DLN: 93493260012149 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable INTERNATIONAL ASSOCIATION OF ☐ Address change FIRE FIGHTERS LOCAL 2139 23-7268707 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite P O BOX 4454 ☐ Application pending (775) 622-6968 City or town, state or province, country, and ZIP or foreign postal code INCLINE VILLAGE, NV $\,$ 894504454 $\,$ G Gross receipts \$ 237,550 Name and address of principal officer H(a) Is this a group return for JAMES NELLIGAN □Yes ☑No subordinates? P O BOX 4454 H(b) Are all subordinates INCLINE VILLAGE, NV 894504454 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (5) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW INCLINEFIREFIGHTERS ORG L Year of formation 2004 M State of legal domicile NV K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE ASSOCIATION IS THE PRIMARY ADVOCATE FOR PROVIDING FIRE FIGHTERS AND PARAMEDICS WITH THE TOOLS THEY NEED TO PERFORM THEIR JOBS Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 52,750 47,295 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 9,084 6,080 -1,576 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,041 64,871 54,803 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 11,033 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Expenses 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 20,140 53,640 31,173 53,640 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 23,630 11,231 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 290,483 287,085 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 287.085 Signature Block 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 2019-09-17 Signature of officer Sign Here JAMES NELLIGAN TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-09-17 P00212562 Paid self-employed Firm's name ► EIDE BAILLY LLP Firm's EIN > 45-0250958 Preparer Use Only Firm's address ► 5441 KIETZKE LN STE 150 Phone no (775) 689-9100 RENO, NV 895112094 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Form	990 (2018)						Page 2
1 Berfly describe the organization is mission THEIR ASSOCIATION IS THE PRIMARY ADVOCATE FOR PROVIDING FIRE FIGHTERS AND PARAMEDICS WITH THE TOOLS THEY NEED TO PERFORM THEIR JOBS 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?	Pa	rt III Statement	of Program Service	Accomplishn	nents			
THE ASSOCIATION IS THE PRIMARY ADVOCATE FOR PROVIDING FIRE FIGHTERS AND PARAMEDICS WITH THE TOOLS THEY NEED TO PERFORM THEIR JOBS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?		Check if Sche	dule O contains a respon	se or note to any	line in this Part III .			
THEIR IOBS 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27	1	Briefly describe the o	organization's mission					
the prior Form 990 or 990-EZ?			PRIMARY ADVOCATE FOR	R PROVIDING FIF	E FIGHTERS AND PAR	AMEDICS WITH THE TOOLS THEY	NEED TO PERFOR	RM
the prior Form 990 or 990-EZ?								
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "ves," describe these changes on Schedule O Bescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section SOI(c)(3) and SOI(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 4a (Code)(Expenses \$ 37,898 including grants of \$)(Revenue \$) See Additional Data 4b (Code)(Expenses \$ including grants of \$)(Revenue \$) From the program service accomplishments for each of its three largest program services, as measured by expenses \$ including grants of \$)(Revenue \$) 4c (Code)(Expenses \$ including grants of \$)(Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$)(Revenue \$) Expenses \$ including grants of \$)(Revenue \$) 4d Other program service expenses ▶ 37,898	2						☐ Yes 🗹	No
services?								
If "Yes," describe these changes on Schedule O 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 4a (Code) (Expenses \$ 37,898 including grants of \$) (Revenue \$) See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)	3	Did the organization	cease conducting, or ma	ke significant cha	inges in how it conduc	ts, any program		_
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 4a (Code) (Expenses \$ 37,898 including grants of \$) (Revenue \$) See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)							∐ Yes 💆	∐ No
See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4d Total program services (Describe in Schedule O) (Revenue \$)	4	Section 501(c)(3) an	d 501(c)(4) organization	s are required to	report the amount of	rgest program services, as measu grants and allocations to others, th	red by expenses ne total	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4d Total program service expenses > 37,898	4a	•) (Expenses \$	37,898 іг	ncluding grants of \$) (Revenue \$)	
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses > 37,898	4b	(Code) (Expenses \$	ır	ocluding grants of \$) (Revenue \$)	
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses > 37,898								
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 37,898	4c	(Code) (Expenses \$	II	ncluding grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 37,898								
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 37,898								
	4d		•	•) (Revenue \$)	
	4e	Total program serv	vice expenses ▶	37,898				

Form	990 (2018)			Page 3
Pa	t IV Checklist of Required Schedules			
			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part i	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	'		

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

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

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

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

b Was the organization included in consolidated, independent audited financial statements for the tax year?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

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Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

22

Nο

Nο

Nο

No

Nο

No

No

Nο

Nο

Nο

No

Nο

No

No

Nο

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Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	is deduced as a partitioning for reactal income tax parposes. If Test, complete senedate 11, 1 are 11	-	1		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 No All Form 990 filers are required to complete Schedule O	ote. 3	8	Yes	
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0			

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N No

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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page **6**

Pa		Governance, Management, and Disclosure For each "Yes" response to lines 2			o" resp	onse to	lines
		8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI	uie U	See Instructions			✓
Se	ction	A. Governing Body and Management					
			ı	1		Yes	No
1a	Enter t	the number of voting members of the governing body at the end of the tax year	1a	9			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O			-		
Ь	Enter t	the number of voting members included in line 1a, above, who are independent	1b	g			
2		ly officer, director, trustee, or key employee have a family relationship or a busine director, trustee, or key employee?	ss rela		2		No
3	Did the	e organization delegate control over management duties customarily performed by ters, directors or trustees, or key employees to a management company or other	or un	der the direct supervision	\vdash		No
4		e organization make any significant changes to its governing documents since the			4		No
5	Did the	e organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets? .	5		No
6	Did the	e organization have members or stockholders?			6		No
7a		e organization have members, stockholders, or other persons who had the power ters of the governing body?			7a		No
Ь		ly governance decisions of the organization reserved to (or subject to approval by) is other than the governing body?		bers, stockholders, or	7b		No
8	Did the	e organization contemporaneously document the meetings held or written actions lowing	undert	aken during the year by			
а	The go	overning body?			8a	Yes	
Ь	Each c	committee with authority to act on behalf of the governing body?			8b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who caracteristics and addresses in Schedule Caracteristics.			9		No
Se	ction	B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Code	e.)	
					\Box	Yes	No
		e organization have local chapters, branches, or affiliates?			10a		No
Ь		s," did the organization have written policies and procedures governing the activitie anches to ensure their operations are consistent with the organization's exempt p			10b		
11a	Has th form?	le organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the	11a	Yes	
b	Descri	be in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did the	e organization have a written conflict of interest policy? If "No," go to line 13.			12a		No
Ь	Were o	officers, directors, or trustees, and key employees required to disclose annually int ts?	erests	that could give rise to	12b		
С		e organization regularly and consistently monitor and enforce compliance with the ule O how this was done	policy •	? If "Yes," describe in	12c		
13	Did the	e organization have a written whistleblower policy?			13		No
14	Did the	e organization have a written document retention and destruction policy?			14		No
15		e process for determining compensation of the following persons include a review ns, comparability data, and contemporaneous substantiation of the deliberation and					
а	The or	ganization's CEO, Executive Director, or top management official			15a		No
b	Other	officers or key employees of the organization			15b		No
	If "Yes	" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		e organization invest in, contribute assets to, or participate in a joint venture or si e entity during the year?	mılar a • •	irrangement with a	16a		No
Ь	ın joint	s," did the organization follow a written policy or procedure requiring the organizat t venture arrangements under applicable federal tax law, and take steps to safegu with respect to such arrangements?	ard th			ı	
6-		C. Disclosure			16b		
<u>5e</u> 17		e States with which a copy of this Form 990 is required to be filed					
18	Section	n 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), savailable for public inspection. Indicate how you made these available. Check all the					
		wn website \Box Another's website $oxrightarrow$ Upon request \Box Other (explain in So		•			
19	Describ	be in Schedule O whether (and if so, how) the organization made its governing do and financial statements available to the public during the tax year					
20	State t	the name, address, and telephone number of the person who possesses the organ ES NELLIGAN P O BOX 4454 INCLINE VILLAGE INCLINE VILLAGE, NV 89450 (775					

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related	Position than on is b	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the						
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations
(1) TIM ALLEN PRESIDENT	4 00	Х		x				0	0	0
(2) STEVE HIGLEY VICE PRESIDENT	2 00	х		х				0	0	0
(3) JIM NELLIGAN SECRETARY, TREASURER	2 00	х		х				0	0	0
(4) JAY EUSE OFFICER	1 00	Х						0	0	0
(5) JED HORAN OFFICER	1 00	X						0	0	0
(6) BRIAN MAPLES OFFICER	1 00	х						0	0	0
(7) THOMAS RORES OFFICER	1 00	х						0	0	0
(8) SHAYNE REED OFFICER	1 00	х						0	0	0
(9) SCOTT ZIMMERMAN OFFICER	1 00	Х						0	0	0
							•			Form 990 (2018)

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Part VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u n off	t che inles ficer	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-M15C)	2/1099-MISC)	organization and related organizations

	4		at ed		

1b Sub-Total			*		

1b Sub-Total				•	▶ _			
c Total from continuation sheets to Pa	art VII , Section	Α			▶			
d Total (add lines 1b and 1s)					-	Λl	Δl	0

1b Sub-Total	-	 _	*		

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII , Section A	١		▶			
-						1	

Yes

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4

5

(B)

Description of services

No

Nο

No

No

(C)

Compensation

Form 990 (2018)

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

2

3

4

5

		(2018)								Page 9
Part	VII									
		Check if Schedul	le O contains	a respo	onse or note to any	(A) Total revenue	/III .	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1.							revenue		512 - 514
इ इ		.a Federated campaig		1a						
ant		b Membership dues		1 b	52,750					
يّ ق		c Fundraising events		1c						
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizatio	ns	1d						
ತ್ತ ಕ್ಷ		e Government grants (co	ontributions)	1e						
ns, Sin		f All other contributions								
er er		and similar amounts n above	ot included	1f						
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution	ons included							
<u> </u>		ın lines 1a - 1f \$								
ರ ≂		h Total. Add lines 1a	-1f	•	•	52,750)			
<u> </u>					Business	s Code				
1 S	2a			_						
å	ı	b		_						
<u>اړ</u> د		c ———		_						
<u>\$</u>	•	d		_						
Ē	•	e ———		_						
Program Service Revenue	1	f All other program se	rvice revenue	!						
ΔĚ	g	JTotal. Add lines 2a-2	2f		>					
		Investment income (ii					,961			9,961
		similar amounts) . Income from investme	ont of tay over		and proceeds		,501			3,501
						-				
	_	Noyalities I I I	(ı) Rea		(II) Personal	1				
	6	a Gross rents	(1)	-	(11, 11, 11, 11, 11, 11, 11, 11, 11, 11,	1				
						_				
		b Less rental expenses								
		c Rental income or				-				
		(loss)								
		d Net rental income o								
	7	a Gross amount	(ı) Securit	ties	(II) Other	4				
	,	from sales of assets other	164,027							
		than inventory								
		b Less cost or				1				
		other basıs and sales expenses	1	.67,908						
		C Gain or (loss)		-3,881]				
		d Net gain or (loss) .			•	-3,	,881			-3,881
a,	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18									
Ě				ļ						
e e						_				
ď		b Less direct expensec Net income or (loss)		b	onto					
Other Revenue		a Gross income from g			ents •	1			1	
ō		See Part IV, line 19								
				а						
		b Less direct expense		b						
		c Net income or (loss)		activit	les ▶				1	
	ΙU	JaGross sales of invent returns and allowand								
				а	10,812	2				
		b Less cost of goods s	sold	b	4,771					
		c Net income or (loss)		invent	ory ►	6,	,041	6,04	1	
	_	Miscellaneous	Revenue		Business Code	_				
	1	1a								
		b							1	
		с					T			
						<u></u>				
		d All other revenue .								
		e Total. Add lines 11a	-11d		•					
	1	2 Total revenue. See	Instructions			61	,871	6,04	1	0 6,080
						L 64,	,0/1	6,04	<u>+1</u>	Form 990 (2018)

	art IX Statement of Functional Expenses				Page 10
	cion $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	lumns All other orga	anizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	ı Management				
t	Legal	139			
C	: Accounting	575			
C	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,338			
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	5,477			
14	Information technology	999			
15	Royalties				
16	Occupancy	5,283			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	1,835			
20	Interest				
21	Payments to affiliates	12,937			
22	Depreciation, depletion, and amortization				
23	Insurance	2,121			
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)				
	a DONATIONS	15,057			
	b MISCELLANEOUS EXPENSES	3,173			
	c GROCERIES	2,592			
	d STATE TAXES	1,114			
	e All other expenses				<u> </u>
	Total functional expenses. Add lines 1 through 24e	53,640			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

2

3

31

32

33

34

Net

Less accumulated depreciation

(B) Beginning of year End of year 71,167 1 79,005 Cash-non-interest-bearing .

Page **11**

10c

31 32

33

34

287,085

287,085

Form **990** (2018)

290.483

290.483

2 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net . . 4 Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete

10b

Part II of Schedule L Assets Notes and loans receivable, net . 8 Inventories for sale or use . Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D

219,316 208,080 11 11 Investments—publicly traded securities . 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 290.483 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable . . 19 Deferred revenue . . . 19 20 Tax-exempt bond liabilities . . . 20

287.085 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

persons Complete Part II of Schedule L . 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties

Liabilities

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 26 Total liabilities. Add lines 17 through 25 . 0 26 0

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

290.483 287.085 27 Unrestricted net assets 27

Fund Balance 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958),

check here > \quad \text{and complete lines 30 through 34.}

Assets or 30 Capital stock or trust principal, or current funds 30

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2018)				Page 12
Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
_		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			64,871
2	Total expenses (must equal Part IX, column (A), line 25)	2			53,640
3	Revenue less expenses Subtract line 2 from line 1	3			11,231
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			290,483
5	Net unrealized gains (losses) on investments	5			-14,629
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			287,085
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

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

lo__

Form **990** (2018)

3b

Additional Data

Software Version:

EIN: 23-7268707 Name: INTERNATIONAL ASSOCIATION OF

Software ID:

FIRE FIGHTERS LOCAL 2139

Form 990 (2018)

Form 990, Part III, Line 4a:

ARBITRATION, NEGOTIATIONS, AND LEGAL COSTS FOR UNION CONTRACT, UNION ADVOCATING COSTS

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

OMB No 1545-0047

DLN: 93493260012149

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. 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 **Employer identification number** INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS LOCAL 2139 23-7268707 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ☐ Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-2 5 For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018 Cat No 50084S

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

No

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 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 Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 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 Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 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

Explanation

instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPH	IC print - DO N	OT PROCESS	As Filed Data -			DLN:	93493260012149
SCHEDUL (Form 990 or EZ)	990-	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. Go to www.irs.gov/Form990 for the latest information.			Z	OMB No 1545-0047 2018 Open to Public Inspection	
Name Setherofg INTERNATIONAL A FIRE FIGHTERS LO 990 Schedule	SSOCIATION OF	tal Informatio	ın		23-726	-	fication number
Return Reference				Explanation			
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD REV	/IEWS AND APPF	ROVES THE FORM 99	90 BEFORE FILING			

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, THE ORGANIZATION DID NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL PART VI, STATEMENTS AVAILABLE TO THE PUBLIC SECTION C, LINE 19