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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

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.

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
INTERNATIONAL ASSOCIATION OF FIREFIGHTER
LOCAL 404 WALLA WALLA
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1773
City or town, state or province, country, and ZIP or foreign postal code
WALLA WALLA, WA 99362

D Employer identification number
91-6053938
E Telephone number
(509) 240-2760
F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ☐

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.WWPFLOCAL404.ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 161,545

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)				
		Check if the organization used Schedule O to respond to any question in this Part I ☒				
Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,200	
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3	87,130	
	4	Investment income		4	1,275	
	5a	Gross amount from sale of assets other than inventory	5a	70,000	5c	13,172
	b	Less cost or other basis and sales expenses	5b	56,828		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Gaming and fundraising events		6d		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c	Less direct expenses from gaming and fundraising events	6c				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)					
7a	Gross sales of inventory, less returns and allowances	7a		7c		
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)		8	1,940		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	104,717		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	25,240	
	11	Benefits paid to or for members		11		
	12	Salaries, other compensation, and employee benefits		12	6,000	
	13	Professional fees and other payments to independent contractors		13		
	14	Occupancy, rent, utilities, and maintenance		14	4,803	
	15	Printing, publications, postage, and shipping		15		
	16	Other expenses (describe in Schedule O)		16	46,057	
17	Total expenses. Add lines 10 through 16		17	82,100		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	22,617	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	121,105	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	143,722	

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	39,666	22	68,220
23 Land and buildings	0	23	50,575
24 Other assets (describe in Schedule O)	81,439	24	24,927
25 Total assets	121,105	25	143,722
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	121,105	27	143,722

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III ☒
 What is the organization's primary exempt purpose?
 REPRESENT LOCAL FIREFIGHTERS IN CONTRACT NEGOTIATIONS WITH THE CITY OF WALLA WALLA AND SUPPORT LOCAL FIREFIGHTERS IN THEIR DAILY WORK ENVIRONMENT/ACTIVITIES
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here ☐		
30	30a	
(Grants \$) If this amount includes foreign grants, check here ☐		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☒	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRIS WORDEN	3 00	0	0	0
PRESIDENT				
ERIC WOOD	3 00	0	0	0
VICE-PRESIDENT				
BRYAN MCINTIRE	3 00	0	0	0
TREASURER				
MATT RICKS	3 00	0	0	0
SECRETARY				
PAUL RENWICK	3 00	0	0	0
DIRECTOR				
JAY JONES	3 00	0	0	0
DIRECTOR				
BRANDON MCKINNEY	3 00	0	0	0
DIRECTOR				
CHRIS MACDONALD	3 00	0	0	0
DIRECTOR				
FRED HECTOR	3 00	0	0	0
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Yes	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 1,250	37a		
b Did the organization file Form 1120-POL for this year?	37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed ▶			
42a The organization's books are in care of ▶ <u>PAUL RENWICK</u> Telephone no ▶ <u>(509) 240-2760</u> Located at ▶ <u>175 S PARK STREET WALLA WALLA, WA</u> ZIP + 4 ▶ <u>99362</u>			
b 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)?	42b		No
If "Yes," enter the name of the foreign country ▶ _____			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
If "Yes," enter the name of the foreign country ▶ _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	▶	☐ Yes ☐ No
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2017-11-08 Date		
	PAUL RENWICK, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL A DANDREA, CPA	Preparer's signature	Date 2017-11-08	Check ☐ if self-employed	PTIN P00078856
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
	Firm's address ▶ 312 NORTH 2ND AVENUE PO BOX 998 WALLA WALLA, WA 99362			Phone no. (509) 525-1410	

	May the IRS discuss this return with the preparer shown above? See instructions	▶	☒ Yes ☐ No
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Additional Data

Software ID:

Software Version:

EIN: 91-6053938

Name: INTERNATIONAL ASSOCIATION OF FIREFIGHTER
LOCAL 404 WALLA WALLA

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 REPRESENT LOCAL FIREFIGHTERS IN CONTRACT NEGOTIATIONS WITH THE CITY OF WALLA WALLA AND SUPPORT LOCAL FIREFIGHTERS IN THEIR DAILY WORK ENVIRONMENT/ACTIVITIES (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	0

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: INTERNATIONAL ASSOCIATION OF FIREFIGHTER
LOCAL 404 WALLA WALLA

EIN: 91-6053938

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service		

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization INTERNATIONAL ASSOCIATION OF FIREFIGHTER LOCAL 404 WALLA WALLA	Employer identification number 91-6053938
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Part I-A	Complete if the organization is exempt under section 501(c) or is a section 527 organization.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV
2	Political expenditures ▶ \$ 1,250
3	Volunteer hours 0

Part I-B	Complete if the organization is exempt under section 501(c)(3).
1	Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a	Was a correction made? ☐ Yes ☐ No
b	If "Yes," describe in Part IV

Part I-C	Complete if the organization is exempt under section 501(c), except section 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 1,250
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 1,250
4	Did the filing organization file Form 1120-POL for this year? ☐ Yes ☒ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	Yes
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART I-A, LINE 1	CONTRIBUTIONS TO POLITICAL CANDIDATES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL ASSOCIATION OF FIREFIGHTER
LOCAL 404 WALLA WALLA

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**

Employer identification number

91-6053938

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION TAX EXEMPT INTEREST INCOME AMOUNT 135 DESCRIPTION TAXABLE INTEREST INCOME AMOUNT 23 DESCRIPTION CAPITAL GAIN DIVIDEND DISTRIBUTION AMOUNT 727 DESCRIPTION DIVIDEND INCOME AMOUNT 390 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 1,275

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION EXPENSE REIMBURSEMENTS AMOUNT 1,940

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME INTERNATIONAL ASSOCIATION OF FIREFIGHTERS AFFILIATE ADDRESS 1750 NEW YOR K AVENUE N W WASHINGTON, DC 20006 PURPOSE OF PAYMENT DUES TO INTERNATIONAL ORGANIZATION AMOUNT OF PAYMENT 6,588

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	AFFILIATE NAME WASHINGTON STATE COUNCIL OF FIREFIGHTERS AFFILIATE ADDRESS 1069 ADAMS STREET SOUTHWEST OLYMPIA, WA 98501 PURPOSE OF PAYMENT DUES TO STATE COUNCIL AMOUNT OF PAYMENT 10,958 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 17,546

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CHARITABLE DONATION GRANTEE NAME WALLA WALLA FIREFIGHTERS BENEVOLENT ASSOCIATION GRANTEE ADDRESS PO BOX 1773 WALLA WALLA, WA 99362 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/31/16 AMOUNT GIVEN 5,600

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CHARITABLE DONATION GRANTEE NAME WSCFF BURN FOUNDATION GRANTEE ADDRESS PO BOX 6383 KENT, WA 98064 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CA SH DATE OF GIFT 01/11/16 AMOUNT GIVEN 44

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CHARITABLE DONATION GRANTEE NAME WALLA WALLA VALLEY LITTLE LEAGUE GRANTEE ADDRESS PO BOX 1321 WALLA WALLA, WA 99362 GRANTEE RELATIONSHIP NONE PROPER TY DESCRIPTION CASH DATE OF GIFT 07/14/16 AMOUNT GIVEN 400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CHARITABLE DONATION GRANTEE NAME WALLA WALLA FFA GRANTEE ADDRESS 800 ABBOTT ROAD WALLA WALLA, WA 99362 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 07/14/16 AMOUNT GIVEN 400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION POLITICAL DONATION GRANTEE NAME JAY INSLEE FOR WASHINGTON GRANTEE ADDRESS PO BOX 21067 SEATTLE, WA 98111 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 06/13/16 AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION POLITICAL DONATION GRANTEE NAME COMMITTEE TO ELECT CRAIG PATTI GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 06/27/16 AMOUNT GIVEN 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION POLITICAL DONATION GRANTEE NAME FRIENDS OF LANE WALTHERS GRANT EE ADDRESS PO BOX 615 ENUMCLAW, WA 98022 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTIO N CASH DATE OF GIFT 07/05/16 AMOUNT GIVEN 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION POLITICAL DONATION GRANTEE NAME ANDREW RONIE FOR COMMISSIONER GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 04/08/16 AMOUNT GIVEN 150 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 7,694

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONFERENCES, CONVENTIONS, AND MEETINGS AMOUNT 3,090 DESCRIPTION FIREHOUSE SUBSCRIPTIONS EXPENSE AMOUNT 449 DESCRIPTION FIREHOUSE TELEVISION/INTERNET EXPENSE AMOUNT 5,267 DESCRIPTION FIREHOUSE SUPPLIES EXPENSE AMOUNT 7,366 DESCRIPTION EQUIPMENT RENTAL/MAINTENANCE AMOUNT 3,918 DESCRIPTION OFFICE EXPENSE AMOUNT 3,701 DESCRIPTION ACCOUNTING EXPENSE AMOUNT 1,925 DESCRIPTION PAYROLL TAX EXPENSE AMOUNT 590 DESCRIPTION LEGAL EXPENSE AMOUNT 3,396 DESCRIPTION DEPRECIATION EXPENSE AMOUNT 1,319 DESCRIPTION TRAVEL EXPENSE AMOUNT 3,784 DESCRIPTION INSURANCE EXPENSE AMOUNT 174 DESCRIPTION RECOGNITION/RETIREMENT AMOUNT 4,056 DESCRIPTION DUES/SUBSCRIPTIONS AMOUNT 774 DESCRIPTION FIREMEN BENEVOLENT EXPENSE AMOUNT 2,018 DESCRIPTION MEALS EXPENSE AMOUNT 3,035 DESCRIPTION FUNDRAISING EXPENSE AMOUNT 1,195 TOTAL TO FORM 990-EZ, LINE 16 46,057

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PRIMERICA MUTUAL FUNDS BEG OF YEAR AMOUNT 79,136 END OF YEAR AMOUNT 23,560 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 2,303 END OF YEAR AMOUNT 1,367