

## 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



50m 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Α	For the	2016 calenda	ar year, or tax year beginni	ng		, and e	ending			
В	Check if a			D Empl	oyer identi	fication number				
	Address o	change	International	Associati	on of Fire	Fig	hters	05-	60194	07
	Name cha		Number and street (or P O bo				Room/suite	E Telep	hone numb	er
ñ	Initial retu	ım	РО Вож 523					(4	01)78	2-6331
$\Box$	Final retu	m/terminated	City or town, state or province,	country, and ZIP or fo	reign postal code		<del></del>	F Grou	p Exempti	on
Ī	Amended	return						Num	ber	
Ħ	Application	on pending	Narragansett,	RI 02882-	0523			01	60	
G	Account	ing Method.	Cash X Accrual	Other (specify)			Н			e organization is not
1.3	Website	: ▶	<b>—</b> —					-	_	Schedule B
		· —	heck only one) - 501(c)(3)	<b>X</b> 501(c) ( <b>5</b> )	◀ (insert no ) 4947	(a)(1) or	527	•		Z, or 990-PF)
_		organization:				Other		<u> </u>		<del></del>
		•	7b to line 9 to determine gros		_	_	or if total asse	ets		
			() are \$500,000 or more, file		•				▶ \$	68,730.
	art I		e, Expenses, and Chan							00,750.
	α, τ .		ne organization used Schedu							П
_	1		s, gifts, grants, and similar ai		, , , , , , , , , , , , , , , , , , ,				1	36,849.
	2		vice revenue including gover						2	
	3		dues and assessments			•	•		3	31,846.
	4	Investment in					•	•	4	35.
	5 a		nt from sale of assets other t	han inventory		5a			7	
	b		r other basis and sales exper	•		5b	<del></del>		<b> </b>	
	C		s) from sale of assets other the			4-7-1			5c	
	6	,	fundraising events	ian inventory (Subtr	act line ob nom line oa,		•		JC	
	_	-	ne from gaming (attach Sche	dula Guf areatar tha	<b>.</b>					
ē	a	\$15,000)	• • •	•		e-			2	
en	h	\$15,000)								
Revenue	"		sing events reported on line	· · · · · · · · · · · · · · · · · · ·	G if the		CONTIDUTIONS			
_			gross income and contributi			6b				
_			expenses from gaming and f			6c				
Ŷ			or (loss) from gaming and ful	•	d lines for and fib and s	لتتا	<del></del>		1	
8	d	line 6c) .		= :	u iiiles va anu ob anu s	subliaci			6d	
THE REAL PORCE	<b>A</b> 7 a	,	of inventory, less returns and			7a		• •	ļ Vu	
Q.	h		<u> </u>			7b			<u> </u>	
	c		or (loss) from sales of invent				_ <del></del> _		7c	
ے	= 8		ue (describe in Schedule O)	, (Odbadot mie 70	. ,				8	
C			ue. Add lines 1, 2, 3, 4, 5c,	6d 7c and 8		1FC	IVED		9	68,730.
_	= <del>5</del> ≥ 10		similar amounts paid (list in S		icul	-		-1-	10	6,382.
-	ф <sub>11</sub>		d to or for members	•	\$ M	AY. 1	7 . 7	ଥା	11	667.
s)	12	•	er compensation, and emplo				* 2017	ŏΙ	12	
Se	113		fees and other payments to	-	rtors	-	- 19	21	13	
Expense	14		rent, utilities, and maintenan	•	J. J. G	DER	V, UT	FĹ.	14	
ŭ	15		plications, postage, and shipp			1	191.	1	15	3,084.
	16	_	ses (describe in Schedule O	-		• • •		∄	16	44,237.
	17		nses. Add lines 10 through	•	•	• •	•		17	54,370.
_	18		deficit) for the year (Subtract			<u>·</u>	· · · · · ·		18	14,360.
ets	19		or fund balances at beginning	·				•	IO	14,300.
Net Assets	19		figure reported on prior year's			ayree v	viu I		101	121 100
et /	20	•	ges in net assets or fund bala	•	· · · · · · · · · · · · · · · · · · ·		• •	• •	20	131,190.
Z	21		or fund balances at end of year						21	145 550
_	141	1451 033513 (	rand balances at end of ye	ar. Combine lines 10	anough zu	<u></u>	<del></del>	<u> </u>	1211	145,550.

For Paperwork Reduction Act Notice, see the separate instructions. UYA

45

Form **990-EZ** (2016

Form 9	990-EZ (2016)	International Associa	tion of Fir	e Fighters	05-	601	9407 Page 2
Par	t II Bala	ance Sheets (see the instructions for					
	Che	ck if the organization used Schedul	le O to respond to	any question in the	nis Part II	<u> </u>	
					(A) Beginning of year	(	B) End of year
22	Cash, savın	ngs, and investments			131,190.		145,550.
23	Land and b	uildings ,				23	<u> </u>
24	Other asset	ts (describe in Schedule O)		[		24	0.
25	Total asset	ts , ,		<i></i>	131,190.	25	145,550.
26	Total liabil	ities (describe in Schedule O)				26	0.
27	Net assets	or fund balances (line 27 of column (B) mu	st agree with line 21)		131,190.	27	145,550.
Par	t III Stat	tement of Program Service Accor	mplishments (see	the instructions f	or Part III)		
		ck if the organization used Schedu	•		·		Expenses
What		ation's primary exempt purpose? Benevolen					uired for section
		anization's program service accomplish					i)(3) and 501(c)(4) lizations, optional for
		expenses. In a clear and concise mann				other	
	-	d, and other relevant information for ea		rioda providua, and			
		ar Dystrophy Associati		e Boot			
20	MUSCUI	ar byscropity Associaci	OII, FIII III	e boot		]	
			<del></del>				
	(C	4 222 \	dudes feesiest el	t. h		28a	4 222
20	(Grants \$	4,332.) If this amount inc			· · · · · P L .	20a	4,332.
29	Narrage	ansett FF College Scho	tarsnips 20	1000 each		<u>'</u>	l
			<del></del>				
	(Grants \$	2,000.) If this amount inc	cludes foreign grants, ch	neck here	<b>.</b> <u>                                      </u>	29a	2,000.
30	Specia:	l Olympics of RI					
				<u> </u>		}	
	(Grants \$	50.) If this amount inc	cludes foreign grants, ch	neck here	▶□	30a	50.
31	Other program	m services (describe in Schedule O)					
		N 16 II			\ \	31a	
	(Grants \$	) If this amount inc	cludes foreign grants, ch	neck here	<u>.</u> . <b>-</b>	Sia	
	<del></del>					32	6,382.
32	Total progra	m service expenses (add lines 28a through	1 31a)			32	
32	Total progra		d Key Employees (I	ist each one even if not	t compensated - see t	32	
32	Total progra	of Officers, Directors, Trustees, and	d Key Employees (I le O to respond to	ist each one even if not any question in the	t compensated - see this Part IV	32 he inst	ructions for Part IV
32	Total progra	of Officers, Directors, Trustees, and	d Key Employees (I le O to respond to (b) Average hours per week	ist each one even if not any question in the (c) Reportable compensation	t compensated - see this Part IV  (d) Health benefits, contributions to employ	32 he inst	ructions for Part IV
32	Total progra	of Officers, Directors, Trustees, and eck if the organization used Schedu	d Key Employees (I le O to respond to	ist each one even if not any question in the	t compensated - see this Part IV  (d) Health benefits, contributions to employ	he inst	ructions for Part IV
32 Par	Total progra t IV List Che	of Officers, Directors, Trustees, and eck if the organization used Schedu (a) Name and title	d Key Employees (I le O to respond to (b) Average hours per week	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
32 Par	Total progra t IV List Che	of Officers, Directors, Trustees, and eck if the organization used Schedu	d Key Employees (I le O to respond to (b) Average hours per week devoted to position	ist each one even if not any question in the confliction of the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh	Total progra t IV List Che	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title	d Key Employees (I le O to respond to (b) Average hours per week	ist each one even if not any question in the confliction of the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre	Total progrative List Che Che Naval Sident Vin McEr	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas	d Key Employees (I le O to respond to (b) Average hours per week devoted to position	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic	Total progrative List Che Navalesident in McErce Press	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident	d Key Employees (I le O to respond to (b) Average hours per week devoted to position	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che Navalesident in McErce Press	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	d Key Employees (I le O to respond to (b) Average hours per week devoted to position	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV
Joh Pre Key Vic Key	Total progrative List Che no Naval esident in McErie Presivin Tuti	of Officers, Directors, Trustees, and eck if the organization used Schedu  (a) Name and title  kauskas  nery ident hill	th 31a)	ist each one even if not any question in the (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	t compensated - see this Part IV  (d) Health benefits, contributions to employ benefit plans, and	he inst	ructions for Part IV

meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

45b

Form 990-EZ (see instructions).

Form 990-EZ	(2016) International Ass	ociation of	Fire Fighter	rs	05-6	019407	Page 4
						Y	es No
	the organization engage, directly or indirectly			• •			
	candidates for public office? If "Yes," complete		<u></u>	<u></u>	<u> </u>	46	X
Part VI	Section 501(c)(3) organizations						
	All section 501(c)(3) organizations r	nust answer question	s 47-49b and 52, and	d complete the	tables for	r lines	
	50 and 51.						
	Check if the organization used Sche	edule O to respond to	any question in this I	Part VI	<u></u>	<u>·</u>	
						Y	es No
<b>47</b> Did	the organization engage in lobbying activities	or have a section 501(h)	election in effect during	the tax		1 1	Ì
•	ar? If "Yes," complete Schedule C, Part II.					47	<u> </u>
	the organization a school as described in secti		· ·			48	Х
<b>49a</b> Did	the organization make any transfers to an ex-	empt non-charitable relate	ed organization?			49a	X
b If"	Yes," was the related organization a section 5	27 organization?				[49b]_	
	mplete this table for the organization's five hig		•		-		
em	ployees) who each received more than \$100,0	000 of compensation from	the organization If there	e is none, enter "N	lone "		
		(b) Average	(c) Reportable	(d) Health ber			
	(a) Name and title of each employee	hours per week	compensation	contributions to e		<ul><li>(e) Estimated a other compe</li></ul>	
		devoted to position	(Forms W-2/1099-MISC)	compensa			
							<del></del>
						<u> </u>	
						_	
			<u> </u>				
					ļ		
-							
					1		
<b>f</b> Tot	tal number of other employees paid over \$100	,000	▶ 0				
<b>51</b> Co	mplete this table for the organization's five hig	hest compensated independent	endent contractors who e	ach received mor	e than		
\$10	00,000 of compensation from the organization	n. If there is none, enter "I	None "				
			(h) T (			2	
	(a) Name and business address of each independ	ient contractor	(b) Type of sen	vice	(c) (	Compensation	
			Ì	ì			
			]				
			1	1			
<b>d</b> To	tal number of other independent contractors e	ach receiving over \$100.0	000	▶ 0			
<b>52</b> Did	d the organization complete Schedule A? No	ote: All section 501(c)(3)					
	mpleted Schedule A		•			<b>X</b> Yes	No
	ties of perjury, I declare that I have examined this r						ef, it is
	, and complete Declaration of preparer (other than				•	•	
	La Tra	<del> </del>		3-	10-14		
Sign	Signature of officer			Date			
Here	Kevin Tuthill, Tre	asurer					
	Type or print name and title	<u></u>			<del></del>		
Doi:-	Print/Type preparer's name	Preparer's signature	TD	ate	Check	ıf PTIN	
Paid	Thomas J Schmitt	Thomas J So	hmitt 0	5/10/201		"	10263
Prepare	Firm's name & Chami			Firm's		<u> </u>	
Use Onl	Firm's address > 277 England		<u> </u>	Phone			
	Cumberland, RI 02864				1) 524-	-9657	
May the IRS	S discuss this return with the preparer shown			1(40.	- / 544	►X Yes	□No
UYA			<del></del>				- <b>EZ</b> (2016)
J 17						LOUIN 220	(2010

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

OMB No 1545-0047

Inte	eri	national Associat:	ion of Fi	re Fighters			05-6019407	
Part	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The or	gar	nization is not a private founda	tion because it is	s: (For lines 1 through	n 12, che	ck only o	ne box.)	
1 [	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2 [	] A	A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E	(Form 99	0 or 990-	·EZ) )	
3	=	A hospital or a cooperative hos						
4	] /	A medical research organization	n operated in co	injunction with a hosp	ital desc	ribed in <b>s</b>	ection 170(b)(1)(A)	(iii). Enter the
		nospital's name, city, and state						
5 [	_	An organization operated for th section 170(b)(1)(A)(iv). (Com		llege or university ow	ned or op	perated b	y a governmental u	nit described in
6 [	] /	A federal, state, or local govern	nment or govern	mental unit described	in section	on 170(b	)(1)(A)(v).	
7 [	] /	An organization that normally r	eceives a substa	antial part of its suppo	ort from a	governn	nental unit or from t	he general public
	C	described in section 170(b)(1)	(A)(vi). (Comple	ete Part II.)				
8 [	] /	A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II)			
9		An agricultural research organı					•	
		or university or a non-land gran	nt college of agri	culture (see instruction	ons). Ente	er the nar	ne, city, and state o	f the college or
		university:						
	_ 8	An organization that normally receipts from activities related support from gross investment acquired by the organization at	ter June 30, 197	′5. See <b>section 509</b> (	<b>a)(2).</b> (Co	mplete F	Part III)	hip fees, and gross 33 1/3% of its businesses
11 [	==	An organization organized and	-	•	-			
12 _		An organization organized and						
		one or more publicly supported he box in lines 12a through 12	-					
_	$\Box$	Type I. A supporting organiz		• • • • • • • •	-			-
а	ш	the supported organization(s)	•	•	-			
		organization. You must com	•		ot a majo	nity of the	e directors or trustee	ss of the supporting
b		Type II. A supporting organiz	•		nection w	ith its sur	norted organization	n(s) by having
	ш	control or management of the	•					
		organization(s). You must co				0.00,.00		,
С	$\Box$	Type III functionally integra	•		ted in co	nnection	with, and functional	ly integrated with.
_		its supported organization(s)						,,
d	$\Box$	Type III non-functionally in						ted organization(s)
		that is not functionally integra						
		requirement (see instructions	).You must cor	nplete Part IV, Secti	ions A ar	nd D, and	d Part V.	
е		Check this box if the organiza	ation received a	written determination	from the	IRS that	it is a Type I, Type	II, Type III
		functionally integrated, or Tyl		onally integrated supp	orting or	ganizatıo	n.	
f		nter the number of supported o						
<u>g</u>	Pr	ovide the following information	about the supp	orted organization(s)			<del> </del>	
	(i) N	ame of supportedorganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?		(vi) Amount of other support (see instructions)
					V	No.		
					Yes	No	<del></del>	
(A)								
(B)								
(C)				· · · · · · · · · · · ·				
(D)								
(E)								
 Total			<del></del>		<del> </del>	<del></del>		<del> </del>
				<u> </u>	1	<u> </u>	1	<u> </u>

Schedule A (Form 990 or 990-EZ) 2016 International Association of Fire Fighters 05-6019407 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 . . . . . . 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from sımılar Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) . . . . 14 14 % 16 a 33 1/3 % support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this ightharpoonsb 33 1/3 % support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 

Schedule A (Form 990 or 990-EZ) 2016 International Association of Fire Fighters 05-6019407 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")		63,251.	48,067.	50,976.	68,695.	230,989.
2	Gross receipts from admissions, merchandise				_		
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities		ļ	ļ			ł
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		63,251.	48,067.	50,976.	68,695.	<u>230,989.</u>
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3			ļ			
	received from other than disqualified						
	persons that exceed the greater of \$5,000		ļ				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		<u> </u>				<u>230,989.</u>
	on B. Total Support					<del></del>	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		63,251.	48,067.	50,976.	68,695.	230,989.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources		422.	499.	39.	35.	995.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						ļ
	acquired after June 30, 1975						
	Add lines 10a and 10b		422.	499.	39.	35.	995.
11	Net income from unrelated business						1
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or	!	1			}	1
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		60 6-0	40 -66	-4 04-	60 500	004 004
4.4	and 12.)		63,673.	48,566.	51,015.	68,730.	231,984.
14	First five years. If the Form 990 is for the						
Cooti	organization, check this box and stop her		<u></u>	<del></del>	<del></del>	<u> </u>	
<u>Secti</u>	on C. Computation of Public Suppo			2 12 polyman /	£\\	145	00 57%
	Public support percentage for 2016 (line					15	99.57%
16	Public support percentage from 2015			<u> 15 </u>	<u>.</u>	10	99.92%
	on D. Computation of Investment In			by line 12 col	luman (f))	147	00 43%
17 10	Investment income percentage for 2016			·-		. 17	00.43%
18	Investment income percentage from 20					. 18	00.00%
19a	33 1/3 % support test-2016. If the organ						
h	line 17 is not more than 331/3%, check this		_				
b	33 1/3 % support test–2015. If the organiance 18 is not more than 331/3 %, check this						
20	Private foundation. If the organization d	-	_	•			
20	Frivate foundation. If the organization of	iu not check a	DOX OIT IIITE 14	, 19a, 01 19b,	CHECK THIS DOX	and see mistr	uctions -

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		l
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		•
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			├─
C	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		ļ
4-		30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			-
	despite being controlled or supervised by or in connection with its supported organizations.	4b	<u> </u>	<b>↓</b>
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		ļ	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			-
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	Ì		ì
	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN	1	1	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,	1		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		Ĭ
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also		1	}
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		1	Ì
	Part VI.	6	i	1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	$\overline{}$	<del> </del>	<del> </del>
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	~ ~-	-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>	├──	+
o		<u>-</u> 8		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	⊢ <del>°</del>	<del> </del>	<del></del>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	İ		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		-	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<b>├</b> ──	┿
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			-
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<b>↓</b> —	₩-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с	ļ	<del></del>
10a		1		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		_	1
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	L	1	
	determine whether the organization had excess business holdings.)	10b	1	

	e A (Form 990 or 990-EZ) 2016 International Association of Fire Fighters 05-60	194	07 P	age <b>5</b>
Part	V Supporting Organizations (continued)		V [	M-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	<u>No</u>
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	on B. Type I Supporting Organizations	116		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			,
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		- ·
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		-
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			,
	the supported organization(s).	1		· ·
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	İ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			:
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		- •
3	By reason of the relationship described in (2), did the organization's supported organizations have a			_
_	significant voice in the organization's investment policies and in directing the use of the organization's	ļ		
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			ر
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s)·
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.		01,0,,,	-7.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see i	nstruc	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	-	-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			<del>                                     </del>
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			-
3	Parent of Supported Organizations Answer (a) and (b) below.	2b	+-	$\vdash$
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			'
b	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	-
_	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 International Association of Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying See instructions. All other Type III non-functionally integrated supporting or			
Section A - Adjusted Net Income	igai	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	1	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ir	ntegrated Type III suppor	ting organization (see

Part	V Type III Non-Functionally Integrated 509(a)(	Clation of F1 3) Supporting Organ	re <u>Fignters u</u> nizations (continued)	5-6019407 Page 7
	on D - Distributions	о, с - ррессыя - 19		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		<del></del>
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		rted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	)		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6	<del></del>		
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instr			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	<del></del>			
f	Total of lines 3a through e	<u> </u>		
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u> _	Carryover from 2011 not applied (see instructions)			
<u>_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u>-</u> _a				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			
IVA		<del> </del>		. /

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

►Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number				
International Association of Fire Fighters	05-6019407				
	·				

Name of the organization	Employer identification number
International Association of Fire Fighters	05-6019407
Part I Line 10	
Grants and other assistance to domestic organizations and government	ernments \$4382.00
Part I Line 10	
Grants and other assistance to domestic individuals \$200	0.00
Part I Line 16	-
Advertising and promotion \$139.00	
Part I Line 16	
Other office expenses \$500.00	
Part I Line 16	
Conferences, conventions, and meetings \$1404.00	
Part I Line 16	
Payments to affiliates \$16387.00	
Part I Line 16	
Ball Expenses \$16744.00	
Part I Line 16	
Misc Expenses \$7245.00	
Part I Line 16	
Honor Guard \$1622.00	