295	5294	
Paid	t	-	Firm's name MONICA J STERN CPA		1 2013-1	3011	-employed n's EIN ► 77			
Pre	pare	r								
Use	On	ly 🏻	Firm's address 🟲 11225 NORTH 28TH D	RIVE SUITE A100		Pho	ne no (602)	674-82	226	
		-	PHOENIX, AZ 850295	508						

✓ Yes No

Form	1990 (2	014)				Page
Par			gram Service Acco	omplishments ote to any line in this Part	III	
1	Briefly	describe the organiza	ition's mission			
			ITS MEMBERS IN ALL Y AND FELLOWSHIP AMO		A HIGHER DEGREE OF SKILL A	ND EFFICIENCY,
2	the pri	or Form 990 or 990-E	Z?	im services during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes	s," describe these new	services on Schedule O			
3		e organization cease c es?	onducting, or make sign	ıfıcant changes ın how ıt co	onducts, any program	┌ Yes ┌ No
	If "Yes	s," describe these cha	nges on Schedule O			
4	expens	ses Section 501(c)(3		itions are required to repor	nree largest program services, as t the amount of grants and alloca	
4a	(Code) (1	Expenses \$	including grants of \$) (Revenue \$)
				IN THE CITIES OF PHOENIX, GL S AND BEHAVIORAL HEALTH SER	ENDALE, TEMPE, CHANDLER AND PEORI VICES	A THESE BENEFITS INCLUDE
4b	(Code) (1	Expenses \$	including grants of \$) (Revenue \$)
		UNION PROVIDES PER CAP E LOCAL MEMBERS	ITA DUES TO INTERNATIONAL	ASSOCIATION OF FIRE FIGHTER	RS AND OTHER NATIONAL LABOR ORGAN	IZATIONS FOR THE BENEFIT
	(Code) (I	Expenses \$	including grants of \$) (Revenue \$)
		UNION PROVIDES PROGRA OCIAL FUNCTIONS	MS AND BENEFITS TO MEMBE	RS AND THE COMMUNITY INCLU	DDING EDUCATIONAL CLASSES, SEMINAR	S, NEGOTIATING SERVICES
4d	Othe	r program services (De	escribe in Schedule O)			
	(Expe	enses \$	ıncludıng gra	nts of \$) (Revenue \$)
4e	Total	program service expe	nses 🟲			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2014)

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 48		1 - 2	
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1)	
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return	<u>)</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Note. If the sum of files 1a and 2a is greater than 230, you may be required to e-me (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		Νo
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	The rest, to fine 5a of 5b, did the organization life rollin 8886-17	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
L	organization solicit any contributions that were not tax deductible as charitable contributions?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
е	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
.	required?	7g		
п	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
эа b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1 '		
	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_	,	† ·		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O	- -		
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand]		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	[Νo
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a response or note to any line in this Part VI						_	V
Check if Schedule O	contains a response or note to any line in this Part VI							

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	u.
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>le Cod</i> Yes	e.) No
		evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶AZ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION

Form 990 (2014)	
-----------------	--

)	a	g	e	7
---	---	---	---	---

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	one l both	box, an	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	▼			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	711,803	8,000	0

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶0

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
RICHARD CANFIELD, 3116 N 41ST PLACE PHOENIX, AZ 85018	EMPLOYEE ASSISTANCE PROGRAM	100,010

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

		CHECK II SCHEdi	ule O contains a respor	ise of flore to any life	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्र	1a	Federated cam	paigns 1a					
ant Jun	b	Membership du	es 1b	2,311,482				
الجرق	c	Fundraising eve	ents 1c					
iffs ar 4	d	Related organiz	ations 1d					
". ⊒∵.	е	Government grants	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	sımılar amounts no	ons, gifts, grants, and 1f ot included above	243,736				
Contri and O	g h	1a-1f \$ Total. Add lines			2,555,218			
				Business Code				
euri	2a	EMPLOYEE ASSISTA	ANCE PL	624200	275,007	275,007		
Fe	b	INSURANCE PREM	IUMS	525100	3,183	3,183		
92	С	LEGAL INSURANCE		900099	501	501		
Şer.	d							
Program Serwde Revenue	е							
200 C	f	All other progra	im service revenue					
ΔŤ	g	Total. Add lines	s 2a – 2f		278,691			
	3		ome (including dividend		46,292			46,292
	4		ar amounts) Itment of tax-exempt bond ;	<u> </u>	,			,
	5							
			(ı) Real	(II) Personal				
	6a	Gross rents	55,894					
	b	Less rental expenses	18,082					
	c	Rental income or (loss)	37,812					
	d	' '	me or (loss)		37,812			37,812
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d		s)	· · · · •				
venue	8a		luding s reported on line 1c)					
Other Revenue	h	See Part IV, lin	а					
₹			penses b (loss) from fundraising (events 🛌				
			rom gaming activities	-				
	ь	Less directex	penses b					
			(loss) from gaming activ	/ities				
	10a	Gross sales of returns and allo						
	b	Less cost of a	oods sold b					
			(loss) from sales of inve	entory 🛌				
		Miscellaneous		Business Code				
	11a							
	b							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions		2,918,013	278,691	0	84.104

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must co	mplete all columns	All other organizations mus	t complete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service		(D) Fundraısıng
70, 81	5, 95, and 105 of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	969,670			
2	Grants and other assistance to domestic individuals See Part IV, line 22	250			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	159,607			
5	Compensation of current officers, directors, trustees, and key employees	715,077			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	71,675			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,318			
10	Payroll taxes	50,768			
11	Fees for services (non-employees)	30,730			
a	Management	50.400			
b	Legal	59,182			
С	Accounting	16,795			_
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	226,323			
12	Advertising and promotion	14,452			
13	Office expenses	82,032			
14	Information technology	30,117			
15	Royalties				
16	Occupancy	53,516			_
17	Travel	17,143			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	131,979			
20	Interest	1,761			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,773			
23	Insurance	31,437			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	IAFF & PFFFA DUES	475,400			
b	SUPPLIES	17,857			
c		17,037			_
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3 161 133			
	<u> </u>	3,161,132			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
		•		<u>. </u>	orm 990 (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the	nis Part	X	(A)	•	(B)
	-	Cash non interest hearing			Beginning of year 264,769		End of year 231,207
	1 2	Cash-non-interest-bearing		•	478,414		1,339,167
				•	478,414		1,339,107
	3	Pledges and grants receivable, net		•		3	
	4 -	Accounts receivable, net				4	
4ssets	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Pai Schedule L	rt II of			5	
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and c and sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ontribu [.] iployee	ting employers		6	
Š	7	Notes and loans receivable, net			1,114,912	7	412,135
1	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	781,236			
	Ь	Less accumulated depreciation	10b	474,988	325,923	10c	306,248
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		_	29,950	15	29,950
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,213,968		2,318,707
	17	Accounts payable and accrued expenses			104,277	17	111,096
	18	Grants payable			,	18	<u>, , , , , , , , , , , , , , , , , , , </u>
	19	Deferred revenue		_		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Sche	 dule D	_		21	
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, trus				
lidei. I		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties			37,283	23	11,298
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par	ed third	parties,			
		D			23,276		23,276
	26	Total liabilities. Add lines 17 through 25			164,836	26	145,670
A L		Organizations that follow SFAS 117 (ASC 958), check here ► ↓ lines 27 through 29, and lines 33 and 34.	and o	omplete			
<u>-</u>	27	Unrestricted net assets			2,025,856	27	2,149,761
<u> </u>	28	Temporarily restricted net assets			23,276	28	23,276
2	29	Permanently restricted net assets				29	
or ruini balaile		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			
2	30	Capital stock or trust principal, or current funds				30	
2	31	Paid-in or capital surplus, or land, building or equipment fund				31	
î	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
ž	33	Total net assets or fund balances			2,049,132	33	2,173,037
_	34	Total liabilities and net assets/fund balances			2,213,968	34	2,318,707

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,9	918,013
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,1	161,132
3	Revenue less expenses Subtract line 2 from line 1	3		- 2	243,119
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,0	049,132
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3	367,024
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,1	173,037
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: **Software Version:**

EIN: 86-6051286

Name: INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, Higl	nest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne b oth ctor/	ox, u an of /trus	inless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2000	2,2033 112007	related organizations
(1) STEVE BEUERLEIN	60 00	×		Х				61,449	0	o
PRESIDENT (1) TIM HILL	30 00									
EXECUTIVE VICE PRESIDENT (2) RAYMOND MAIONE	30 00	Х		Х				24,079	0	0
VP OF MEMBER SERVICES / CH		×		Х				26,106	0	0
(3) WILLIAM WHITAKER VP OF POLITICAL AFFAIRS	20 00	х		х				29,836	0	0
(4) PJ DEAN TRUSTEE	15 00	×						15,850	0	0
(5) ROBERT ISAACSON VICE PRESIDENT CHANDLER	30 00	х		х				26,106	0	0
(6) JOSEPH MANNING VICE PRESIDENT PEORIA	30 00	х		х				26,106	0	0
(7) DON JONGEWAARD	30 00	х		х				32,106	0	0
VICE PRESIDENT TEMPE (8) BRIAN TOBIN	30 00	х		x				26,106	0	0
VICE PRESIDENT PFCOA (9) CURTIS ANDY ARRENDONDO	20 00	X		X				29,836	0	0
VICE PRESIDENT OF PERSONNE (10) BRYAN WILLINGHAM	30 00	×		×				29,836	0	0
SECRETARY (11) RICHARD LOETE	30 00							·		
TREASURER (12) RICHARD BAUER	20 00	X		X				29,836	0	0
DIRECTOR OF COMP PROG (FORMER)		х		Х				5,069	0	0
DIRECTOR OF PUBLIC CHARITI (14) RUSS KIRK	20 00	Х		х				20,139	2,400	0
DIRECTOR OF COMP PROG	15 00	х		х				15,070	0	0
(15) BRIAN MOORE DIRECTOR OF MEMBER BENEFIT	20 00	х						20,139	0	0
(16) FREDERICK CHUCK LEVINUS COMMUNICATIONS DIRECTOR (FORMER)	20 00	х						6,758	0	0
(17) THOMAS GOBSTER INTERN	20 00	х						9,128	0	0
(18) BILLY MORRIS INTERN (FORMER)	20 00	х						3,056	0	0
(19) TYSON BRUDER INTERN	20 00	х						9,128	0	0
(20) PETER GORRAIZ	20 00	Х		х				37,546	0	0
PRESIDENT (FORMER) (21) ANTHONY BUTCH	20 00	х						20,139	0	0
POLITICAN (22) JOSEPH HESTER	30 00	X		X				26,106	0	0
GLENDALE VICE PRESIDENT (23) THOMAS MCCRACKEN	15 00			<u> </u>						
TRUSTEE	15.00	×						3,100	5,600	0
TRUSTEE	15 00	Х						3,100	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	ependent Cor					, .	,	pyy .		
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne b oth ctor/	ox, ι an o ⁄trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1033 14130/	2/1033 14130)	related organizations
(26) JOE LIMON	15 00	х						3,100	0	0
TRUSTEE (1) PHILIP ENO	20 00									
DIRECTOR LABOR MANAGEMENT		Х						24,639	0	0
(2) NEIL RAYES TRUSTEE	15 00	х						3,100	0	0
(3) BEN LINDQUIST TRUSTEE	15 00	×						3,100	0	0
(4) KELLY LIEBERMAN	15 00	x						3,100	0	0
TRUSTEE (5) JOHN T DEAN	15 00							3,100	•	
TRUSTEE		Х						3,100	0	0
(6) KOREY BATES TRUSTEE	15 00	х						3,100	0	0
(7) BENJAMIN BERNES TRUSTEE	15 00	х						3,100	0	0
(8) JEFF WEST	15 00	х						3,100	0	0
TRUSTEE (9) GORDAN CUMMINGHAM	15 00	, , , , , , , , , , , , , , , , , , ,						2.100	0	
TRUSTEE (10) LEIF ANDERSON	15 00	X						3,100	0	0
TRUSTEE		Х						3,100	0	0
(11) MICHAEL PALLAS TRUSTEE	15 00	×						3,100	0	0
(12) MICHAEL SCHEIDT INTERN	20 00	х						9,128	0	0
(13) WES PATTERSON	15 00	x						3,100	0	0
TRUSTEE (14) MARK HERMANN	15 00								_	
TRUSTEE (15) PAUL MEDINA	15 00	×						4,750	0	0
TRUSTEE		х						4,900	0	0
(16) SAM PULLANO TRUSTEE	15 00	×						7,600	0	0
(17) MIKE BRANNAN	15 00	х						2,389	0	0
TRUSTEE (18) BRAD WHITLEY	15 00	x						3,100	0	0
TRUSTEE (19) JOHN DUFFY	15 00	<u> </u>						3,100		
TRUSTEE (20) SCOTT EDNISTED	15.00	X						3,100	0	0
(20) SCOTT ERNSTER TRUSTEE	15 00	х						13,200	0	0
(21) THOMAS CARETTO TRUSTEE	15 00	х						3,100	0	0
(22) ED BEUERLEIN	15 00	Х						7,600	0	0
TRUSTEE (23) GENE MCDANIEL	15 00									
TRUSTEE	20.00	X						3,100	0	0
(24) HUNTER CLARE TRUSTEE/ INTERN	20 00	х						7,112	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne b	ox, u an of	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(51) SCOTT CHAPMAN TRUSTEE	15 00	×						3,100	0	0
(1) NICK GONZALES TRUSTEE	15 00	х						3,100	0	0
(2) SAMUEL GIBBS TRUSTEE	15 00	х						3,100	0	0
(3) TONY REITER TRUSTEE	15 00	Х						3,100	0	0
(4) MARK GONZALES TRUSTEE	15 00	Х						6,475	0	0
(5) CHASE GRUNEWALD TRUSTEE	15 00	Х						3,100	0	0
(6) BRIAN LEATHER TRUSTEE	15 00	Х						2,080	0	0
(7) MARCUS STEELE	20 00	х						6,000	0	0
(8) JAN ROGER TRUSTEE	15 00	Х		х				12,000	0	0
(9) ERIC ARIAS TRUSTEE	15 00	х						3,100	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493315017625

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Name of the organization **Employer identification number** INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS 86-6051286 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a

ь	lotal acreage restricted by conservation easements	2b			
c	Number of conservation easements on a certified historic structure included in (a)	2c			
d	Number of conservation easements included in (c) acquired after $8/17/06$, and not on a historic structure listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by th	ie organization d	luring	
	the tax year 🛌				
4	Number of states where property subject to conservation easement is located 🛌				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han enforcement of the conservation easements it holds?	dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments c	luring the year		
	▶				
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	s during	g the year		
=	▶ \$				
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of second section $170(h)(4)(B)(II)$?	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements	•	,		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenue included in Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

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

Par	411 Organizations Maintaining Co	liections of Art	, HIS	tori	<u>cai ire</u>	easu	res, or Oth	ier :	<u>Similar Ass</u>	ets (co	ontinuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	neck	any of th	ne follo	owing that are	e a sı	gnıfıcant use o	of its	
а	Public exhibition		d	Γ	Loan o	rexch	ange prograr	ns			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y further	the o	rganızatıon's	exer	npt purpose ın		
5	During the year, did the organization solicit o							ımıla		_	_
D	assets to be sold to raise funds rather than t		·					!!\/	<u>.</u>	Yes	No No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	res	to Form 95	υ,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other asset	s not	·	Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	vingt	able						
									Amo	unt	
С	Beginning balance						10	c			
d	Additions during the year						10	1			
e	Distributions during the year						16	2			
f	Ending balance						11	f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for e	scrow or	custo	dıal account	lıabı	lity?	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II Check here if the	expla	anatı	on has b	een pi	rovided in Pa	rt XI	II		Γ
Pa	rt V Endowment Funds. Complete										
	·	(a)Current year) Prior			vo years back (e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (lın	e 1g	, column	(a)) h	ield as				
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ▶										
С	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held	and a	dmınıstered f	or th	e		
	organization by									Yes	No
	(i) unrelated organizations			•					3a(i)		
b	(ii) related organizations							•	3a(ii	<u> </u>	<u> </u>
4	Describe in Part XIII the intended uses of the							• •	30		<u> </u>
	t VI Land, Buildings, and Equipme					answ	ered 'Yes' t	to Fo	rm 990. Par	t IV. lı	ne
	11a. See Form 990, Part X, line			. 9						,	
	Description of property				a) Cost or sıs (ınvest		(b) Cost or oth basis (other)		(c) Accumulated depreciation	(d) B	ook value
1a	Land		1				50,0	00			50,000
b	Buildings						280,49	93	129,434	ı L	151,059
c	Leasehold improvements						182,1	15	93,66	L	88,454
d I	Equipment						268,62	28	251,893	3	16,735
_е	Other		•								
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	COO Davit)		/	D) line 1	0(0)			-		306,248

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related.	Complete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u>+</u>	
Part IX Other Assets. Complete if the organiza		_), Part IV, line 11d See Form 990, Part X, line 15
	scription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) lin	e 15.)	.
Part X Other Liabilities. Complete if the o		o Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
TEMPE FIRE FIGHTERS DIVERSITY FUND	23,276	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 23,276	

Par		evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1		is with Revenue	рег к	eturn Complete i
L		er support per audited financial statements			1	
	Amounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a			
b	Donated services and use of f	acılıtıes	2b			
С	Recoveries of prior year grant	s	2c			
t	Other (Describe in Part XIII)		2d			
•	Add lines 2a through 2d .				2e	
	Subtract line ${f 2e}$ from line ${f 1}$.				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
2	Add lines 4a and 4b				4c	
	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Comple
		swered 'Yes' to Form 990, Part IV, line				T
	·	raudited financial statements			1	
		it not on Form 990, Part IX, line 25	1 -	I		
1		acılıtıes	2a			
)	· -		2b			
0			2c			
d	Other (Describe in Part XIII)		2d			
9	<u>-</u>				2e	
					3	
		0, Part IX, line 25, but not on line 1:		ı		
3	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
)	Other (Describe in Part XIII)		4b			
2					4c	
		nd 4c. (This must equal Form 990, Part I, lin	e 18)		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

DLN: 93493315017625 OMB No 1545-0047

Department of the Treasury

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Employer identification number

Part I General Information on Grants and Assistance

86-6051286

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNITED PHOENIX FIRE FIGHTERS ASSOCIATION INC 61 E COLUMBUS AVE STE 200 PHOENIX, AZ 85012	86-6053047	501 (C)(3)	106,555				GENERAL SUPPORT AND ARIZONA FALLEN FIREFIGHTER MEMORIAL
(2) FIRE FIGHTERS IN OPPOSITION TO PROP 487 61 E COLUMBUS AVE PHOENIX, AZ 85012	47-1639411	527	805,306				TO OPPOSE PROPOSITION 487, REGARDING PUBLIC EMPLOYEE PENSION PLANS
(3) MARICOPA COUNTY DEMOCRATIC PARTY - GENERAL FUND 2914 N CENTRAL AVE PHOENIX, AZ 85012	86-0190621	527	15,500				GENERAL SUPPORT
(4) GLENDALES HOPE FOUNDATION 5800 W GLENN DR GLENDALE,AZ 85301	27-0562635	501 (C)(3)	6,000				TO SUPPORT ADDITIONAL NEEDS WITHIN THE CITY OF GLENDALE, AZ
(5) PROFESSIONAL FIRE FIGHTERS OF ARIZONA 61 E COLUMBUS AVE STE 100 PHOENIX, AZ 85012	86-6056409	501(C)(5)	33,000				GENERAL SUPPORT AND SUPPORT FOR LEGAL DEFENSE OF FIRE FIGHTERS

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2
3	Enter total number of other organizations listed in the line 1 table.	3

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
PART I, LINE 2	GRANTS ARE GIVEN TO MEMBER FIRE DEPARTMENTS LOCATED IN THE CITIES OF PHOENIX, GLENDALE AND TEMPE AZ TO SUPPORT
	ADDITIONAL NEEDS WITHIN THE CITY FIRE DEPARTMENT GRANTS ARE ALSO PROVIDED TO ORGANIZATIONS THAT SUPPORT THE NEEDS
	OF FIREFIGHTERS AND THE COMMUNITIES THEY SERVE

Schedule I (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493315017625

OMB No 1545-0047

2014

Open to Public Inspection

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.

Name of the organization INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS **Employer identification number**

86-6051286

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	STEVE BEUERLEIN, PRESIDENT, IS THE BROTHER OF ED BEUERLEIN, TRUSTEE
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERSHIP OF THIS LOCAL SHALL BE COMPOSED OF ACTIVE, ASSOCIATE, RETIRED AND HONORARY MEMBERS OF THE UNITED PHOENIX FIREFIGHTERS ASSOCIATION, LOCAL 493 OF THE INTERNATIONAL ASS OCIATION OF FIREFIGHTERS
FORM 990, PART VI, SECTION A, LINE 7A	ALL OFFICERS AND TRUSTEES SHALL BE ELECTED BY THE LOCAL 493 MEMBERS AND DECISIONS OF THE G OVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS
FORM 990, PART VI, SECTION A, LINE 7B	ALL OFFICERS AND TRUSTEES SHALL BE ELECTED BY THE LOCAL 493 MEMBERS AND DECISIONS OF THE G OVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN IS PREPARED BY AN OUTSIDE CPA FIRM, REVIEWED BY AN OUTSIDE ACCOUNTANT AND THE TREASURER OF THE ORGANIZATION PRIOR TO FILING WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S CONSTITUTION AND BY LAWS SET THE PRESIDENT'S COMPENSATION ALL THE OTHER OFFICERS' COMPENSATION IS CALCULATED AS A PERCENTAGE OF THE PRESIDENT'S COMPENSATION
FORM 990, PART VI, SECTION C, LINE 18	IF THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE SUBJECT TO FEDERAL OR STATE PUBLIC DISC LOSURE RULES, THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIR E OTHERWISE, THE GOVERNING DOCUMENTS WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL MAKE THEIR APPLICATION FOR RECOGNITION OF EXEMPTION AND ANNUAL INFOR MATION RETURNS AVAILABLE UPON REQUEST WITHOUT CHARGE EXCEPT FOR A NOMINAL FEE FOR REPRODUC TION AND ACTUAL POSTAGE COSTS ANNUAL INFORMATION RETURNS WILL BE AVAILABLE FOR THREE YEAR S AFTER FILING
FORM 990, PART XI, LINE 9	ACCRUE 14 YEARS OF INTEREST RECEIVABLE NOT PREVIOUSLY ACCRUED 367,024

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493315017625

2014

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS Employer identification number

86-6051286

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) coi enti	512(b) ntrolled
						Yes	No
(1) UNITED PHOENIX FIRE FIGHTERS ASSOCIATION INC 61 EAST COLUMBUS AVE STE 2 PHOENIX, AZ 85012 86-6053047	CHARITY	AZ	509(A)(2)	7	N/A		No
(2) PHOENIX FIRE PAC 61 EAST COLUMBUS AVE STE 2 PHOENIX, AZ 85012 86-6051286	POLITICAL	AZ	527		N/A		No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Par	rt IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	General	
related organization		domicile	controlling	income(related,	total income	end-of-year	allocat	ions?	amount in box	managır	g owners
		(state or	entity	unrelated,		assets			20 of	partner [*]	?
		foreign		excluded from					Schedule K-1	ı	
		country)		tax under					(Form 1065)		
				sections 512-					1	ı	
				514)						<u> </u>	
				·			Yes	No		Yes N	0
		, and the second			-						
							•				

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	n 512 13) olled
							Yes	No
(1) MOUNTAIN PRESERVE RECEPTION & CONFERENCE	FACILITY RENT	AZ	UPFF ASSOC INC	С				No
61 EAST COLUMBUS AVE SUITE 200 PHOENIX, AZ 85012 86-0560466								

Part V	Transactions V	With Related Organizations	Complete if the organization	answered "Yes" on Form 990) Part IV line 34 35h or 36
raity	ii alisactions i	With Related Organizations	Complete ii the organization	aliswered les diffullif 550	r_i , raitiv, iiiic 3π , 330 , or 30 .

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	T
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	a

- ipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- Gift, grant, or capital contribution to related organization(s)
- **c** Gift, grant, or capital contribution from related organization(s)
- Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- **f** Dividends from related organization(s)
- Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- I Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)
- If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED PHOENIX FIREFIGHTER INC ASSN	D	412,135	ACTUAL AMOUNT
(2) UNITED PHOENIX FIREFIGHTER INC ASSN	В	106,555	ACTUAL AMOUNT

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

1 <u> </u>													
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									\Box	1			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**