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_{Form} 990

Department of the Treasury Internal Revenue Service

For the 2017 calendar year, or tax year beginning

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.

, and ending

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

В	Check if	applicable	C Name of organization	ALASKA PROFESSIO	NAL FIREFIGHT	ERS ASS'N		D Employer	identifi	ication number	r	
Ш	Address	change	Doing business as			<u></u>			_			
	Name ch	ange	Number and street (or P of 13705 ARCTIC B LVD	D box if mail is not delivered to	to street address)	Room/suite		20-2016474 E Telephone				
\exists	Initial reti	,m	City or town	100	State	ZIP code		·		ı		
H			ANCHORAGE		AK	99503-577	4	(907) 590-2	109			
Ш	Final return	n/terminated	Foreign country name	Foreign province/s	state/county	Foreign postal						
	Amended	retum						G Gross rece	eipts \$		11	2,265
П	Application	on pending	F Name and address of pri	ncipal officer			H(a) is th	is a group return f	or suboro	dinates?	Yes	X No
_		, ,	DOMINIC LOZANO. F	O Box 111222, Anchor	rage, AK 9951	1-1222		e all subordinate		=	Yes	≓ No
$\overline{}$	Tax-exem	nt etatue	501(c)(3) X 501(c			6 4	1 ' '	No," attach a lis			_	
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8	3 4		of voting members of to independent voting			VI line 1h)			4			<u>6</u>
Activities & Governance	5		mber of individuals em						5			
ž	6		mber of volunteers (est		2017 (1 011 4, 1				6			<u>~</u>
Act	7a		related business reven		nn (C), line 12		•	·	7a			0
	b		elated business taxable						7b			0
								Prior Year		Curren		
9	8		tions and grants (Part			82	,022			<u>0,340</u>		
e u	9		service revenue (Part				0			<u>1,925</u>		
Revenue	10		ent income (Part VIII, c		ļ		0			0		
_	11		venue (Part VIII, colum						0		44	0
	12		enue—add lines 8 throug			ne 12)	 	82	0.022		11.	2,265 100
	13 14		ind similar amounts pa paid to or for members						0			100
rn.	ــما		other compensation, em			s 5–10)	26,512				2	6,208
Expenses	16a		onal fundraising fees (I			00 10,	20,012					0,200
per	b	Total fun	draising expenses (Pa	rt IX. column (D), line 2	25	0						
ŭ	17	Other ex	penses (Part IX, colum	nn (A), lines 11a–11d, 1	11-24e) (E(FIVED		58	,198		7	1,853
	18	Total exp	penses Add lines 13-1	7 (must equal Part IX,	column (A), line	25)	701	84	,710		98	8,161
	19	Revenue	e less expenses Subtra	act line 18 from line 12	NOV-	1 2 2010	SI		,688		14	4,104
Net Assets or Fund Ralances	8				a IVUV	1 9 7018		ing of Current		End of		
Rate	20		sets (Part X, line 16)		0617		IK	31	536		4:	5,607
Z E	21		oilities (Part X, line 26)	ubtract line 21 from line	L OGD	EN, UT	 	30	798		4.	765 4,842
	e 22 art II	i.	ets or fund balances S nature Block	ubtract line 21 mont line	3 20				,730]			4,042
			, I declare that I have examin	ed this return, including accor	npanying schedules	and statements	and to the	e best of my kno	owledge			
and	belief, it i	s true, corre	ct, and complete. Declaration	of preparer (other than office	r) is based on all infe	ormation of which	n preparer	has any knowle	edge			
Sig	an		XXX					X	11/2	118		
He	_		Signature of officer	\mathcal{X}				Date	•	,		
			DOMINIC LOZÁNO			SEC	'Y-TRE	ASURER				
			Type or print name and title	182			I D.		 	LOTIN		
D.	:-4	Print	/Type preparer's name	Preparers	s signature	11/1/1-1	Date		neck [if PTIN		l
Pa	iid eparer	DO	UG MORRIS, CPA	Dou	XW (1/	NULTUY	10/	31/2018 se	elf-emplo	oyed P001	47428	<u>3</u>
	e Only		s name ► ALASKA	ACCOUNTING SERVI	CES, INC			Firm's EIN 🕨	92-01	16386		
_		Firm	's address ► 3705 ARC	TIC BLVD 485, ANCH	ORAGE, AK 9	9503-5774			907) 2	276-5095		
Ma	y the IF		s this return with the pr							Ye	es l	No
	· Danas	1.5-1		ha aanarata inatrustian		·					- No.	(2017)

Statement of Program Service Accomplishments Service (Code (Schedule) Contains a response or note to any line in this Part III () 1		990 (2017)	ALASKA PROFESSIONAL FIREFIGHTERS ASS'N	20-2016474	Page 2
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 cr	Pa		Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III.		
SEE PART I, PAGE 1, Line 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule 0 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services in the services of the organization cease conducting, or make significant changes in how it conducts, any program services in the services of the organization sprogram service accomplishments for each of list three largest program services, as measured by expenses Section 901(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses and revenue, if any, for each program service reported 42 (Code) (Expenses \$ including grants of \$) (Revenue \$) 43 (Code) (Expenses \$ including grants of \$) (Revenue \$) 44 (Code) (Expenses \$ including grants of \$) (Revenue \$) 45 (Code) (Expenses \$ including grants of \$) (Revenue \$) 46 (Code) (Expenses \$ including grants of \$) (Revenue \$) 47 (Revenue \$) (Revenue \$) (Revenue \$) 48 (Code) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)	1	Briefly de	scribe the organization's mission		
2 Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-E2? If "Yes," describe these new services on Schedule O 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported COMPERENCES & CONVENTIONS - BROUGHT FIREFIGHTERS TOGETHER FOR EDUCATION AND TRAINING 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) COMPERENCES & CONVENTIONS - BROUGHT FIREFIGHTERS TOGETHER FOR EDUCATION AND TRAINING \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) Expenses \$ including grants of \$) (Revenue \$) Expenses \$ including grants of \$) (Revenue \$)		SEE PAR	T I. PAGE 1. Line 1		
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Part	IV Checklist of Required Schedules			
	1		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	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
	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)	Ì		1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N/A	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			l
	Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	- 1		l
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"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,"	- [l
	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			ł
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			1
	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,	115		
	VII, VIII, IX, or X as applicable	拉鞋	31	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			1
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	- 1		l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	$ldsymbol{\sqcup}$	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l	
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements 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
	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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	$\vdash \vdash \vdash$	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.		v
	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

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Form 990 (2017)

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Form 9	990 (2017) ALASKA PROFESSIONAL FIREFIGHTERS ASS'N	20-2016474	Р	age 4
Par	Checklist of Required Schedules (continued)		·····	
	1		Yes	No
	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	N/A	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	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 on			ŀ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			İ
	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			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			İ
	24b through 24d and complete Schedule K If "No," go to line 25a .	. 24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			İ
	to defease any tax-exempt bonds?		N/A	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A	ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/A	
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1 1		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b	N/A	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1 _ 1		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	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		_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		V
	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,	24		V
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	22		V
	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	00		V
	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,	94		v
	III, or IV, and Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		-	
Þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	256	N/A	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36	N/A	
	organization? If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Į
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		X
	VI	37	\vdash \vdash	-^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	Í

19? Note. All Form 990 filers are required to complete Schedule O

Form 9	990 (2017) ALASKA PROFESSIONAL FIREFIGHTERS ASS'N	20-201	<u>6474</u>	F	age (
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
•	Check if Schedule O contains a response or note to any line in this Part V	•			Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	o	1:::	1111	7.4.7
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . 1b	0		* *	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and repor	table	;;;;	4	
_	gaming (gambling) winnings to prize winners?	İ	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1711	::::	17:
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5	HH	1	F - 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	· .	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ľ	****	1 7 4 4	11.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	ļ		N/A	+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	nority		-	┢
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ŀ	
	account)?	1	4a]	X
b	If "Yes," enter the name of the foreign country	ľ	12:1	27.15	T
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According to the control of	ounts	****	1121	1
	(FBAR)		::::	1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	İ	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	₀ 2	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	N/A	
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?	ļ	6a	Ì	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or i			
-	gifts were not tax deductible?		6b	N/A	1
7	Organizations that may receive deductible contributions under section 170(c).		****	1212	:::
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds	<u> </u>		
	and services provided to the payor?		7a	N/A	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	[7b	N/A	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	Ţ			
	required to file Form 8282?		7c	N/A	
d	If "Yes," indicate the number of Forms 8282 filed during the year	N/A		*:::	4++
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	act? .	7e	N/A	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	' . [7f	N/A	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F		7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	/ the	::::	::::	444
	sponsoring organization have excess business holdings at any time during the year?	ļ	8	N/A	
9	Sponsoring organizations maintaining donor advised funds.		:::::	::::	: 3.4
а	Did the sponsoring organization make any taxable distributions under section 4966?			N/A	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	N/A	
10	Section 501(c)(7) organizations. Enter		****		7.5
а	Initiation fees and capital contributions included on Part VIII, line 12	N/A	###		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	N/A		11:5	***
11	Section 501(c)(12) organizations. Enter			***	
а	Gross income from members or shareholders	N/A		****	****
b	Gross income from other sources (Do not net amounts due or paid to other sources			::::	***
	against amounts due or received from them)		::::		144
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a	N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]	N/A		***	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	171;	::::	117
а	Is the organization licensed to issue qualified health plans in more than one state?	ļ	13a	N/A	
	Note. See the instructions for additional information the organization must report on Schedule O			1	
þ	Enter the amount of reserves the organization is required to maintain by the states in which	,,,		4 4 4 4	111
	the organization is licensed to issue qualified health plans	N/A	***		
C	Enter the amount of reserves on hand	N/A	****	11:1	1::::
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	N 1 / 6	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	N/A	<u> </u>

Form 990 (2017)	ALASKA PROFESSIONAL FIREF	IGHTERS ASS'N	ı						· · · · · · · · · · · · · · · · · · ·	20-20164	174 Page 7
Part VII	Compensation of Officers, Dire	ectors, Truste	es, K	(ey	Em	nplo	oyee	s, i	Highest Comp	ensated	
	Employees, and Independent C	Contractors									r
<u> </u>	Check if Schedule O contains a r	esponse or no	te to	any	/ lir	ne ii	n this	s Pa	art VII .		· _ LJ _
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Con	npe	nsat	ed E	Employees		
1a Complete t	his table for all persons required to be	listed Report co	mper	ısatı	on f	for t	he ca	ilen	dar year ending	with or within the	•
organization's	tax year										
	of the organization's current officers, d						luais	or c	organizations), re	gardless of amo	unt
•	on Enter -0- in columns (D), (E), and (•			-						
	of the organization's current key emplo										
	organization's five current highest con										
	reportable compensation (Box 5 of For nd any related organizations	iii vv-2 and/or bo	JX / C	יו רכ	1111	109	-IIVII	30)	or more man \$1	00,000 110111 the	
-	of the organization's former officers, ke	v employees ar	nd bio	hae	-	mne	aneat	ad a	amployees who	ecewed more th	en
	portable compensation from the organ							cu (employees who i	eceived more th	arr
	of the organization's former directors							ity:	as a former direc	tor or trustee of	the
	nore than \$10,000 of reportable compe										
List persons in	the following order individual trustees	s or directors, ins	titutio	nal	trus	tee	s, offi	cer	s, key employee:	s, highest	
compensated	employees, and former such persons										
Check this	s box if neither the organization nor an	y related organiz	ation	con	ipei	nsat	ted a	ny c	urrent officer, dir	ector, or trustee	
					(0	>)					
			,,		Posi					<i>i</i>	450
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any			lad	irecto	or/trust	_	compensation from	compensation from related	amount of other
		hours for	or d	nst	Officer	9	鲁章	Former	the	organizations	compensation
		related organizations	individual trustee or director	Institutional	ĕ	amt.	est o	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	약률	a		oye	ē ğ	ŀ	(** 2 1000 111100)		and related
		line)	/A	151	- 1	* 1	2		ľ		organizations
		"""	itee	듗	1	اٿا	١೫				l significations
		inie)	\$1800 	trustee			ensated				0.ga.,120.10
(1) THOMA	S WESCOTT		stee	ustee	_		Highest compensated employee				o gameanono
	S WESCOTT	7 50	stee X	ustee	x		ensated		9,000		
PRESIDENT		7 50	- · · · · ·	ustee			ensated	-	9,000		
PRESIDENT (2) DOMON	IIC LOZANO		- · · · · ·	ustee			ensated		9,000		
PRESIDENT	IIC LOZANO URER	7 50	Х	ustee	X		ensated				
PRESIDENT (2) DOMON SEC'Y-TREAS	IIC LOZANO SURER AMBY	7 50 5 00	Х	ustee	X		ensated				
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas	IIC LOZANO SURER AMBY	7 50 5 00	x	ustee	x x		ensated		4,750		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN PAST SEC'Y-T	IIC LOZANO SURER AMBY Ska VP PARTCH TREASURER	7 50 5 00 2 50 5 00	x	ustae	x x		ensated		4,750		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M	IIC LOZANO SURER AMBY Ska VP PARTCH FREASURER IRANDA	7 50 5 00 2 50	x x x	ustee	x x x		ensated		4,750 1,250 2,500		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN PAST SEC'Y-T (5) PAUL M Southcentral A	IIC LOZANO SURER AMBY Ska VP PARTCH TREASURER IRANDA	7 50 5 00 2 50 5 00 2 50	x x	ustee	x x		ensated		4,750 1,250		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F	IIC LOZANO SURER AMBY Ska VP PARTCH TREASURER IRANDA Jaska VP	7 50 5 00 2 50 5 00	x x x x	ustee	x x x		ensated		4,750 1,250 2,500 3,000		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S	IIC LOZANO BURER AMBY Ska VP PARTCH REASURER IRANDA Jaska VP UETTE Southeast Alaska VP	7 50 5 00 2 50 5 00 2 50	x x x	ustee	x x x		ensated		4,750 1,250 2,500		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S (7) KEVIN I	IIC LOZANO BURER AMBY Ska VP PARTCH TREASURER IRANDA Jaska VP TUETTE Southeast Alaska VP	7 50 5 00 2 50 5 00 2 50	x x x x	ustee	x x x x		ensated		4,750 1,250 2,500 3,000 1,750		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S (7) KEVIN I Replacement I	IIC LOZANO SURER AMBY Ska VP PARTCH TREASURER IRANDA Jaska VP TUETTE Southeast Alaska VP NELSON INTERIOR OF THE TOP TOP TOP TOP TOP TOP TOP TOP TOP TOP	7 50 5 00 2 50 5 00 2 50 2 50	x x x x	ustee	x x x		ensated		4,750 1,250 2,500 3,000		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S (7) KEVIN I Replacement I (8) KELLY F	IIC LOZANO SURER AMBY Ska VP PARTCH TREASURER IRANDA Ilaska VP TUETTE Southeast Alaska VP NELSON Interior VP	7 50 5 00 2 50 5 00 2 50	x x x x x	ustae	x x x x		ensated		4,750 1,250 2,500 3,000 1,750		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S (7) KEVIN I Replacement I (8) KELLY F IAFF 7th District	IIC LOZANO SURER AMBY Ska VP PARTCH TREASURER IRANDA Ilaska VP TUETTE Southeast Alaska VP NELSON Interior VP	7 50 5 00 2 50 5 00 2 50 2 50	x x x x	ustee	x x x x		ensated		4,750 1,250 2,500 3,000 1,750		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S (7) KEVIN I Replacement I (8) KELLY F	IIC LOZANO SURER AMBY Ska VP PARTCH TREASURER IRANDA Ilaska VP TUETTE Southeast Alaska VP NELSON Interior VP	7 50 5 00 2 50 5 00 2 50 2 50	x x x x x	ustee	x x x x		ensated		4,750 1,250 2,500 3,000 1,750		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S (7) KEVIN I Replacement I (8) KELLY F IAFF 7th District (9)	IIC LOZANO SURER AMBY ska VP PARTCH TREASURER IRANDA llaska VP SUETTE Southeast Alaska VP NELSON Interior VP FOX	7 50 5 00 2 50 5 00 2 50 2 50	x x x x x	ustee	x x x x		ensated		4,750 1,250 2,500 3,000 1,750		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S (7) KEVIN I Replacement I (8) KELLY F IAFF 7th District (9)	IIC LOZANO SURER AMBY Ska VP PARTCH TREASURER IRANDA Ilaska VP TUETTE Southeast Alaska VP NELSON Interior VP	7 50 5 00 2 50 5 00 2 50 2 50	x x x x x	ustee	x x x x		ensated		4,750 1,250 2,500 3,000 1,750		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S (7) KEVIN I Replacement I (8) KELLY F IAFF 7th District (9) (10)	IIC LOZANO SURER AMBY ska VP PARTCH TREASURER IRANDA llaska VP SUETTE Southeast Alaska VP NELSON Interior VP FOX	7 50 5 00 2 50 5 00 2 50 2 50	x x x x x	ustee	x x x x		ensated		4,750 1,250 2,500 3,000 1,750		
PRESIDENT (2) DOMON SEC'Y-TREAS (3) PAUL H. Southeast Alas (4) BRIAN I PAST SEC'Y-T (5) PAUL M Southcentral A (6) MARK F Replacement S (7) KEVIN I Replacement I (8) KELLY F IAFF 7th District (9)	IIC LOZANO SURER AMBY ska VP PARTCH TREASURER IRANDA llaska VP SUETTE Southeast Alaska VP NELSON Interior VP FOX	7 50 5 00 2 50 5 00 2 50 2 50	x x x x x	ustee	x x x x		ensated		4,750 1,250 2,500 3,000 1,750		

more than \$100,000 of compensation from the organization

(A) Name and trile		(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than or box, unless person is both a officer and a director/truste employee officer and a director/truste individual trustee or director		one i an ee)	(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 ompensation from the organization and related organizations			
(15)												
(16)												
(17)												
(18)												
(19)												
(20)				<u> </u>							_	
(21)				-							+	
(22)												
(23)											+	· •
(24)							ļ				_	
(25)			<u></u>									
1b c d	Sub-total Total from continuation sheets to Part VII, State (add lines 1b and 1c)				<u>-</u>			▶ ▶	24,000 0 24,000		0	0 0 0
2	Total number of individuals (including but not lii reportable compensation from the organization		ited a		e) v 0	vho ——	recei	ved	more than \$100	,000 of		
3	Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Sched				oye	e, o	r high	nest	compensated		3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	of reportable con ater than \$150,00	npens 007 <i>If</i>	satio "Ye	on a es, "	nd o	other oplete	con Sc	npensation from hedule J for sucl	ז	4	X
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "You									ridual	5	
	tion B. Independent Contractors						that .		wad mare then	100 000 of	.,	
1	Complete this table for your five highest compe compensation from the organization. Report co year	mpensation for t	the ca	alen	dar	yea	r end	ing	with or within the	organizatio	n's tax	
	(A) Name and business add	ress							(B) Description of sen	rices		(C) ensation
	NONE										· · · · ·	
												
2	Total number of independent contractors (include	ding but not limit	ed to	tho	se l	ste	d abo	ve)	who received	500		

Form	990 (20	17) ALASKA PROFESSIONA	AL FIREFIGH	TER	S ASS'N			20-2016	474 Page 9
Par	t VIII								
		Check if Schedule O contain	s a response	or r	note to any line in	this Part VIII			
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue cxcluded from tax under sections 512-514
9 s	1a	Federated campaigns		1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	83,684				
عَ وَ	С	Fundraising events		1c	0				
ar A	d	Related organizations.		1d	9,250				
S, E	e	Government grants (contribution	ns)	1e	0			1	
Contributions, and Other Sim	f	All other contributions, gifts, gra	nts, and					1	
ᄚᇶ		similar amounts not included ab	ove	1f	17,406				
a g	g	Noncash contributions included in	lines 1a-1f	\$	0			i	
υ <u>e</u>	h	Total. Add lines 1a-1f			>	110,340		<u> </u>	
					Business Code	, , , , , , , , , , , , , , , , , , , ,			
Program Service Revenue	2a	Educational classes			900099	1,925			
8	b			•					
8	c			•					
2	d			•					
E	l e			•					
Ē.	f	All other program service reven							
P	g	Total. Add lines 2a-2f			>	1,925			1
	3	Investment income (including di	vidends, inte	rest,	and				
		other similar amounts)			•	0			<u> </u>
	4	Income from investment of tax-	exempt bond	proc	eeds >	0			
	5	Royalties	•	•	. •	0			
		·	(ı) Real		(ii) Personal		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	6a	Gross rents						}]
	b	Less rental expenses							
	С	Rental income or (loss)					-	1	
	d	Net rental income or (loss)			>	0			
	7a	Gross amount from sales of	(ı) Securiti	es	(ii) Other			1	
		assets other than inventory						1	
	b	Less' cost or other basis							
	_	and sales expenses				}			
	С	Gain or (loss)						1	
	d	Net gain or (loss)			. •	0			
		(120)						<u> </u>	٠
ě	8a	Gross income from fundraising							
ē		events (not including \$							à.
ě	1	of contributions reported on line	1c)						
Œ		See Part IV, line 18	•	а]	•			
Other Revenue	ь	Less direct expenses		b					
0		Net income or (loss) from fundra	aising events		>	0			
		Gross income from gaming activ							
		See Part IV, line 19		а				1	
	ь	Less direct expenses		b					
	1	Net income or (loss) from gamir	ng activities		>	0			
	1	Gross sales of inventory, less							
	1	returns and allowances		а				ļ	
	b	Less cost of goods sold		نا					<u> </u>
		Net income or (loss) from sales	of inventory		•	0			
		Miscellaneous Revenue			Business Code				
	11a								
	b			•					
	С			•					
	d	All other revenue .		•					

112,265

e Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete al	l columns All other o	organizations must d	complete column (A	<u>) </u>
	Check if Schedule O contains a response or note	e to any line in this P	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(8) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			**************************************	**************************************
	domestic governments See Part IV, line 21	100			***********
2	Grants and other assistance to domestic		1	**************************	
	individuals See Part IV, line 22			***********	******
3	Grants and other assistance to foreign			*****	
	organizations, foreign governments, and foreign				100000000000000000000000000000000000000
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		ļ	*************	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
5	Compensation of current officers, directors,				•
	trustees, and key employees	24,000			
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u></u>
9	Other employee benefits				
10	Payroll taxes	2,208			
11	Fees for services (non-employees)				
а	Management		Not required	Not required	Not required
b	Legal	4,681			
С	Accounting .	1,275			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		1.31.472.477.	************	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion .				
13	Office expenses	`493			
14	Information technology	1,265			
15	Royalties .				
16	Occupancy				
17	Travel	16,741			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				•
19	Conferences, conventions, and meetings	47,017			
20	Interest .		-		
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization.				
23	Insurance				
24	Other expenses Itemize expenses not covered	****			*****
	above (List miscellaneous expenses in line 24e If		***	*****	
	line 24e amount exceeds 10% of line 25, column	************	*****	*********	***********
	(A) amount, list line 24e expenses on Schedule O)	444444444444444444444444444444444444444		\$ + 4 \$ 6 \$ 4 \$ 4 \$ 4 \$ 4 \$ 4 \$ 4 \$ 6 \$ 6 \$	# # * * * # # * * * * * * * * * * * * *
а	Bank & credit card fees	6			
b	Dues	175			
C	Gifts	175			
d	Licenses	25			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	98,161			
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	1			
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98.2 (ASC 958.720)				

33

Total net assets or fund balances.

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash-non-interest-bearing 17,418 2 Savings and temporary cash investments 12.512 2 16.450 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(I)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 1.606 8 1,606 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b Less accumulated depreciation 10c b 11 Investments—publicly traded securities 11 Investments—other securities See Part IV, line 11 12 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets. 15 15 Other assets See Part IV, line 11 31,536 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 45,607 17 Accounts payable and accrued expenses 798 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 798 26 765 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 30,738 32 44,842

44,842

45,607

30,738

31,536

33

34

Form 9	990 (2017) ALASKA PROFESSIONAL FIREFIGHTERS ASS'N	20	0-2016474	Pag	_{je} 12
Part	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		112	2,265
2	Total expenses (must equal Part IX, column (A), line 25)	2		98	3,161
3	Revenue less expenses Subtract line 2 from line 1	3		14	,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	·	30	738
5	Net unrealized gains (losses) on investments .	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10		44	,842
Part	XII Financial Statements and Reporting			,	_
	Check if Schedule O contains a response or note to any line in this Part XII		• •		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		7 3 8 3 7 3 8 3 7 5 7 6 7 7 7 8 9 7 7 7 8 6 7 7 7 7 6 7 7 7	Yes	No Participants Pa
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		2a		X
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		2b	C 3 (Ke)	X
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	N/A	10000 10000 10000 10000 10000 10000
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	N/A	
			Form	9 90 (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

20**17**

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Department of the Treasury Internal Revenue Service

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

•	•	•			
		organizations Complete Part III			
	e of organization			Emplo	yer identification number
	SKA PROFESSIONAL FIF			(-)	20-2016474
		the organization is exempt uno			
1	•	the organization's direct and indirect p	political campaign	activities in Part IV (see i	nstructions for
_	definition of "political carr	, ,		_	
2	. •	y expenditures (see instructions)		•	\$
3		cal campaign activities (see instructio		(-)(0)	N/A
		the organization is exempt und			N/A_
1	· · · · · · · · · · · · · · · · · · ·	excise tax incurred by the organization			3
2	•	excise tax incurred by organization m	•	· ·	\$
3	•	ed 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			·····	
Pa	rt I-C Complete if t	the organization is exempt und	ler section 501	(c), except section 50	01(c)(3). N/A
1	Enter the amount directly	expended by the filing organization f	for section 527 exe	empt function	
	activities .				\$
2	Enter the amount of the f	filing organization's funds contributed	to other organizati		
	527 exempt function activ	vities .		>	\$
3	Total exempt function exp	penditures Add lines 1 and 2 Enter h	ere and on Form	1120-POL,	
	line 17b			•	\$
4	Did the filing organization	file Form 1120-POL for this year?			Yes No
5	Enter the names, address	ses and employer identification numb	er (EIN) of all sect	ion 527 political organiza	tions to which the filing
		ents. For each organization listed, en			
		intributions received that were prompt			
	as a separate segregated	d fund or a political action committee	(PAC) If additiona	I space is needed, provid	e information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) mains	(5), (5)	10,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
1)					
(2)					
2)					
(3)					
(4)					
·*/					
(5)					
				· · · · · · · · · · · · · · · · · · ·	
(a)					1

P	art II-A · Complete if the organiz	ation is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection N/A
	under section 501(h)).					
A	Check ▶ if the filing organization	•	•		_	oup member's
_	name, address, EIN,					
<u>B</u>	Check ► If the filing organization			troi provisions ap	r r	T
	Limits on (The term "expenditure	Lobbying Expendi s" means amounts)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence					
b	Total lobbying expenditures to influence		(direct lobbying)	-		
C	Total lobbying expenditures (add lines	1a and 1b)	•			
d	Other exempt purpose expenditures		•		,	<u> </u>
e	Total exempt purpose expenditures (ac		Allanina sabla in bas	. In.	<u></u>	<u> </u>
f	Lobbying nontaxable amount Enter the columns	e amount from the fo	ın			
ſ	if the amount on line 1e, column (a) or (h) is: The lobbyin	ng nontaxable amou	int is:	*************	-1:::::::::::::::::::::::::::::::::::::
ŀ	Not over \$500,000		amount on line 1e	2,11.10.	*************	14 Park by 4 Park 1 1 4 Park 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ı	Over \$500,000 but not over \$1,000,000		us 15% of the excess	over \$500,000	4 - + + + + + + + + + + + + + + + + + +	141 - 41 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess		**********	
- }	Over \$1,500,000 but not over \$17,000,000	\$225,000 pli \$1,000,000	us 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	<u>.</u>	************	2		
g	Grassroots nontaxable amount (enter 2	•		•		
h	Subtract line 1g from line 1a If zero or Subtract line 1f from line 1c If zero or I					
	If there is an amount other than zero or		ne 1) did the organi	zation file Form 472	O reporting	l
ı	section 4911 tax for this year?	retater line 111 or in	ie ii, did tile organi		o reporting	Yes No
		4-Year Averaging	Period Under sec	ction 501(h)	· · · · · · · ·	<u> </u>
	(Some organizations that made				of the five columns	below.
	S	ee the separate ins	tructions for lines	2a through 2f.)		
	Lo	bbying Expenditure	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	beginning in)	(4) 2014	(5) 2010	(0) 20:0	(4) 2011	(6) 10.2.
	Labbarra a sabarrable de la					
2a 	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))			******	**************************************	·
		7.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	************	*************	*************	
	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))			**************************************		
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Page 3

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	n 576	3 N	N/A
For each "Vos." response on lines to through ti helow provide in Part IV a detailed		(a)		(b)		
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		Yes	No	A	mount	t
1	, 3		*****	**************************************	* * * * * * * * * * * * * * * * * * *	
а	Volunteers?			*****		
b b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			<u> </u>		
d	Mailings to members, legislators, or the public?					
е	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? Total Add lines 1c through 1i	1111	1			
J 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			::::::::	74 . 5-21	-4-41
Za b	If "Yes," enter the amount of any tax incurred under section 4912	:::::	::::::			,
c	Name 19 10 10 10 10 10 10 10 10 10 10 10 10 10					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			*****	*****	++++
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	or s	ection		
	501(c)(6).			····	V	Ma
	Miles and the state of 1000/ as as as a drope recovered manufactured by marriage 2			1	Yes	No X
1	Were substantially all (90% or more) dues received nondeductible by members?		•	2		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?. Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year	r?		3		x
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes.")(5),)R (b) Pai	t III-A	line	
1	Dues, assessments and similar amounts from members	ł	1		8	3,684
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	į	:::::			
_	political expenses for which the section 527(f) tax was paid).	ŀ	2a		1'	3,648
a	Current year . Carryover from last year	ŀ	2b			0,040
C	Total	Ì	2c	· · · · ·	1:	3,648
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	Ì	3			2,553
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	Ì				-1
	lobbying and political expenditure next year?		4			1,095
5	Taxable amount of lobbying and political expenditures (see instructions)	- 1	5			0
Part						
Provi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group li e instructions), and Part II-B, line 1. Also, complete this part for any additional information	st), P	art II-	A, lines	1 and	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

ALASKA PROFESSIONAL FIREFIGHTERS ASS'N							
FORM 990, PART VI, SECTION A, Line 6 - Dues-paying professional Alaskan firefighters							
FORM 990, PART VI, SECTION A, LINE 7a - Annual election by convention reps chosen by members							
FORM 990, PART VI, SECTION B, Line 11 - Form 990 reviewed by signing officer prior to signing							
FORM 990, PART VI, SECTION B, Line 19 - Available upon request							