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# 3102 9 0 336 4 1366 8

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private 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.

OMB No 1545-0047

Α	For the	2015 calendar year, or tax year beginning , 2015,	and ending		, 20
В	Check if	C Name of organization INTNL ASSOC FIREFIGTHTERS L	OCA D Employer	identification ni	umber
$\Box$	applicable Address ci		3 9	5-041314	12
H	Name cha	Number 9 street (or 9.0 how if mail to not delivered to street address)   December 1			
H	Initial retur	GAO MAGGACUMGEMMG AND	, ·	17-252-5	5161
1	Final retur				1877553.
닏	/terminate	TYPETANA POLITICITA (COO) 1000	G Gross receipts	\$	10//553.
Щ	Amended Application	\	H(a) Is this	a group return	
Ш	pending	F Name and address of principal officer JASON HANSMAN	1	bordinates?	Yes X No
_		748 MASSACHUSE INDIANAPOLIS IN 46204-1		Il subordinates in	cluded?
1	Tax-exem	pt status 501(c)(3) X 501(c)(5 ) <b>4</b> (insert no ) 4947(a)(1) or		" attach a list istructions)	Yes No
J	Website:	<b>&gt;</b>	H(c) Group	exemption number	<b>&gt;</b>
ĸ	Form of org	anization X Corporation Trust Association Other ▶ L Ye	ar of tormation	M State of le	NI sincipo lepe
	art I	Summary			<u> </u>
			SERVICES	TO MEME	RERSHIP
		·	D ADJUTICA		
S		DISPUTES	D ADOUTICA	111011 01	<u> </u>
Governance	=	/IDFOIED			
err					
Š	1	heck this box 🕨 🔛 if the organization discontinued its operations or disposed of mol	re than 25% of its r	1 1	
25	1	umber of voting members of the governing body (Part VI, line 1a)		3	1711
S	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	1711
Ě	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	
Activities &	6 T	otal number of volunteers (estimate if necessary)		6	
⋖	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	3400.
	b N	et unrelated business taxable income from Form 990-T, line 34		7b	-35283.
	1		Prior Year		Surrent Year
٠.	8 0	ontributions and grants (Part VIII, line 1h)	11660		1426826.
Revenue	· ·	rogram service revenue (Part VIII, line 2g)			
ĕ	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	13	724.	16082.
æ			1126		100824.
		ther revenue (Part Vin column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		otal revenue - add heeds through 14 (must equal Part VIII, column (A), line 12)	12924	125.	1543732.
		rants and similar amounts para (Part IX, column (A), lines 1-3)			
		enents paid to or for members (Part IX, column (A), line 4)			
ŝ		alaries, atrier-compensation, employée penefits (Part IX, column (A), lines 5-10)	2787	782.	278839.
us(	16a P	rofessional fundiblished fees (Part V column (A), line 11e)			
Expenses	bТ	otal fundraising expenses (Part IX-column (D), line 25)▶	,		•
ŭ	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9114	177.	893681.
	1	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11902		1172520.
	ľ	evenue less expenses Subtract line 18 from line 12	1023		371212.
	·	evenue less expenses - Subtract line 10 from line 12	Beginning of Cu	reant	
Net Assets or Fund Balances	20 -	etal acceta /Dart V. June 16)	Year 22124		2839206.
Ssel	20 T	otal assets (Part X, line 16)			
e t	21 T	otal liabilities (Part X, line 26)		328.	270330.
		et assets or fund balances Subtract line 21 from line 20	21976	>64.	2568876.
L.	art II	Signature Block			
		es of perjury, I declare that I have examined this return, including accompanying schedules and state			зе
and	belief, it is	s true, correct, and complete Declaration of preparer (other than officer) is based on all information of	of which preparer has	any knowledge	
Sig	gn	Signature of officer	C	ate	
He		JASON HANSMAN	ER	11-1	4-16
		Type or print name and title			
Pa	id	Print /Type preparer's name Preparer's signature Date	Chec	L I I	TIN
			03/2016 self-e		00037540
	eparer	7 000 700 7 000 7 0			
US	e Only	11646 MARTH CH	Firm's EIN		
		Firm's address ▶ 11646 MAPLE ST	Phone no	317-845	-4483
		FISHERS IN 46038			
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)			Yes No
For	Paperv	ork Reduction Act Notice, see the separate instructions.		F/	orm 990 (2015)

	Statement of Program Service Accomplishments		3142	Page
Pa				
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission			
•	SUPPORT PROFESSIONAL FIREFIGHT			
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O	_		<b>T</b> .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serving "Yes," describe these changes on Schedule O	ces?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measure	d by expens	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to			
	and revenue, if any, for each program service reported			
4a	(Code ) (Expenses \$ including grants of \$ )	/Payanua ¢		
44	IAFF LOCAL 416 PROVIDES SERVICES TO THE UNION MEMBER	(Revenue \$_ SHIP		
	THESE SERVICES INCLUDE LABOR CONTRACT NEGOTIATIONS,			
	GRIEVANCES AND ADJUDICATION OF LABOR DISPUTES MANAG			
	HAS NOT MADE AN ALLOCTIONOF FUNCTIONAL EXPENSES BETW	EEN PRO	GRAM	
	SERVICES AND MANAGEMENT AND GENERAL			
4b	(Code ) (Expenses \$including grants of \$)	(Revenue \$		
<del></del>				
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$		
			<del></del>	
		<del></del>		
		· <del></del>		
4d	Other program services (Describe in Schedule O)			

Pa	TIV Checklist of Required Schedules	0113	112	Tage U
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	- 21
3	Did the organization required to complete ochretate b, ochretate or contributors (see instructions).	-		<del> </del>
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in			
·	effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments	<del></del>		<del>                                     </del>
	or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	,		i
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		_	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian			
	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation	1		}
	services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes", complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		,
	VII, VIII, IX, or X as applicable	ادا		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete			<u> </u>
	Schedule D, Part VI	11a	X	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	1		3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<del></del>	X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			- V
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
	·	120		
b	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance	1		
	to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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	X	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			_
	If "Yes," complete Schedule G, Part III	19		X

Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	1 1		1
	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 organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1 1		(
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		3,5
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		1
	to defease any tax-exempt bonds?	24c		<del> </del>
d 250	and the second s	24d		
25a	, , , , , , , , , , , , , , , , , , ,	25-		}
<b>h</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		}
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			Ì
	990-EZ? If "Yes" complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current	230		<del> </del>
20	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	1		}
	If "Yes,", complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		<del> </del>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1 1		(
	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,			;
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	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)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R, Part II,			
25-	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		_ <u>^</u>
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2	35b		,
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	350		ļ
50	organization? If "Yes." complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<del>                                     </del>
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			<del></del>
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38		X
		<del>المتناب</del>	- 001	(2015)

-	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			,
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	][	ļ ļ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	7	ı L	
	gaming (gambling) winnings to prize winners?	10	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	_]		
b	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)		- 1	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_ X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	1		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1 1		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	i i	. 1	ŀ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	انـ ــ ا		t
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c	<del></del>	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		لـــا	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	1	İ	
_	Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	}	1	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1	العيد	<del></del>
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<del> </del>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter		Į.	Ì
	Initiation fees and capital contributions included on Part VIII, line 12  10a	-	ļ	ľ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-	'	Ì
1	Section 501(c)(12) organizations. Enter	1 1		ľ
	Gross income from members or shareholders  11a	-{	l,	
D	Gross income from other sources (Do not net amounts due or paid to other sources	1 (		
<b>1</b> -	against amounts due or received from them)  Section 4047(s)(4) non-executed from them)	+	4	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del> </del>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1	ı	
		120		
d	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schodulo O.	13a		
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O			ľ
Ŋ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		الـ ــــــ	
_	Enter the amount of reserves on hand	-		İ
	Did the organization receive any payments for indoor tanning services during the tax year?	140		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
	n 165, has a new an only 150 to report these payments: If 140, provide all explanation in solieutile O	1 140	,	

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

Sec	tion A. Governing Body and Management					<del></del>
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1711	i	. 4	1 . 1
	If there are material differences in voting rights among members of the governing body, or if the governing	) }	1	1	1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O					1
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	1711		;	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			' <b>-</b> -		
	any other officer, director, trustee, or key employee?		1	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint of	ne or r	nore		7.	
	members of the governing body?			7a	X	<b></b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhol	ders, c	or persons	j	٠,	
_	other than the governing body?		j	7b	<u>X</u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		}	, .\ <u>\</u>		
	the year by the following			أنسينا	أحزيك	<u> </u>
	The governing body?		}	8a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					v
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Into	nal Dayor	9	'ada	X
360	tion B. Policies (This Section B requests information about policies not required by the	mei	nai Kevei	iue C		
100	Did the organization have local chapters, branches, or affiliates?		ſ	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		}	104		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	filina	the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	, many		114		1
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	?		12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		}			
	describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			£ .	. 1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion?				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization		ĺ	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		Ţ		1,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				į	
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			;		1
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			-	ĺ	1
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed   IN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	on 501	(c)(3)s only)	1		
	available for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	ıntere	st			
20	policy, and financial statements available to the public during the tax year	-0	la <b>b</b>			
20	State the name, address, and telephone number of the person who possesses the organization's books and JASON HANSMAN 748 MASSAC INDIANAPOL IN 46204			516	1	

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization		ated o	rganız	atio	ns co	ompen	sate	d any current officer	, director, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer  Institutional trustee  or director			)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1)MICHAEL REEVES PRESIDENT	30			Х				34748.	0_	0
(2)SCOTT WILLIAMS PAST VP	16			X				27798.	0	0
(3)JASON HANSMAN TREASURER	16			X				27798.	0	0
(4)TED WALDROUP REC SECRETARY	16			X				31273.	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										<del> </del>
(13)										·
(14)										

(A)  Name and title	(B) Average	iot checunless	(C) Positi ck mo perso a dire	on ore th	ian one both ar trustee	n (D) Reportable		(E) Reportable	(F) Estimated	
	hours per 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)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)									! 	
(19)										
(20)										
(21)						-				
(22)						-			<del> </del>	
(23)									<del></del>	
(24)										
(25)										
1b Sub-total				1			<b>•</b>	121617.	0	0
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	Vil, Sectio	n A					<b>&gt;</b>	0 121617.	0	0
2 Total number of individuals (including but	not limited	to thos	e liste	d ab	ove	) who	rece		0,000 of reportable	compensation
from the organization ▶										Yes No
3 Did the organization list any former office	r, director,	or trust	ee, ke	ey er	nplo	yee, c	or hig	hest compensated		Tes No
employee on line 1a? If "Yes," complete 5	Schedule J	for suc	h indi	vidua	a/					3 X
4 For any individual listed on line 1a, is the								•		
the organization and related organizations individual	greater th	an o io	0,000	<i>,</i> 11	res	, con	ipiei	e Scriedule J for Sud	n	4 X
5 Did any person listed on line 1a receive or	accrue co	mpens	ation f	from	any	unrel	ated	organization or indiv	/idual for	
services rendered to the organization? If	"Yes," com	plete S	Chedu	ıle J	for s	such p	ersc	on		5 X
Section B. Independent Contractors								<del></del>		
1 Complete this table for your five highest c										
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C)										
Name and business		Description of ser	vices	Compensation						
					<u> </u>					
Total number of independent contractors s     \$100,000 in compensation from the organ	-	ut not	limited	l to t	hose	eliste	d ab	ove) who received m	ore than	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512 - 514 , Gifts, Grants nilar Amounts Federated campaigns 1a 1a 1194049. Membership dues 1b b Fundraising events 1c C Related organizations 1d Government grants (contributions) Contributions, and Other Simi 1e All other contributions, gifts, grants, and similar amounts 232777. 1f not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f 1426826 Business Code Program Service Revenue 2a All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 16082 16082. Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 25225. 6a Gross rents Less rental expenses 12678. b Rental income or (loss) 12547. 12547. 12547 d Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets other than inventory Less cost or other basis and sales c Gain or (loss) • d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 287861 See Part IV, line 18 236822 b Less direct expenses 61474. c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 118159 returns and allowances 84321 b b Less cost of goods sold c Net income or (loss) from sales of inventory 33788. Miscellaneous Revenue Business Code 11a b ADVERTISING 900004 3400 3400 C All other revenue 3400. Total. Add lines 11a-11d 1543732

12 Total revenue. See instructions

3400.

Sec	Check if Schedule O contains a resp				column (A)
Do	not include amounts reported on lines 6b,			<del>,</del>	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	Fundraising
1	Grants and other assistance to domestic organizations	<del></del>	expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21			1	
2	Grants and other assistance to domestic				<del>ای دید دی در دری</del> ر
_	individuals See Part IV, line 22		}		
3	Grants and other assistance to foreign		<del></del>		<del></del>
_	organizations, foreign goverments, and foreign				
	individuals See Part IV, lines 15 and 16	11			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	121617.		121617.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	136489.		136489.	
8	Pension plan accruals and contributions (include				<del> </del>
	section 401(k) and 403(b) employer contributions)	ļ			
9	Other employee benefits				
10	Payroll taxes	20733.		20733.	
11	Fees for services (non-employees)				
а	Management			1	
b	Legal	30286.		30286.	
С	Accounting	19690.		19690.	
d	Lobbying				
e	Prof fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	col (A) amount, list line 11g expenses on Sch O)	14153.		14153.	
12	Advertising and promotion				
13	Office expenses	32269.		32269.	
14	Information technology	8738.		8738.	
15	Royalties		·		
16	Occupancy	45804.		45804.	
17	Travel	51338.		51338.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	59335.		59335.	
20	Interest	328.		328.	
21	Payments to affiliates	478962.		478962.	<del></del>
22	Depreciation, depletion, and amortization	18972.		18972.	
23	Insurance	795.	#[] W	795.	<del></del>
24	Other expenses Itemize expenses not covered			*	
	above (List miscellaneous expenses in line 24e If				Í
	line 24e amount exceeds 10% of line 25, column			, ,	1
_	(A) amount, list line 24e expenses on Schedule O) SEE STMT	16545.	∰ <u>#.</u> :		
a	SEE SIMI	2244.			
b		18286.			<del></del>
C		632.			<del></del>
d	All other expanses	95304.		95304.	<del></del>
е 25	All other expenses	1172520.		1172520.	
25	Total functional expenses. Add lines 1 through 24e oint costs. Complete this line only if the organization	11/25/20.		11/2520.	
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation				
	Check here Infollowing SOP 98-2 (ASC 958-720)				

الكالي	C.X	Check if Schedule O contains a response or	note to	any line in this Part	X		
		on on the state of	1101010	ary into artano r are	(A)		(B)
					Beginning of year	) }	End of year
Ţ	1	Cash - non-interest-bearing		<del>"</del>	104267.	1	208991
	2	Savings and temporary cash investments			819043.	2	516299
	3	Pledges and grants receivable, net				3	
1	4	Accounts receivable, net				4	
1	5	Loans and other receivables from current and fo	ormer offi	cers. directors.		1	
1		trustees, key employees, and highest compensation		· ·	į.	}.	
1		Part II of Schedule L		,		5	
1	6	Loans and other receivables from other disquali	fied perso	ons (as defined			<del></del>
	•	under section 4958(f)(1)), persons described in	-	,		1 1	
}		contributing employers and sponsoring organiza					
Ì		voluntary employees' beneficiary organizations			,	1	
ន		Part II of Schedule L	(300 11131	decions, complete	<u> </u>	6	
Assets	7	Notes and loans receivable, net			<del></del>	7	<del></del>
۲	8	Inventories for sale or use			14423.	8	16821
1	9	Prepaid expenses and deferred charges			11720.	9	10021
1			1 1		<del></del>	-	<del> </del>
Ì	10a	Land, buildings, and equipment cost or other	40-	2463953.			
Ì	h	basis Complete Part VI of Schedule D	10a	392810.	1254746.	40-	2071143
Ì	b	Less accumulated depreciation	10b	392010.	1234740.	10c	2071143
	11	Investments - publicly traded securities	350.	11	350		
1	12	Investments - other securities See Part IV, line	350.	12	330		
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets			10663	14	25602
Ì	15	Other assets See Part IV, line 11			19663.	15	25602
-+	16	Total assets. Add lines 1 through 15 (must equ	al line 34	)	2212492.	16	2839206
	17	Accounts payable and accrued expenses	14828.	17	5955		
	18	Grants payable			18	264275	
	19	Deferred revenue		19	264375		
- 1	20	Tax-exempt bond liabilities				20	
3	21	Escrow or custodial account liability Complete F		h	<del></del>	21	
	22	Loans and other payables to current and former		l;	1	1,	
Liabilities		trustees, key employees, highest compensated		es, and		<u> </u>	
-		disqualified persons Complete Part II of Schedu				22	
1	23	Secured mortgages and notes payable to unrela		· •		23	
1	24	Unsecured notes and loans payable to unrelated	•	<b>⊦</b>		24	<del></del>
1	25	Other liabilities (including federal income tax, pa	-			j	
1		parties, and other liabilities not included on lines	17-24) (	Complete Part X			
		of Schedule D				25	
$\dashv$	26	Total liabilities. Add lines 17 through 25			14828.	26	270330
		Organizations that follow SFAS 117 (ASC 958		there ▶ ∐ and		1	
S		complete lines 27 through 29, and lines 33 at	nd 34.	ŀ	<u> </u>	<u>   </u>	
Ĭ	27	Unrestricted net assets				27	··· · ·
	28	Temporarily restricted net assets		1		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		(== )		29	
2		Organizations that do not follow SFAS 117 (A	NSC 958)	, check here $lacktriangle$ $X$			
5		and complete lines 30 through 34.		].		-	
3	30	Capital stock or trust principal, or current funds				30	
3	31	Paid-in or capital surplus, or land, building, or ed	uipment	fund		31	
١	32	Retained earnings, endowment, accumulated in	come, or	other funds	2197664.	32	2568876
2	33	Total net assets or fund balances			2197664.	33	2568876
	34	Total liabilities and net assets/fund balances			2212492.	34	2839206

Form 990 (2015)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

INTNL ASSOC FIREFIGTHTERS LOCAL

Employer identification number 35-0413142

Pa	irt I	Organizations Maintaining Donor Ad			or Acc	ounts.		
		Complete if the organization answered						
			(a) Donor advised fu	nds	(b) Fund	is and other ac	count	s
1		umber at end of year						
2		ate value of contributions to (during year)	<del></del>					
3		ate value of grants from (during year)						
4		ate value at end of year						
5		organization inform all donors and donor advisors	=	in donor advised	d funds	<u> </u>	Г.	
6	Did the for cha	organization's property, subject to the organization organization inform all grantees, donors, and don ritable purposes and not for the benefit of the donorsissible private benefit?	or advisors in writing that gran	t funds can be us other purpose co	sed only nferring	∐ Yes		No No
Pa	rt II	Conservation Easements. Complete	if the organization answ	ered "Yes" on	Form 99	0, Part IV, li	ne 7	, , , , ,
1	Purpos	e(s) of conservation easements held by the organ	zation (check all that apply)					
	Pre	eservation of land for public use (e.g., recreation or	reducation)	Preservation o	f a historica	ally important la	ind ai	rea
	Pro	etection of natural habitat		Preservation o	f a certified	historic structu	ıre	
	Pre	eservation of open space	_	-				
2	Comple	ete lines 2a through 2d if the organization held a q	ualified conservation contributi	on in the form of	a conserva	ation easement	on th	ie
	last day	y of the tax year			Hel	d at the End of t	he Ta	x Year
а	Total n	umber of conservation easements			2a			
b	Total a	creage restricted by conservation easements			2b			
С	Numbe	r of conservation easements on a certified historic	structure included in (a)		2c			
d	Numbe	r of conservation easements included in (c) acquir	ed after 8/17/06, and not on a	historic				
	structu	re listed in the National Register			2d			
3	Numbe	r of conservation easements modified, transferred	, released, extinguished, or ter	rminated by the o	rganization	n during		
	the tax	year 🕨						
4	Numbe	r of states where property subject to conservation	easement is located 🕨					
5	Does th	ne organization have a written policy regarding the	periodic monitoring, inspection	n, handling of vio	lations,			
	and ent	forcement of the conservation easements it holds?	1			Yes		No
6	Staff ar	nd volunteer hours devoted to monitoring, inspectir	ng, handling of violations, and	enforcing conser	vation ease	ements during t	he ye	ar
7	Amoun	t of expenses incurred in monitoring, inspecting, hi	andling of violations, and enfor	rcing conservation	n easemer	its during the ye	ear	
8	Does e	ach conservation easement reported on line 2(d) a	bove satisfy the requirements	of section 170(h)	)(4)(B)(ı)			
	and sec	ction 170(h)(4)(B)(ii)?				Yes		No
9	In Part	XIII, describe how the organization reports conser	vation easements in its revenu	e and expense s	tatement, a	and balance she	eet, a	nd
	include	, if applicable, the text of the footnote to the organi	zation's financial statements tl	hat describes the	organizati	on's accounting	for	
	conserv	vation easements						
Pa	rt III	<b>Organizations Maintaining Collection</b>	s of Art, Historical Tre	asures, or Ot	her Sim	ilar Assets.		
		Complete if the organization answered '	'Yes" on Form 990, Part	IV, line 8				
1 a	If the or	ganization elected, as permitted under SFAS 116	(ASC 958), not to report in its	revenue stateme	nt and bala	ance sheet wor	ks of	art,
	historic	al treasures, or other similar assets held for public	exhibition, education, or resea	arch in furtheranc	e of public	service, provid-	e,	
	ın Part	XIII, the text of the footnote to its financial stateme	nts that describes these items					
b	If the or	ganization elected, as permitted under SFAS 116	(ASC 958), to report in its reve	enue statement a	nd balance	sheet works o	f art,	
	historic	al treasures, or other similar assets held for public	exhibition, education, or resea	irch in furtheranc	e of public	service, provide	e the	
	followin	g amounts relating to these items						
	(i) Rev	venue included on Form 990, Part VIII, line 1			<b>•</b>	\$		
	(ii) Ass	ets included in Form 990, Part X			•	\$ \$		
2	If the or	ganization received or held works of art, historical	treasures, or other similar ass	ets for financial g	jain, provid	le the following	amo	unts
	required	d to be reported under SFAS 116 (ASC 958) relati	ng to these items					
а	Revenu	ie included on Form 990, Part VIII, line 1			<b>&gt;</b>	s		
h	Accete	included in Form 990. Part X						

Pa		Organiza (contınue	ations Maintaining ed)	Collections of Art,	Historical Treasur	es, or Other Simila	ar Assets	
3		<del>`</del>	<del></del>	n, and other records, che	ck any of the following th	nat are a significant use of	of its collection	on items
	(check all	that apply)						
а	Public	exhibition			d Loan or exchan	ge programs		
b	Schola	arly researc	h	•	e Other			
С	Preser	vation for f	uture generations					
4	Provide a	description	of the organization's coll	ections and explain how	they further the organiza	ition's exempt purpose in	Part XIII	
5				receive donations of art,				
	to raise fur	nds rather t	han to be maintained as	part of the organization's	collection?		Yes	No
Pa	rt IV	Escrow a	and Custodial Arra	ngements. Comp	lete if the organizati	on answered "Yes"	to Form 99	<del>30,</del>
		Part IV,	line 9, or reported a	an amount on Form	990, Part X, line 21			
1a	Is the orga	inization an	agent, trustee, custodia	n or other intermediary fo	or contributions or other	assets not included		
	on Form 9	90, Part X?					Yes	No
þ	If "Yes," ex	plain the a	rrangement in Part XIII a	nd complete the followin	g table			
							Amo	unt
С	Beginning	balance				1c		
d	Additions of	during the y	ear			1d		
е	Distribution	ns during th	e year			1e		
f	Ending bal	ance				1f		
2a	Did the org	janization ii	nclude an amount on For	m 990, Part X, line 21, fo	or escrow or custodial ac	count liability?	Yes	X No
b	If "Yes," ex	plain the a	rrangement in Part XIII	Check here if the explana	ation has been provided	on part XIII		
Pa	rt V	Endowm	ent Funds. Comp	lete if the organization	on answered "Yes"	on Form 990, Part I'	V, line 10	
			(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
1a	Beginning	of year						
	balance						1	
b	Contributio	ns						
С	Net investr							
	earnings, g and losses							
d	Grants or sc							
е	Other expe	enditures						
	for facilities	s and	F					
	programs							
f	Administra	tive						
	expenses		;				ſ	
g	End of yea	r balance						
2	Provide the	e estimated	percentage of the curren	nt year end balance (line	1g, column (a)) held as	<del></del>	L	
а			uasi-endowment >		- · · · · ·			
	Permanent			%				
С	Temporaril	y restricted	endowment ▶ 0.	00 %				
	The percer	tages on lii	nes 2a, 2b, and 2c shoul	d equal 100%				
3a				ion of the organization th	at are held and adminis	tered for the organization	ı by	Yes No
	(i) unrelat					_	3a(i)	
	(ii) related						3a(ii)	
b				ions listed as required on	Schedule R?		3b	
4				organization's endowmen			للتنا	
Pa			ildings, and Equip		<del></del>			
				answered "Yes" on F	Form 990. PartIV. lir	ne 11a. See Form 9	90. Part X.	line 10
		escription o		(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Boo	
	_			basis (investment)	basis (other)	Depreciation	]	
1a	Land		<del></del>	515,200.		Doproduction China	515	,200.
	Buildings			1,490,674.		303,727.	1,186	
	Leasehold	ımproveme	nts					<del>, / •</del>
	Equipment	-		112,887.		89,083.	23	,804.
	Other			345,192.				,192.
		1a through	1e (Column (d) must ed	rual Form 990, Part X, co	olumn (B), line 10c )	<u> </u>	2,071	
			1.7					,

		receipts greater	(a) Event #1 HONOR FLIGHT (event type)	(b) Event #2 FILL THE BOO (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c)
e le			(6,00,00)	(overkiype)	(total namber)	CO. (0)
Kevenue	1	Gross receipts	900.	7,342.		8,242.
	2	Less Contributions Gross income (line 1 minus line 2)	900.	7,342.		8,242.
	4	Cash prizes				
Ses	5	Noncash prizes				
Expe	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
- 1						
1	9 10 11		y Add lines 4 through 9 in coll		<u> </u>	
1	10 11	Direct expense summary Net income summary S	ubtract line 10 from line 3, col		<b>•</b>	more than \$15,000 or
1	10 11	Direct expense summary Net income summary S	ubtract line 10 from line 3, col ete if the organization ansv e 6a	umn (d) wered "Yes" on Form 990, Pa	rt IV, line 19, or reported	
1 Pari	10 11	Direct expense summary S Net income summary S Gaming. Comple	ubtract line 10 from line 3, col ete if the organization ansv	umn (d)	<b>•</b>	(d) Total gaming (add
Par	10 11	Direct expense summary S Net income summary S Gaming. Comple	ubtract line 10 from line 3, col ete if the organization ansv e 6a	umn (d) wered "Yes" on Form 990, Pa  (b) Pull tabs/instant	rt IV, line 19, or reported	
Par	10 11	Net income summary S Gaming. Comple Form 990-EZ, lin	ubtract line 10 from line 3, col ete if the organization ansv e 6a	umn (d) wered "Yes" on Form 990, Pa  (b) Pull tabs/instant	rt IV, line 19, or reported	(d) Total gaming (add
Par	1 2	Direct expense summary S Net income summary S Gaming. Comple Form 990-EZ, lin  Gross revenue	ubtract line 10 from line 3, col ete if the organization ansv e 6a	umn (d) wered "Yes" on Form 990, Pa  (b) Pull tabs/instant	rt IV, line 19, or reported	(d) Total gaming (add
Pari enuasay sesuedya nai	1 2	Direct expense summary Net income summary S Gaming. Comple Form 990-EZ, lin  Gross revenue Cash prizes	ubtract line 10 from line 3, col ete if the organization ansv e 6a	umn (d) wered "Yes" on Form 990, Pa  (b) Pull tabs/instant	rt IV, line 19, or reported	(d) Total gaming (add
Par	10 11 1 2 3	Direct expense summary Net income summary S Gaming. Comple Form 990-EZ, lin  Gross revenue  Cash prizes  Noncash prizes	ubtract line 10 from line 3, col ete if the organization ansv e 6a (a) Bingo	umn (d) wered "Yes" on Form 990, Pa  (b) Pull tabs/instant bingo/progressive bingo	rt IV, line 19, or reported (c) Other gaming	(d) Total gaming (add col (a) through col (c))
Parti	1 2 3 4 5 6	Direct expense summary Net income summary S Gaming. Comple Form 990-EZ, lin  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	ubtract line 10 from line 3, col ete if the organization ansv e 6a  (a) Bingo  Yes 0.0% No	umn (d) wered "Yes" on Form 990, Pa  (b) Pull tabs/instant bingo/progressive bingo  Yes 0.0% No	rt IV, line 19, or reported (c) Other gaming  Yes 0.0% No	(d) Total gaming (add col (a) through col (c))
Part Special S	1 2 3 4 5 6 7	Direct expense summary Net income summary S Gaming. Comple Form 990-EZ, lin  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor Direct expense summary	ubtract line 10 from line 3, collete if the organization answer 6a  (a) Bingo  Yes 0.0%  No  Add lines 2 through 5 in column	umn (d) wered "Yes" on Form 990, Pa  (b) Pull tabs/instant bingo/progressive bingo  Yes 0.0% No  umn (d)	rt IV, line 19, or reported (c) Other gaming	(d) Total gaming (add col (a) through col (c))
Part Part Spelled Spel	1 2 3 4 5 6 7	Direct expense summary Net income summary S Gaming. Comple Form 990-EZ, lin  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor Direct expense summary	ubtract line 10 from line 3, col ete if the organization ansv e 6a  (a) Bingo  Yes 0.0% No	umn (d) wered "Yes" on Form 990, Pa  (b) Pull tabs/instant bingo/progressive bingo  Yes 0.0% No  umn (d)	rt IV, line 19, or reported (c) Other gaming  Yes 0.0% No	(d) Total gaming (add col (a) through col (c))

# SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
INTNL ASSOC FIREFIGTHTERS LOCAL	35-0413142
FORM 990 PAGE 6 SECTION B LINE 11B	
THE TAX RETURN IS MADE AVAILABLE FOR THE OFFICERS TO REV	VIEW
FORM 990 PAGE 6 SECTION B LINE 12 C	
THE WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED BY A	ALL
BOARD MEMBERS AT THE INITIAL BOARD MEETING IN JANUARY OF	<b>ਦ</b>
EACH YEAR FOR ALL NEW AND RETURNING MEMBERS	
FORM 990 PAGE 5 SECTION IV LINE 3A	
TOTAL UBT IS 3400	
FORM 990 PAGE 6 PART VI SECTION C LINE 19	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND	THE
ANNUAL TAX RETRUN ARE AVAILABLE FOR REVIEW AT THE UNIONS	3
HEADQUARTERS. FINANCIAL STATEMENTS ARE REVIEWED MONTHLY	<i>ī</i>
WITH THE MEMBERSHIP. ANNUAL COMPILATION OF FINANCIAL	
STATEMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS AND IS	3
MADE AVAILABLE TO THE MEMBERSHIP AT THE UNIONS OFFICE.	