

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



Return of Organization Exempt From Income Tax

Department of the Treasury

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

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

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

A	For the	e 2015 ca	lendar year, or tax ye	ar beginning			, and er	nding		'··	
В		applicable	C Name of organization		FESSIONAL FI	IREFIGH	TERS ASS	O'N	Employer ide	ntification number	r
Ш	Address	change	Doing business as								
\Box	Name ch	ange	Number and street (or		elivered to street add	dress) F	Room/suite		0-2016474		
$\overline{\Box}$		-	3705 ARCTIC BLVD	485				^E	Telephone nur	nber	
믐	Initial retu	ım	City or town ANCHORAGE		State AK		IP code 99503-5774	4 L		·····	
Ш	Final return	ı/terminated	Foreign country name	Foreign	rovince/state/county		oreign postal				
	Amended	i return							Gross receipts	\$ \$	91,465
\Box	Annicatio	on pending	F Name and address of p	orincipal officer				Mak la thua	a across sotum for m	thandraston2	Yes X No
	, ipplicatio	on pending	BRIAN PARTCH, PO	· ·	charage AK QQ	511_1222	,]		a group return for si ill subordinates in	===	Yes No
	Tay avam								o," attach a list (s] 165 [] 160
	Tax-exem	·	501(c)(3) X 50	1(c) (5) ◀	(insert no) 49	947(a)(1) or	527		•		
			w alaskapffa org				1		p exemption num		
_		rganization.	X Corporation	Trust Associat	on Other D		L Year	r of formation	²⁰⁰⁵	M State of legal do	miale AK
	art!		mmary	 							
ф	1		escribe the organizat							FIREFIGHTER	
ä	1		HER AS A COMMUN		OICE TO PROM	VOIE IH	E IRAININ	NG, WOF	KING COND	HIONS, RIGH	18,
Activities & Governance	_		FETY OF THE OCC								
Š	2		nis box 🕨 if the				r disposed	of more			_
₩	3		of voting members of	•	•	•	Post 4le V		J	<u></u>	
8	4		of independent votin	-		•			- 4		
₹	5		mber of individuals ei			art v, line	e 2a)		5		5
ਝੂ	6 7a		mber of volunteers (e related business reve				. ,	•	7		0
•) b		elated business taxab				-	•	7		0
	+-=	TVCC UTITE	iated business taxab	de income nom i	onn 990-1, mie c		~ · · ·		Prior Year	Curren	<u>_</u>
•	8	Contribu	tions and grants (Pa	rt VIII. line 1h)					76,98		84,965
Š	9		service revenue (Pa								0
2 Alekenne	10	_	ent income (Part VIII,		3, 4, and 7d)						0
3	11	Other re	venue (Part VIII, colu	ımrı (A), lines 5, 6	d, 8c, 9c, 10c, a	nd 11e) .					4,152
767	12	Total reve	enue—add lines 8 thro	ugh 11 (must equa	l Part VIII, column	ı (A), line	12)		76,98	34	89,117
==	13		ind similar amounts p	-		3)			1,25	50	0
$\frac{1}{2}$	14		paid to or for member			-		L			0
CANIESPINGEC	15		other compensation, e			A), lines 5	5–10)		15,52	24	26,331
C\$	16a		onal fundraising fees						E	(1)	0
ĀŞ] b		draising expenses (F				./ID) O	4 id 2 g & 2 g . i	g dag say gin sag siging.	34 244 4 2 4 4 4 4 4	50.004
2	17		penses (Part IX, colu					2	51,06		59,331
8	19		penses. Add lines 13- e less expenses. Sub		uno 1201	A), line 2	ეს წლ ე} .		67,84 9,14		85,662 3,455
(8.8)		110461IU	riess expenses. Sub	uactime to nom		01 × 7	- / <u>/_</u> .) <u> </u>	Regionio	g of Current Yea		
Janc	20	Total ass	sets (Part X, line 16)				3	3	30,76		34,099
A Ba	21		pilities (Part X, line 26	3)	010	2 -2 -30				94	673
Net Assets or Fund Balances	22		ets or fund balances.	-	rom line-20		مريح (ستاره		29,97	72	33,426
Pa	art II		nature Block								
Und	er penaiti	es of perjury	, I declare that I have exam	nined this return, includ	ling accompanying so	chedules ar	d statements,	and to the	best of my knowle	edge	
airo	Deller, It is	s true, corre	ct, and complete Declarati	on or preparer (other tr	ian officer) is based o	on all iniom	lation of which	i preparer n	as any knowledg	1.5/11	
Sig	-		Signature of officer				 _		Date	13/16	
He	re		BRIAN PARTCH				SEC	RETARY	-TREASURE	r R	
			Type or print name and title	9			0.0	(/)() [1114 100114		
		Print	Type preparer's name		Preparer's signature	C 1/2	1/1	Date		PTIN	
Pai	id		NIC MODELLO COS	1	Doulas 1	1/1///	[תתו תו		Chec		0440400
	eparer		OUG MORRIS, CPA	A 4000)	· · · //	<u> </u>	VIVVV				0148426
Us	e Only		Firm's name ► ALASKA ACCOUNTING SERVICES, INC. Firm's EIN ► 92-0116386								
				RCTIC BLVD 48				} JF	hone no	(907) 276-509	32
May	the IR	S discus	s this return with the	preparer shown a	bove? (see instr	ructions)	<u></u> .			[_] Y	es No
For	Paperv	work Red	ıction Act Notice, sec	the separate ins	tructions.		$\overline{}$			For	m 990 (2015)

	990 (2015)	ALASKA PROFESSIONAL FIREFIGHTERS ASS'N	20-2016474	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly de	escribe the organization's mission.		
	SEE DAD	RT I, Page 1, Line 1		
	SEE PAP	KI I, Page I, Line I		
2		rganization undertake any significant program services during the year which were not listed on	[]	IJ
		Form 990 or 990-EZ?	. Yes	X No
3		rganization cease conducting, or make significant changes in how it conducts, any program		
	services?		. Yes	X No
_		describe these changes on Schedule O		
4	expenses	the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allegate and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ including grants of \$) (Revenu	e \$)
	CONFER	ENCES AND CONVENTIONS - BROUGHT FIREFIGHTERS TOGETHER FOR EDUCATION AND	TRAINING	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
4b	(Codo:	) (Expenses \$ including grants of \$) (Revenu		
40		) (Revenue ) (Revenue )		
4c	(Code _	) (Expenses \$ including grants of \$ ) (Revenue	e\$	)
		***************************************		
4d	Other pro	gram services (Describe in Schedule O.)		
	(Expense	s \$ 0 including grants of \$ ) (Revenue \$	)	
<del>4e</del>	Total prog	ram service expenses ▶		

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.  2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructione)?  3 Did the organization required to complete Schedule B. Schedule of Contributors (see instructione)?  3 Did the organization required to complete Schedule C. Part I.  4 Section St01(c)(3) organizatione, 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.  5 Is the organization as 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 95-197 If "Yes," complete Schedule C. Part II.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II.  7 Did the organization receive or hold a conservation essessment, including easements to preserve open space, the environment, histonic and areas, or histonic structures? If "Yes," complete Schedule D. Part II.  8 Did the organization ineanitan collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part II.  9 Did the organization freport an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not tisted in Part X, complete Schedule D. Part IV.  9 Did the organization inequal and account in Part X, line 10 that is seed to the part X in II.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VII.  11 If the organization is a mission to any of the following questions is "Yes," complete Schedule D. Part VII.  12 Did the organization report an amount for investments—other section Part	Form	990 (2015) ALASKA PROFESSIONAL FIREFIGHTERS ASS'N	20-2016474	Р	age 3
1 ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Dd the organization engage in direct or indirect political campagn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule D, Part I. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) eliction in effect during the tax year? If "Yes," complete Schedule C, Part II. 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 96.19? If "Yes," complete Schedule C, Part III. 6 Dd the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Dd the organization receive or hold a conservation essement, including essements to preserve open space, the environment, instinct land areas, or histonic structures? If "Yes," complete Schedule D, Part III. 7 Dd the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 Dd 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, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21 for Yes, complete Schedule D, Part VI. 9 Dd the organization in Part X, ine 167 if "Yes," complete Schedule D, Part VI. 10 Dd	Par				
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election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization as extention 501c()(4) 501c()(5) or 501c()(6) o			3	<u> </u>	X
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Part III.  Dit 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 I.  Dit the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic lend areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21, for eacrow 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.  Did the organization report an amount for line of the following questions is "Yes," then complete Schedule D, Part V.  If the organization report an amount for line did part is "Yes," then complete Schedule D, Part V.  Did the organization report an amount for investments—other securities in Part X, line 10° If "Yes," complete Schedule D, Part V.  Did the organization report an amount for investments—other securities in Part X, line 10° If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XVIII.  Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part XVIII.  Did the organization seport an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for t	J	• • • • • • • • • • • • • • • • • • • •	1	į .	
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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? If "Yes," complete Schedule F, Parts III and IV.  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).  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  18			1		X
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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).  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  18			. 16	<u> </u>	X
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  18	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			. 17	<u> </u>	Х
	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40 Dud the appropriate constitution (45,000 of constitution of the constitution of Data (III) line (60)		Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
gaming contract to the second contract to the	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		If "Yes," complete Schedule G, Part III	19	<u> </u>	X

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/A	
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		<u> </u>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			i
	organization's current and former officers, directors, trustees, key employees, and highest compensated			i
	employees? If "Yes," complete Schedule J	23		<u>_x</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			l
	\$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		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		İ
_	to defease any tax-exempt bonds?	24c	_	<b> </b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A	<b></b>
25a	The state of the s	1	ا ۱۰۰۸	l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/A	
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	]		ĺ
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or		N//	1
20	990-EZ? If "Yes," complete Schedule L, Part I.	25b	N/A	<b> </b> -
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	}		1
	current or former officers, directors, trustees, key employees, highest compensated employees, or		1	
27	disqualified persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200 mg		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	\$20 AS 87	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	<b>-</b>	<del>  ^</del>
•	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		<del>-^-</del> -
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		Х
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	<u>L_</u>	X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	}		l
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	N/A	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			l
	organization? If "Yes," complete Schedule R, Part V, line 2.	36	N/A	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		Į
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2015)

Form 990 (2015) ALASKA PROFESSIONAL FIREFIGHTERS ASS'N 20-2016474 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.... Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable. 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Х gaming (gambling) winnings to prize winners? . . . . . . . 1c 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. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a За Х Did the organization have unrelated business gross income of \$1,000 or more during the year? N/A If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? N/A If "Yes" to line 5a or 5b, did the organization file Form 8886-T?... 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?... Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or N/A 6b gifts were not tax deductible? . Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods N/A 7a and services provided to the payor?. N/A 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? . Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was N/A required to file Form 8282? 7c 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 contract? 7e N/A N/A Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/A g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a N/A If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization have excess business holdings at any time during the year? . 8 Sponsoring organizations maintaining donor advised funds. N/A Did the sponsoring organization make any taxable distributions under section 4966? . 9a N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter-N/A 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 facilities. 10b N/A 11 Section 501(c)(12) organizations. Enter: N/A Gross income from members or shareholders . . . 11a Gross income from other sources (Do not net amounts due or paid to other sources N/A 11b

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .

Did the organization receive any payments for indoor tanning services during the tax year?

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

the organization is licensed to issue qualified health plans.

against amounts due or received from them )

Enter the amount of reserves on hand

13

N/A

N/A

N/A

12a

13a

Part VI

ALASKA PROFESSIONAL FIREFIGHTERS ASS'N 20-2016474

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 

Sect	tion 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	1a 5			
	If there are material differences in voting rights among members of the governing body, or		1 1		
	if the governing body delegated broad authority to an executive committee or similar		{		
	committee, explain in Schedule O		1		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	<del></del>	1		
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct	F=-	<u> </u>	
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	= -	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6	x	<del>  ^-</del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	onnoint .	-	<del>  ^-</del>	
, a	one or more members of the governing body?	арропп	7a	x	
ь			/ a	-^-	<u> </u>
U	Are any governance decisions of the organization reserved to (or subject to approval by) members	<b>)</b> ,	7.		
•	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n auring	1		,
_	the year by the following				<u> </u>
a	The governing body?	•	8a	X	<b></b>
b	Each committee with authority to act on behalf of the governing body?	 	86		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be n	eacned		1	U
<u></u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· · · · · · · · · · · · · · · · · · ·	9	Ļ	<u> </u>
Seci	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Joae.		No.
400	Old the assessment on house local aboutour broadless on efficience		40-	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?		10a		-^-
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt put			N/A	<del> -,</del>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re ming the form?.	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	~	12b	ļ	X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"		<b>.</b>	}
	describe in Schedule O how this was done			N/A	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14	<b> </b>	X
15	Did the process for determining compensation of the following persons include a review and appro		1	1	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official.		15a	X	<b> </b>
b	Other officers or key employees of the organization		15b		<b> </b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			}	•
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	gement	<u> </u>	<b> </b> -	<u> </u>
	with a taxable entity during the year?		16a	<b> </b>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard		<b></b> -	ļ
	the organization's exempt status with respect to such arrangements?	<u> </u>	16b	N/A	<u> </u>
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► ALASKA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	)s onl	y)	
	available for public inspection. Indicate how you made these available. Check all that apply.				
		(plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest po	ıcy, ar	nd	
	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 l		•		
	DOUG MORRIS, CPA	(907) 276-5095	5		
	3705 ARCTIC BLVD 485, ANCHORAGE, AK 99503-5774				

Form 990 (2015)	ALASKA PROFESSIONAL FIREF	IGHTERS ASS'N	1							20-20164	74 Page <b>7</b>
Part VII	Compensation of Officers, Dire			ey	Em	plo	yee	s, F	lighest Comp	ensated	
	Employees, and Independent C			-							
	Check if Schedule O contains a r	esponse or not	te to	any	/ lin	e ir	1 this	Pa	ert VII		<u> </u>
Section A.	Officers, Directors, Trustees, Key E	mployees, and l	Highe	est (	Con	npe	nsate	d E	mployees		
1a Complete	this table for all persons required to be I	isted Report coi	mpen	sati	on f	or t	he ca	lend	lar year ending v	vith or within the	
organization's	tax year										
	of the organization's <b>current</b> officers, di						luals	o rc	rganizations), re	gardless of amou	ınt
	ion Enter -0- in columns (D), (E), and (	•								-	
	of the organization's current key emplo										>
	organization's five current highest con reportable compensation (Box 5 of Fon										yee)
	and any related organizations.	111 VV-2 and/or bo	,, , ,	ıı Fu	,,,,,	109	3-1VI I	3C)	Of Hiore than \$1	50,000 Holli Ble	
-	of the organization's <b>former</b> officers, ke	v emplovees, an	ıd hıa	hesi	t co	mpe	ensate	ed e	mplovees who re	eceived more tha	an
	eportable compensation from the organ								p.oyoooo		
<ul> <li>List all</li> </ul>	of the organization's former directors	or trustees that	receiv	ved,	in t	he d	capac	ity a	as a former direc	tor or trustee of t	he
organization,	more than \$10,000 of reportable compe	ensation from the	orga	nıza	atior	n an	id any	/ rel	ated organization	ns	
	n the following order: individual trustees	or directors, ins	tıtutio	nai	trus	tee	s; offi	cers	, key employees	, highest	
compensated	employees, and former such persons										
Check the	s box if neither the organization nor any	y related organiz	ation	con	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee	
			1		(0	C)					
	(A)	(B)	(do.			itton	. than a		<b>(D)</b>	<b>(E)</b>	(F)
	(A) Name and Title	(B) Average	box,	unles	ss pe	rson	than c is both	an	(D) Reportable	(E) Reportable	Estimated
		hours per week (list any				lirect	or/trust		compensation from	compensation from related	amount of other
		hours for	일	3	Officer	€	흫	Former	the	organizations	compensation
		related organizations	Individual to or director	를	4	1 3	S S	툑	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	일	3	Ì	Š	* §		(,,,		and related
		line)	Individual trustee or director	institutional trustae		8	) 97g				organizations
				8			Highest compensated employee				
(1) THOM/	AS A WESCOTT	7 50	<u> </u>	┢	╁─	<del>  -</del>	<del> </del>	$\vdash$			
PRESIDENT		0.00	•		x			ļ	9,000	o	0
(2) BRIAN	B. PARTCH	5 00		Π							
SEC'Y-TREA	SURER	0 00	Х	L	Х				6,000	0	0
(3) ERIC B	LAWSON	2 50									
Southcentral /	Alaska VP	0 00	X	L	Х	<u> </u>		<u></u>	3,000	0	0
(4) DOMIN		2 50									
Intenor Alaska		0.00	X	↓_	X	<b> </b>	ļ	<b> </b>	3,000	0	0
(5) PAUL N		2.50				l	ł			_	_
Southeast Ala		0 00	X	├	X	<b> </b>	ļ	<u> </u>	3,000	0	0
(6) RICKY		0 50			1	1	i				•
IAFF 7th Distr	ια νΡ	0 00	X	╀─	-	├-	-	├─	<u> </u>	0	0
_{7)					l	l					
(8)		}	<del>                                     </del>	╁		-		-	<del> </del>		
- 757	~~~~		ļ								
(9)	· · · · · · · · · · · · · · · · · · ·	<u> </u>		†	$\vdash$	T		$I^-$			
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(10)				1							
				L		L	L	L			! 
(11)				] _				]			

(12)

(13)

Page 8

	(A) Name and title	(B) Average hours per	box, to	unles er and	Pos eck s pe	more rson irecto	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	an	(F) stimated nount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MiSC)	com fr orga	other pensation om the anization d related inizations
(15)												· · · · · · · · ·
(16)												<del></del>
17)											<u> </u>	
18)				-					<u></u>			
				-	-			_				
20)					-	-						<del></del>
			-	-	-	-						
22)				_		-						<del></del>
23)			-	H	-	-		-				<del></del>
24)				-	-	-		-				<del></del>
(25)				- 	-							
1b	Sub-total		<u> </u>	 · ·	<u>.</u>	<u> </u>		<b>&gt;</b>	24,000	0		
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).	ection A						<b>&gt;</b>	24,000			
2	Total number of individuals (including but not lin reportable compensation from the organization		ted a		e) v 0	vho	recei	ved	more than \$100	,000 of		
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,		mp	oye	e, c	or high	nesi	t compensated		3	Yes N
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.	of reportable cor	npens	satio	on a					h	4	×
5	Did any person listed on line 1a receive or acci	•			•			_		/idual		
Sec	for services rendered to the organization? If "Y tion B. Independent Contractors	es," complete So	chedu	le J	for	SUC	h per	sor	<u> </u>	<u> </u>	5	X
1	Complete this table for your five highest compecompensation from the organization Report cover										tax	
	(A) Name and business add	iress							(B) Description of ser	vices (	(C) Compen	
	NONE											
		······································										
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	tho	se l	iste	d abo		who received			-

	990 (20 t VIII		L FIREFIGHT	TEF	RS ASS'N			20-2016	3474 Page <b>9</b>
u ell	لللتنح	Check if Schedule O contain	s a response o	or n	ote to any line in	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns	<b>—</b>	1a	0			ł	Í
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	<b>;</b>	1b	81,970				<b>1</b>
S E	C	Fundraising events .	<u> </u>	1c	0				
	d	Related organizations	-	1d	0				
Sim S	e	Government grants (contribution		1e	0				
	f f	All other contributions, gifts, gra						İ	
를를	}	similar amounts not included ab		1f	2,995				1
Con	9	Noncash contributions included in	lines 1a-11:	\$	0				
	h	Total. Add lines 1a-1f	<u>-</u> -	•		84,965	<del></del>	<del> </del>	
9					Business Code			ļ	
•	2a						<del></del>		
œ	Ь							<del> </del>	
살	C					····-		ļ	<u> </u>
28	a								
Ta l	e	All						<u> </u>	<del> </del>
Program Service Revenue		All other program service reven	ue					<del> </del>	<del></del>
	3	Total. Add lines 2a-2f Investment income (including di		<u></u>		0	<u></u>	<del> </del>	<del></del>
	4	other similar amounts) Income from investment of tax-	-		▶	0			
	5	Royalties			▶	0			
	(		(ı) Real		(ii) Personal				
	6a	Gross rents							
	b	Less rental expenses .							,
	С	Rental income or (loss)						<u> </u>	
	d	Net rental income or (loss)			<b></b>	0			
į	7a	Gross amount from sales of	(i) Secunties	3	(II) Other				
	b	assets other than inventory Less cost or other basis							
	C	and sales expenses . Gain or (loss)							
	d	Net gain or (loss) .	L			0		<del> </del>	<del>                                     </del>
			• •				· · · · · · · · · · · · · · · · · · ·	<del> </del>	
Other Revenue	8a	Gross income from fundraising				i			
<b>6</b>		events (not including \$				,			
اچ		of contributions reported on line	1c)						
F		See Part IV, line 18 .	•	а				1	
₹	b	Less direct expenses .		b					
9	C	Net income or (loss) from fundra				0			
	9a	Gross income from gaming activ						1	
ļ		See Part IV, line 19		а				-	1
}		Less. direct expenses		b				<b></b>	
		Net income or (loss) from gamır	g activities .			0			
Ì	10a	Gross sales of inventory, less						1	
Į		returns and allowances		а	1,500			1	1
ļ		Less: cost of goods sold		b	2,348				
l	С	Net income or (loss) from sales	of inventory			-848			
		Miscellaneous Revenue			Business Code				
Ì	11a	LAWSUIT SETTLEMENT PROC	CEEDS		900099	5,000			5,000
1	þ								
l	C							<u> </u>	
1	d	All other revenue						}	

5,000 89,117

e Total. Add lines 11a-11d .

Total revenue. See instructions

5,000

#### Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other o	rganizations must d	complete column (A)	· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note				$\boxtimes$
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to domestic organizations domestic governments See Part IV, line 21 Grants and other assistance to domestic				
3	Individuals. See Part IV, line 22 Grants and other assistance to foreign				1
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		<u> </u>		
<b>4</b> 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	24,000	<del></del>		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2 1,000			
7 8	Other salaries and wages				
9 10	Other employee benefits Payroll taxes	2,331			
11 a	Fees for services (non-employees).  Management	2,001	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED
c b	Legal	3,001 1,200			
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
12 13	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	6,136 834			
14 15	Information technology	1,514			
16 17	Occupancy	32,523			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	13,636			
21 22	Payments to affiliates  Depreciation, depletion, and amortization				
23 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 b	(A) amount, list line 24e expenses on Schedule O ) Bank & credit card fees Dues	0 175			
c d	Gifts Licenses	312 0			
е 25	All other expenses  Total functional expenses. Add lines 1 through 24e	85,662			<del> </del>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	00,002			
	from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)				

<u>ال</u>		Check if Schedule O contains a response or n	note to any line in this Part Y			
		Chock in Concuuse O contains a response of f	oto to any line in ulis Fart A.	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		20,754	1	20,982
	2	Savings and temporary cash investments		10,012	2	11,512
	3	Pledges and grants receivable, net			3	1,1012
	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·		4	<del></del>
	5	Loans and other receivables from current and for	mer officers directors			
		trustees, key employees, and highest compensal				
	ĺ	Complete Part II of Schedule L	acu ciripioyees		5	L
	6	Loans and other receivables from other disqualified person	is (as defined under section	····		, ,
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), an				
		sponsoring organizations of section 501(c)(9) voluntary em				
99		organizations (see instructions). Complete Part II of Sched		· · · · · · · · · · · · · · · · · · ·	6	
Assets	7	Notes and loans receivable, net			7	
Ą	8	to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of	·			4.606
•	9		· · · · ·	<del></del>	8	1,606
	1 -	Prepaid expenses and deferred charges	, , , , , , , , , , , , , , , , , , ,		9	
	10a	Land, buildings, and equipment cost or				
	Ι.	·	10a			
	b	· · · · · · · · · · · · · · · · · · ·	10b		10c	
	11	Investments—publicly traded securities	· · · · · · · · · · · · · · · · · · ·		11	
	12	Investments—other securities. See Part IV, line 1			12	
	13	Investments—program-related. See Part IV, line	11	<del></del>	13	
	14	Intangible assets	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	<del>,</del>	14	
	15	·	Rounding	0	15	-1
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	30,766	16	34,099
	17	Accounts payable and accrued expenses		794	17	673
	18	Grants payable	<u>.</u> .		18	
	19	Deferred revenue	<u> L</u>		19	
	20	Tax-exempt bond liabilities	<u>L</u>		20	
	21	Escrow or custodial account liability Complete Pa	art IV of Schedule D		21	<u> </u>
8	22	Loans and other payables to current and former	officers, directors,	· ·		;
몰	}	trustees, key employees, highest compensated e				
Liabilities		disqualified persons Complete Part II of Schedul	eL		22	
7	23	Secured mortgages and notes payable to unrelat	ed third parties .		23	
	24	Unsecured notes and loans payable to unrelated	third parties .		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete			
	ļ	Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25 .	. <u></u>	794	26	673
		Organizations that follow SFAS 117 (ASC 958)	, check here			
88		complete lines 27 through 29, and lines 33 and		•		•
Ĕ	27		-		27	
i i			· · · · · ·		27	
8	28 29		· · · · · · · · <u>·</u>		28	
Š	25	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·		29	
Ē		Organizations that do not follow SFAS 117 (ASC958), c	theck here ► and			
0		complete lines 30 through 34.	<u>l</u>	-		,
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
3	31	Paid-in or capital surplus, or land, building, or equ	uipment fund .		31	
) t	32	Retained earnings, endowment, accumulated inc	· .	29,972	32	33,426
ž	33	Total net assets or fund balances .	[	29,972		33,426
	34	Total liabilities and net assets/fund balances .		30,766		34,099

Form 9	90 (2015) ALASKA PROFESSIONAL FIREFIGHTERS ASS'N	2	0-2016474	Pag	<u>je 12</u>
Part					
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		89	9,117
2	Total expenses (must equal Part IX, column (A), line 25)	2		85	,662
3	Revenue less expenses Subtract line 2 from line 1	3		3	3,455
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29	9,972
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10		33	<u>3,426</u>
Part .					_
	Check if Schedule O contains a response or note to any line in this Part XII	• •			<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		•		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.	•	2a	↓	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		<b>]</b> .	1	77
	reviewed on a separate basis, consolidated basis, or both.		1	<b>1</b> .	1
	Separate basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				, s
	separate basis, consolidated basis, or both.			'	3
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in			, , , ,	
	Schedule O				
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?		. 3 <u>a</u>	1_	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	N/A	
			For	n 990	(2015)

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

2015

Open to Public Inspection

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
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III				
	e of organization	· · · · · · · · · · · · · · · · · · ·	<del></del>	ı	mploye	r identification number
ALA	SKA PROFESSIONAL FIF	REFIGHTERS ASS'N				20-2016474
Pa	rt I-A Complete if t	the organization is exempt und	er section 501	c) or is a sectio	n 527 c	organization.
1		he organization's direct and indirect p	olitical campaign a	activities in Part IV		N/A
2	Political expenditures				▶ \$	N//_
3	Volunteer hours .			-		
Pa	rt I-B Complete if t	the organization is exempt und	ler section 501(	c)(3).		
1		excise tax incurred by the organizatio			\$	N/Δ
2		excise tax incurred by organization m			▶ \$	14/7
3		ed a section 4955 tax, did it file Form	_			. Yes No
4a	Was a correction made?					Yes No
b	If "Yes," describe in Part	IV.				
		the organization is exempt und	ler section 501(	c), except section	on 501	(c)(3).
1		expended by the filing organization f				
	activities .				. 🏲 💲	N/A
2	Enter the amount of the fi	iling organization's funds contributed	to other organizati	ons for section		1 4/7 1
	527 exempt function activ	vities			▶ \$	
3	Total exempt function exp	penditures. Add lines 1 and 2. Enter h	ere and on Form 1	1120-POL,		
	line 17b				▶ \$	<del></del>
4	Did the filing organization	file Form 1120-POL for this year? .				. Yes No
5		ses and employer identification numb				
		ents For each organization listed, en				
		ntnbutions received that were prompt I fund or a political action committee				
	as a separate segregated	Traine of a political action committee	(FAC) II additiona	space is needed, i	piovide	Indinadon in Part iv
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fi filing organizatio		(e) Amount of political contributions received and
		İ		funds if none, ente		promptly and directly
						delivered to a separate political organization if
						none, enter -0-
	<del></del>		<u></u>			
(1)						
٠٠٠	<del></del>	<del></del>				
(2)						
(3)						
			<del></del>			<del></del>
(4)						
(5)						
<u> </u>						
(6)						

Schedule C (Form 990 or 990-EZ) 2015 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)). Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check ▶ if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's totals (b) Affiliated (The term "expenditures" means amounts paid or incurred.) group totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . Total lobbying expenditures to influence a legislative body (direct lobbying). C Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures. . . . . Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess 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 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0-. Subtract line 1f from line 1c If zero or less, enter -0-. If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) Total			
2a	Lobbying nontaxable amount		<del></del>						
b	Lobbying ceiling amount (150% of line 2a, column(e))								
C	Total lobbying expenditures								
d	Grassroots nontaxable amount								
<u>е</u>	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2016

Page 3

<i>UI G</i>	(election under section 501(h)).			(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.				
1	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				
	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>			
C	Media advertisements?				
	Mailings to members, legislators, or the public?				
e f	Publications, or published or broadcast statements?	<del></del>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			<del></del>	
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>			
i	Other activities?	<del> </del>			
i	Total Add lines 1c through 1i				<del></del>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	ors	ection	
	501(c)(6).				
					Yes N
	Were substantially all (90% or more) dues received nondeductible by members?		•	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•	•	3	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501	(-)(5)	·		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (t	) Pai	rt III-A,	line 3,
1					
	Dues, assessments and similar amounts from members	•	1		81,9
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).	-	1		
2 a	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		1 2a		81,9 9,3
2 a b	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year		2b		9,3
2 a b c	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2b 2c		9,3 9,3
2 a b c	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2b		9,3
a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	- -	2b 2c		9,3 9,3
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible		2b 2c 3		9,3 9,3
2 a b c 3 4	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year		2b 2c		9,3 9,3

### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

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► Attach to Form 990 or 990-EZ. 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. Name of the organization Employer identification number ALASKA PROFESSIONAL FIREFIGHTERS ASS'N 20-2016474

FORM 990, PART VI, SECTION A, Line 6 - Dues-paying Alaskan professional firefighters
FORM 990, PART VI, SECTION A, Line 7a - Annual election by convention reps chosen by members
FORM 990, PART VI, SECTION B, Line 11 - Form 990 reviewed by signing officer prior to filing
FORM 990, PART VI, SECTION B, Line 19 - Available upon request
FORM 990, PART IX, Line 11g - Statement not required
***************************************
·
***************************************