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Form 990-EZ

Department of the Treasury Internal Revenue Service Form Initial Application
Pending sh

Retroactive Reinstatement

Return of Organization Exempt From Income Tax

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

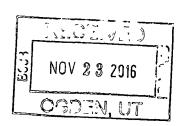
2015

► Do not enter social security numbers on this form as it may be made publiced

Open to Public &

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

١.			ilendar year, or tax year beginning , 2015, and ending			•	
h		f applicable.	C Name of organization	D En	nployer i	dentification number	
Н	Name c		INTERNATIONAL ASSOCIATION OF FIRE	51-0211481			
_	Initial re	•	Number and street (or P.O box, if mail is not delivered to street address) Room/suite	Telephone number			
П	Final retu	m/terminated	PO BOX 487	(	(425) 587-3650		
	Amende	ed return	City or town, state or province, country, and ZIP or foreign postal code	E G	mun Ev	cemption	
	Applica	tion pending	KIRKLAND WA 98083	N	umber	· · · · · · · ·	
3	Accou	unting Met	nod: X Cash Accrual Other (specify) ► H Check	► X	if the	organization is not	
	Webs	site: ► <u>N</u>				Schedule B	
J	Тах-ех	cempt status	(check only one) — 501(c)(3) X 501(c) ( 5 ) ◄(insert no.) 4947(a)(1) or 527 (Form	990, 9	990-EZ	, or 990-PF).	
<u> </u>	Form	of organiz	etion: X Corporation Trust Association Other			····	
		•	, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total				
-			column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		.►\$	120,176.	
Pέ	řťlš	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	ructi	ons fo		
	···	Check if	the organization used Schedule O to respond to any question in this Part I			X	
	1		ons, gifts, grants, and similar amounts received		1		
	2		service revenue including government fees and contracts		2		
	3		hip dues and assessments		3	120,058.	
	4	Investmer	nt income		4	118.	
	5a	Gross am	ount from sale of assets other than inventory			<u></u>	
	b	Less: cos	t or other basis and sales expenses				
	c	Gain or flos	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	6		nd fundraising events		1-15%		
Ŗ	a	Gross inc	ome from gaming (attach Schedule G if greater than \$15,000)   6a				
ž	Ь	Gross inc	ome from fundraising events (not including \$ of contributions		1.5		
REVENU			raising events reported on line 1) (attach Schedule G if the sum				
Ĕ	[	_	ross income and contributions exceeds \$15,000)		14.3		
	C	Less: dire	ct expenses from gaming and fundraising events				
	d	Net incom 6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)		6 d		
	7 a	Gross sal	es of inventory, less returns and allowances		<b>交货</b>		
	b	Less: cos	t of goods sold		اری است. معامد دسم		
	C	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c		
	8	Other rev	enue (describe in Schedule O)		8		
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. >	9	120,176.	
	10	Grants ar	nd similar amounts paid (list in Schedule O)		10	37,778.	
	11	Benefits p	paid to or for members		11		
Ê	12	Salaries,	other compensation, and employee benefits		12	17,049.	
EXPE	13		nal fees and other payments to independent contractors #0 1.2		13	17,581.	
	14	Occupan	cy, rent, utilities, and maintenance		14		
8 E 8	15	Printing, p	publications, postage, and shipping		15	4,154.	
٥	16	Other exp	penses (describe in Schedule O)	xpense	16	57,925.	
	17	Total exp	penses (describe in Schedule O)	. >	17	134,487.	
	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)		18	-14,311.	
A S S E T S	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year				
Ē		figure rep	orted on prior year's return)		19	147,244.	
8	20		anges in net assets or fund balances (explain in Schedule O)		20		
	21		s or fund balances at end of year. Combine lines 18 through 20	. >	21	132,933.	
BA	A Fo	r Paperwo	rk Reduction Act Notice, see the separate instructions.			Form 990-EZ (2015)	



Retroactive Keinstatement

100 m	TOUR DOLL - Charles (2015) INTERNATIONAL A				-021	
rai	Balance Sheets (see the instr	uctions for Part II)	t- 1Lt			
	Check if the organization used Sched	ule O to respond to any questi	on in this Part II			
22	Cash, savings, and investments		Ļ	(A) Beginning of year		(B) End of year
				142,540	_	132,933.
23	Land and buildings			0	_	0.
24	Other assets (describe in Schedule O)			0		0.
25	Total assets			142,540		132,933.
26	Total liabilities (describe in Schedule O)			-4,704	_	0.
_27	Net assets or fund balances (line 27 of co			147,244	. 27	132,933.
Par	t'III' Statement of Program Service A	c <b>complishments</b> (see the Ins	structions for Part III)		l	Expenses
	Check if the organization used Sche	dule O to respond to any que	stion in this Part III	<u></u>		ulred for section 501
What !	is the organization's primary exempt purpose? $EN$	HANCING WORK CONDI	TIONS FOR MEN	MBERS	(c)(3)	and 501(c)(4)
meas bene	s the organization's primary exempt purpose? <u>EN</u> ribe the organization's program service acc sured by expenses. In a clear and concise n fited, and other relevant information for each	omplishments for each of its the nanner, describe the services ( n program title.	nree largest program s provided, the number	ervices, as of persons		nizations; optional thers.)
28	THE ASSOCIATION FOCUSES O					,
	AND WORKING CONDITIONS OF					
	LABOR AGREEMENTS AND PRES			_ 21. 25.11.110	1	
	(Grants \$ ) If thi	s amount includes foreign grad	nts. check here	7.7.7.7.7.FM	28a	134,488.
29	7,7,4		,			434,400.
					1	
					1	
	(Grants \$ ) If thi	s amount includes foreign grai	nts check bere		29a	
30	Torono A Juga	s amount moudes foreign gra	ino, Greek Held		200	<del></del>
30					1	
		,			-	
	76222 2000000000000000000000000000000000					
		s amount includes foreign gra			30a	
31	Other program services (describe in Sched	•			1	
	(Grants \$ ) If thi	s amount includes foreign gra	nts, check here		31a	
32					32	134,488.
Pai	List of Officers, Directors,					
	Check if the organization used Sche	edule O to respond to any que	stion in this Part IV .			, <u>.</u>
	i	(h) Australa haum nor	1	(d) Health benefit	9.	1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensatil (Forms W-2/1099-MISC) (If not paid, enter -0-)	on (d) Health benefit contributions to empk benefit plans, and del compensation	oyee emed	(e) Estimated amount of other compensation
BRV		week devoted to position	(c) Reportable compensati (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and def	erred	(e) Estimated amount of other compensation
	AN VADNEY	position		benefit plans, and del compensation	erred	other compensation
PRE	AN_VADNEY	week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and del compensation	oyee erred	(e) Estimated amount of other compensation
PRE	AN_VADNEY SIDENT H_BUCHANAN	90 - 00	17,04	benefit plans, and def compensation	erred O.	O .
PRE SET VIC	AN_VADNEY SIDENT H BUCHANAN E PRESIDENT	position	17,04	benefit plans, and del compensation	erred	other compensation
PRE SET VIO RAN	AN VADNEY SIDENT H BUCHANAN E PRESIDENT HDALL SCOTT	30.00	17,04	benefit plans, and def compensation	0. 0.	O.
PRE SET VIO RAN SEC	AN_VADNEY SIDENT H_BUCHANAN E_PRESIDENT HDALL_SCOTT	90 - 00	17,04	benefit plans, and def compensation	erred O.	O .
PRE SET VIO RAN SEO HOE	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT JTREAS SIE HANI	30.00 30.00	17,04	benefit plans, and def compensation	0. 0.	O. O.
PRE SET VIC RAN SEC HOL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT JTREAS BIE HANI	30.00	17,04	benefit plans, and def compensation	0. 0.	O.
PRE SET VIC RAN SEC HOR TRU	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT THEAS SIE HANI ISTEE SON CHAPPELL	position 30.00 30.00 10.00	17,04	benefit plans, and def compensation	0. 0. 0.	O. O.
PRE SET VIO RAM SEO HOR TRU JAS	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT C/TREAS BIE HANI ISTEE BON CHAPPELL	30.00 30.00	17,04	benefit plans, and def compensation	0. 0.	O. O.
PRESENT VICE RAM SECOND TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRUE	AN VADNEY SIDENT CH BUCHANAN CE PRESIDENT IDALL SCOTT CHREAS BIE HANI STEE GON CHAPPELL ISTEE	position  30.00  30.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0.	0. 0. 0. 0.
PRESET VICE RAN SEC HOLD TRUE TRUE TRUE TRUE TRUE TRUE TRUE TRUE	AN VADNEY SIDENT CH BUCHANAN CE PRESIDENT IDALL SCOTT CHREAS BIE HANI ISTEE I HERNANDEZ ISTEE	position 30.00 30.00 10.00	17,04	benefit plans, and def compensation	0. 0. 0.	O. O.
PRE SET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRE SET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT CH BUCHANAN CE PRESIDENT IDALL SCOTT CHREAS BIE HANI ISTEE I HERNANDEZ ISTEE	position  30.00  30.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0.	0. 0. 0. 0.
PRE SET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRE SET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRE SET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRE SET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRE SET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRE SET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRESET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRESET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRESET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRESET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRESET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRESET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRESET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRESET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT TREAS BIE HANI ISTEE ION CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.
PRESET VICE RAN SEC HOLL TRU JAS TRU JON TRU BILL	AN VADNEY SIDENT H BUCHANAN E PRESIDENT IDALL SCOTT :/TREAS BIE HANI ISTEE GON CHAPPELL ISTEE I HERNANDEZ ISTEE LL HOOOVER ISTEE	position  30.00  30.00  10.00  10.00	17,04	benefit plans, and deficompensation	0. 0. 0. 0.	0. 0. 0. 0. 0.

Retroadive Keinstalement

Form	990-EZ (2015) INTERNATIONAL ASSOCIATION OF FIRE		51-021148	-, 1	Pi	age 3
Par	t:V: Other information (Note the Schedule A and personal benefit contract statement require	ements in				
	the instructions for Part V) Check if the organization used Schedule O to respond to any ques	tion in this	Part V	• • •	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O			33	163	X
34	Were any significant changes made to the organizing or governing documents? If Yes,' attach a conformed copy of the	amended doc	uments if they reflect			<del></del>
35 a	a change to the organization's name. Otherwise, explain the change on Schedule O (see Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from			34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?			35 a		X
	If Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explan			35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 60 reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III		<del>в</del> ,	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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		1,750.		200	SM
	Did the organization file Form 1120-POL for this year?			37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key emplo any such loans made in a prior year and still outstanding at the end of the tax year covered by this	yee <b>or</b> were return?	e . <b>.</b>	். 38 a	ZEE:	X
t	If Yes,' complete Schedule L, Part II and enter the total amount involved	206		22767	26.2.	87.0
39	Section 501(c)(7) organizations. Enter:	38b		1-73	39.7	8.4
	Initiation fees and capital contributions included on line 9	39 a				3
Ŀ	Gross receipts, included on line 9, for public use of club facilities	39 b			ùV.	1
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year	under:				F 33
	section 4911 ; section 4912 ; section 4955					
r	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section for during the year, or did it engage in an excess benefit transaction in a prior year	that has no	xcess ot been	40 6	Marie Marie	التند
	reported on any of its prior Forms 990 or 990-EZ? If Yes,' complete Schedule L, Part I			40 b	<u> </u>	. 89.23
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organ managers or disqualified persons during the year under sections 4912, 4955, and 4958					: 4
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c relimble by the organization	rsed				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax				مدتثث	X
41	shelter transaction? If "Yes,' complete Form 8886-T			40 e	L	
	The organization's books are in care of RANDALL SCOTT  Located at PO BOX 487 KIRKLAND  At any time during the calendar year, did the organization have an interest in or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial foreign the foreign country:	WA_ er authority	none no. ► (425) ZIP+4 ► 90883 over a ?	• 587 42b	-365 <b>Yes</b>	No X
(	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial At any time during the calendar year, did the organization maintain an office outside the U.S.?  If 'Yes,' enter the name of the foreign country:	-	*	42c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the tax year		43	•••	► []	No
	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ			44 a	: الأساد الماد	X
	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 mu instead of Form 990-EZ		<i></i> .	44 b	1000	X
	Did the organization receive any payments for indoor tanning services during the year?			1-14-15		X
	If 'No,' provide an explanation in Schedule O			44 d 45 a		X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			1 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	e j Tyr-	1
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		· · · · · · · · · · · · · · · · · · ·	45 b	<u> </u>	X

Retroactive Keinstatement

Form 990-E	Z (2015) INTERNATIONAL	SSOCIATION OF FIRE	·	51-02:	11481 Page 4
46 Did th	ne organization engage, directly or in dates for public office? If 'Yes,' com	ndirectly, in political campaign a	activities on behalf of or in	opposition to	Yes No 46 X
	Section 501(c)(3) organize All section 501(c)(3) organite for lines 50 and 51.	ations only			
	Check if the organization used Sc	hedule O to respond to any que	estion in this Part VI		
	ne organization engage in lobbying a				Yes No
	organization a school as described				
	ne organization make any transfers t				
	s,' was the related organization a se plete this table for the organization's				
	oyees) who each received more that				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
				<u>.</u>	
f Total	number of other employees paid ov	er \$100,000		<u>.                                    </u>	<u> </u>
51 Comp	plete this table for the organization's pensation from the organization. If th	five highest compensated inde ere is none, enter 'None.'	pendent contractors who	each received more tha	n \$100,000 of
	(a) Name and business address of each indepe		(b) Type	of service	(c) Compensation
			-		
			- [		
				<del></del>	
					<u> </u>
52 Did t	I number of other independent contri he organization complete Schedule pleted Schedule A	A? Note: All section 501(c)(3)	organizations must attach		Yes No
	is of perjury, I declare that I have examined this and complete. Declaration of presarry (other than				
DUG, CONTBCA, &	Kind	yourcast state on an information of wife	our preparer has any knowledge.	2-22-1	7
Sign He <b>re</b>	Signature of officer  Aandall  The control of the c	Post Secre,	tary / Trea	Date Jung	
	Print/Type preparer's name	Preparer signature	Date		PTIN
Daid	ERIKA C HOSEA	mulle	02/20/	Check if self-employed	P01826184
Paid Preparer		ified Public Accou			
Use Only	Firm's address ► 500 N Capit	al of Texas Hwy #3	··	Firm's EiN	74-2687830
Man 45 - 17	Austin		TX 78746	Phone no. (5)	12) 328-9090
	S discuss this return with the prepar	or chour phase? Can instruct	one		► X Yes No

Retroactive Keinstatement

SCHEDULE C (Form 990 or 990-EZ)

## Pointical Campaign and Lobbying Activities

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

2015

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 its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Open to Public

<ul> <li>Section 501(c) (other than</li> <li>Section 527 organizations</li> </ul>	n section 501(c)(3)) organizations: Complete Parts I-	A and C below. Do no	ot complete Part I-B.	
•	s. Complete Part FA only. d 'Yes,' on Form 990, Part IV, line 4, or Form 990.	.E7 Part VI line 47 //	obbying Activities) the	<b>.</b>
<ul><li>Section 501(c)(3) organiz</li></ul>	cations that have filed Form 5768 (election under sec cations that have NOT filed Form 5768 (election under	tion 501(h)): Complete	e Part II-A. Do not comple	ete Part II-B.
	d 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) ( ns), then	see Instructions) or I	Form 990-EZ, Part V, IIn	e 35c
<ul> <li>Section 501(c)(4), (5), or</li> </ul>	(6) organizations: Complete Part III.			
Name of organization			Employer Identifica	tion number
INTERNATIONAL ASS	OCIATION OF FIRE		51-021148	1
Part I-A Complete if	the organization is exempt under section	on 501(c) or is a	section 527 organia	zation.
1 Provide a description of	f the organization's direct and indirect political campa	aign activities in Part Γ	V.	
2 Political expenditures .			<b>&gt;</b> \$	1 750
3 Volunteer hours			· · · · · · · · · · · ·	1,750.
Part I-B Complete if	the organization is exempt under section	on 501(c)(3).		
1 Enter the amount of an	y excise tax incurred by the organization under secti	on 4955		<del></del>
2 Enter the amount of an	y excise tax incurred by organization managers under	er section 4955		
	red a section 4955 tax, did it file Form 4720 for this			<del></del>
	?	• • • • • • • • • •		· · · Yes No
b If 'Yes,' describe in Par				
	the organization is exempt under section			
1 Enter the amount direct	tly expended by the filing organization for section 52	7 exempt function acti	vities ▶ \$	0.
2 Enter the amount of the function activities	filing organization's funds contributed to other organization	nizations for section 5	27 exempt ▶ \$	1,750.
3 Total exempt function e line 17b	expenditures. Add lines 1 and 2. Enter here and on F	orm 1120-POL,		1,750.
4 Did the filing organization	on file Form 1120-POL for this year?		<i></i>	· · · Yes X No
organization made pays amount of political cont	esses and employer identification number (EIN) of al ments. For each organization listed, enter the amour ributions received that were promptly and directly de olitical action committee (PAC). If additional space is	nt paid from the filing o	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) PAT MCELLIGOT	EAST_PIERCE_FIRE_COMMISSIONER BONNEY_LAKE WA 98391		500.	0.
(2) MOSES LAKE FF	MOSES LAKE CITY COUNCIL  MOSES LAKE WA 98837		250.	0.
(3) PATT KRUDERER	STATE LEGISLATURE OLYMPIA WA 98051		500.	0.
(4) JOAN MCBRIDE	STATE LEGISLATURE			
( <del>"</del> /	OLYMPIA WA 98051		500.	0.
(5)				
(6)				
BAA For Paperwork Reduc	tion Act Notice, see the Instructions for Form 99	0 or 990-EZ.	Schedule C (For	n 990 or 990-EZ) 2015

## Retreactive Reinstatement

Part II-A Complete if	the organization	AL ASSOCIATION OF	F FIRE ction 501(c)(3) an	51-021 of filed Form 5768 (4	1481 Pege 2
section 501	(n)).				
		s to an affiliated group (and		liated group member's na	me,
	•	thare of excess lobbying ex	•		
B Check ► if the filin	g organization checke	ed box A and 'limited contro	r provisions apply.		
(The term	Limits on Lobbyin 'expenditures' mean	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence public	opinion (grass roots lobby	lng)		
b Total lobbying expenditu	res to influence a legi:	slative body (direct lobbying	j)		
c Total lobbying expenditu	res (add lines 1a and	1b)			
d Other exempt purpose ex	xpenditures	• • • • • • • • • • • •			
e Total exempt purpose ex	cpenditures (add lines	1c and 1d)			
f Lobbying nontaxable am both columns	ount. Enter the amou	nt from the following table in	1 		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:	1. 数型 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	127 W. W. The 1809
Not over \$500,000		20% of the amount on line 1e.			<b>从数据的</b> 企业的
Over \$500,000 but not over \$1	1,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over !	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.		14 . 15 14 15 W. W.	
g Grassroots nontaxable a	mount (enter 25% of I	ine 1f)			
h Subtract line 1g from line		· ·			
i Subtract line 1f from line	1c. If zero or less, en	ter-0			
j If there is an amount other	er than zero on either	line the or line til did the or	nanization file Form 47	20 conacting	<del> </del>
					Yes No
		-Year Averaging Period U			
(Som		made a section 501(h) el s below. See the instructi			
	Lobby	ying Expenditures During	4-Year Averaging Per	riod	•
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (θ)) · · · ·					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
RAA				Schodula C (For	m 990 or 990-E7\ 2015

Schedule C (Form 990 or 990-EZ) 2015 INTERNAT LUNAL ASSOCIATION OF FIRE

51-0211481

Page 3

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		B)	(b)		
		No	Amount		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	🗀				
c Media advertisements?	🗀				
d Mallings to members, legislators, or the public?	🗀				
e Publications, or published or broadcast statements?	🗀				
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
1 Other activities?					
j Total. Add lines 1c through 1i		7273			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		سيسته	18 3 THE R. P.	(4 C. C. S. T. T.	हम्बुर
b If 'Yes,' enter the amount of any tax incurred under section 4912		~** E	بطعانست شاها		-
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?		f (1.00	1414	S. Factor	
Rart III A Complete If the organization is exempt under section 501(c)(4), section section 501(c)(6).	501(c)(5	), or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					Х
Part III-B: Complete If the organization is exempt under section 501(c)(4), section (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR answered 'Yes.'	501(c)(5 (b) Part	), or : III-A,	section ! line 3, i	501(c) s	
1 Dues, assessments and similar amounts from members		1		·····	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year					
b Carryover from last year		2b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			

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.

Taxable amount of lobbying and political expenditures (see instructions) . . .

Retroactive Reinstatement

**SCHEDULE 0** (Form 990 or 990-EZ) Supplemental Information to Form 990 or

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

Name of the organization

INTERNATIONAL ASSOCIATION OF FIRE

**Employer Identification numbe** 

51-0211481

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

Other