DLN: 93493085003150 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. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019 C Name of organization D Employer identification number B Check if applicable INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS WA STATE COUNCIL OF FIREFI □ Address change 91-0729677 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1069 ADAMS ST SE ☐ Amended return ☐ Application pending (360) 943-3030 City or town, state or province, country, and ZIP or foreign postal code OLYMPIA, WA 98501 G Gross receipts \$ 2,811,263 Name and address of principal officer H(a) Is this a group return for **GREG MARKLEY** ☐Yes **☑**No subordinates? 1069 ADAMS STREET SE H(b) Are all subordinates OLYMPIA, WA 98501 ☐ Yes ☐No ıncluded? 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 WSCFF ORG L Year of formation 1939 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO SUPPORT LABOR ACTIVITIES (EDUCATION AND LEGISLATION) Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 16 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 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 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,014,287 2,277,560 Ravenua 9 Program service revenue (Part VIII, line 2g) . 63,160 52,293 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 161,662 158,108 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,239,109 2,487,961 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 10,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 656,929 690,012 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,421,465 1,691,535 2,078,394 2,391,547 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 160,715 96,414 Net Assets or Fund Balances Beginning of Current Year **End of Year** 4,623,961 4,618,709 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 79,091 63,963 22 Net assets or fund balances Subtract line 21 from line 20 . 4,559,998 4,539,618 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 Signature of officer Sign Here GREG MARKLEY SECRETARY/TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-03-25 P01631156 Paid self-employed Firm's name DNM & ASSOCIATES PS Firm's EIN ► 84-3297029 Preparer Use Only Firm's address ▶ 424 N 4TH ST Phone no (360) 426-5667 SHELTON, WA 985843420 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

	1 990 (2018)				Page <b>2</b>
Pa	art III Statemer	nt of Program Service Acc	complishments		
	Check if Sch	nedule O contains a response or	note to any line in this Part III		🗹
1	Briefly describe the	organization's mission			
TO S	UPPORT LABOR ACT	IVITIES (EDUCATION AND LEGI	SLATION)		
2	-	on undertake any significant pro	gram services during the year which v	vere not listed on	□ Yes ☑ No
	'				□ res ☑ No
3	•	hese new services on Schedule	O gnificant changes in how it conducts, a	any program	
3				any program	□yes ✓No
					⊔ Yes ⊻ No
	If "Yes," describe t	hese changes on Schedule O			
4	Section 501(c)(3) a		nplishments for each of its three large e required to report the amount of grai service reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code	\ (F	including grants of \$	) (Revenue \$	
		) (Expenses \$	including grants or \$	) (Neveride #	)
	See Additional Data	) (Expenses \$	including grants or \$	) (Nevenue \$	}
4c	See Additional Data (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c					,
4c	(Code				, 
4c	(Code See Additional Data (Code OTHER PROGRAMS SE	) (Expenses \$ ) (Expenses \$ ERVICES ARE RELATED THE FOLLOW	including grants of \$	) (Revenue \$ ) (Revenue \$ ) (Revenue \$	)
4c 4d	(Code See Additional Data (Code OTHER PROGRAMS SE	) (Expenses \$ ) (Expenses \$ ERVICES ARE RELATED THE FOLLOW	including grants of \$  Including grants of \$  ING PROGRAMS LEGISLATIVE EVENTS AND AND CONFERENCES, IAFF ACTIVITIES, POL	) (Revenue \$ ) (Revenue \$ ) (Revenue \$	)
	(Code See Additional Data (Code OTHER PROGRAMS SE	) (Expenses \$  ) (Expenses \$  ERVICES ARE RELATED THE FOLLOW SEGREGATED FUND, OTHER EVENTS  EVICES (Describe in Schedule O )	including grants of \$  Including grants of \$  ING PROGRAMS LEGISLATIVE EVENTS AND AND CONFERENCES, IAFF ACTIVITIES, POL	) (Revenue \$ ) (Revenue \$ ) (Revenue \$	)

Form	990 (2018)			Page <b>3</b>
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		No
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 2	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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 2	11b		No
	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 🥦	11e		No

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

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

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?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

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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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

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

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Yes

Yes

No

Nο

Nο

No

No

Nο

Nο

No

Nο

Nο

No

Nο

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orm	rm 990 (2018)							
Pa	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? If "Yes," complete Schedule J	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			No				

	Schedule J		
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
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Vi 🛸

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

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

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

29

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32

37

Part V

25b	
26	No
27	No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

No

24c

24d

25a

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

0

0

1a

Yes

Yes

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9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

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

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

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10a

10b

11a

11b

12b

13b

13c

orm	990 (2018)			Page (
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lınes 🗹
Se	ction A. Governing Body and Management			1
			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal Revenu	e Code		
		$\overline{}$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed▶			
.8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  • GREG MARKLEY 1069 ADAMS STREET SE OLYMPIA, WA 98501 (360) 943-3030			

(A)

Part VII

(F)

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

- 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)

(B)

- 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 form	er such persons			
Check this box if neither the o	rganization nor any related orga	inization compensated	any current officer, direc	tor, or trustee

(C)

(D)

(E)

Name and Title	Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	inle: ficei	ss per: and a	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) RICHARD KITTINGER TRUSTEE	2 00	Х						0	0	0
(2) JOHN GALLUP TRUSTEE	2 00	х						О	0	0
(3) TOM REICH TRUSTEE	2 00	Х						0	0	0
(4) MIKE BACON 1ST DISTRICT	2 00	X						0	0	0
(5) JEFF WAINWRIGHT 2ND DISTRICT	2 00	X						0	0	0
(6) TIM HOOVER 3RD DISTRICT	2 00	X						0	0	0
(7) MIKE WESTLAND 4TH DISTRICT	2 00	X						0	0	0
(8) RYAN REESE 5TH DISTRICT	2 00	Х						0	0	0
(9) RYAN MUDIE 6TH DISTRICT	2 00	Х						0	0	0
(10) CRAIG SOUCY 7TH DISTRICT	2 00	Х						0	0	0
(11) WILLIAM MACK 8TH DISTRICT	2 00	Х						0	0	0
(12) KEVEN ROJECKI 9TH DISTRICT	2 00	X						0	0	0
(13) THERESA PURTELL 11TH DISTRIC	2 00	X						0	0	0
(14) GREG MARKLEY SECRETARY/TR	40 00			х				63,910	0	0
(15) DENNIS LAWSON PRESIDENT	40 00			х				62,068	0	0
(16) DEAN SHELTON VICE PRESIDE	2 00			Х				0	0	0
										Form <b>990</b> (2018)

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Part VII Section A. Officers, Dire	ectors, Trustee	s, Key	Emp	loye	ees,	and I	High	nest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	pe Position (do not check not than one box, unless per list is both an officer and director/trustee)						<b>(D)</b> Reportable compensation from the organization (W-		(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISĆ)	organization and related organizations

			Š		

1b Sub-Total											
•					•		125,978				
	art VII <b>, Section</b>	art VII <b>, Section A</b>	art VII <b>, Section A</b>	art VII <b>, Section A</b>		art VII <b>, Section A</b> ▶	art VII <b>, Section A</b>	art VII <b>, Section A</b>	art VII, Section A		

1b 9	1b Sub-Total												
c 1	c Total from continuation sheets to Part VII, Section A												
<b>d</b> 1	d Total (add lines 1b and 1c)												
2													

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

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

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

Section B. Independent Contractors

compensation from the organization >

3

4

5

1											
1b Sub-Total						<b>&gt;</b>					
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)											
Total number of individuals (including l of reportable compensation from the o		to thos	e liste	ed al	ove	e) who	o rece	eived more than	\$100	,000	

Yes

3

4

5

(B)

Description of services

No

Nο

No

Nο

(C)

Compensation

Form 990 (2018)

Part		Statement of	Revenue								rage <b>3</b>
		Check if Schedul	le O contains	a respo	onse or note	to any	line in this Part VII				🗆
							( <b>A)</b> Total revenue	Rel e: fu	(B) ated or xempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	<b>1</b> a	Federated campaig	ns	1a				l re	venue		512 - 514
ints unts		Membership dues		<b>1</b> b	2,27	5,805					
6 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	(	Fundraising events		<b>1</b> c							
Gifts, Grants illar Amounts	(	d Related organizatio	ns	1d							
<u>.</u> ⊒ :≧		Government grants (co		1e							
ions Sis	1	F All other contributions, and similar amounts n		1f		<b>1</b> ,755					
Contributions, Gifts, Grants and Other Similar Amounts	٥	above  Noncash contribution  In lines 1a - 1f \$	ons included			<u>,                                     </u>					
Cont	_	<b>h Total.</b> Add lines 1a	-1f	•	>	•	2,277,560				
ıle I					Ви	ısınes	Code	F2 202	F2	293	
Program Service Revenue	2a	REGISTRATION FEES						52,293	52,	293	
ı΄ QΣ	b			_							
er vic	c C										
S	e			_							
ogra	f	All other program se	rvice revenue	!							
Ğ	g	<b>Total.</b> Add lines 2a-2	2f		<b>&gt;</b>		52,293				
		Investment income (ii			nterest, and	other	173,48	36			173,486
		Income from investme			ond proceeds	; <b>)</b>	•				
	5	Royalties			ı		•				
	6a	Gross rents	(ı) Rea	l	(II) Perso	nal	-				
							_				
	b	Less rental expenses									
	c	Rental income or (loss)									
	d	Net rental income o	r (loss)			<b></b>	-				
			(ı) Securit	ties	(II) Oth	er					
	7a	Gross amount from sales of assets other	3	807,924							
		than inventory									
	b	Less cost or other basis and	3	804,022		19,28	o				
		sales expenses Gain or (loss)		3,902		-19,28					
		Net gain or (loss)		•		· •	  -15,37	78			-15,378
	8a	Gross income from fi		ents of							
Other Revenue		contributions reporte	ed on line 1c)		ļ						
eve	h	See Part IV, line 18 Less direct expense		a b			4				
er F		: Net income or (loss)			ents	<b>•</b>	_				
oth	9a	Gross income from g See Part IV, line 19	amıng actıvıt	ies							
_		See Fairtty into 19		а	}						
		Less direct expense		b							
		: Net income or (loss) Gross sales of invent		activit	ies	<b>&gt;</b>	1	+			
		returns and allowand			]						
	h	Less cost of goods s	=old	a b			4				
		Net income or (loss)				<b>•</b>	_				
		Miscellaneous			Business		_				
	11	a									
	b						1	-			
	ט	•									
	c						+	+			
	d	All other revenue .									
	е	Total. Add lines 11a	-11d			<b>&gt;</b>					
	12	Total revenue. See	Instructions			<b>•</b>	2,487,96	51	52,293		158,108
											Form <b>990</b> (2018)

orm 990 (2018)				Page <b>1</b>
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Oo not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,000	10,000		
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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	100,159		100,159	
<b>6</b> 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	397,299		397,299	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	129,128		129,128	
. <b>0</b> Payroll taxes	63,426		63,426	
.1 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	20,190		20,190	
c Accounting	2,926		2,926	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	24,941		24,941	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	12,911		12,911	
.2 Advertising and promotion				
.3 Office expenses	22,260	820	21,440	
.4 Information technology				
.5 Royalties				
. <b>6</b> Occupancy	1,740		1,740	
. <b>7</b> Travel	558,675	558,248	427	
.8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
.9 Conferences, conventions, and meetings	76,934	76,934		
2 <b>0</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,787		46,787	
23 Insurance	7,933		7,933	
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 COMMUNITY SUPPORT	285,980	285,980		
b WORK REPLACEMENT	252,735	252,735		
c COMMUNICATIONS	113,383	85,615	27,768	
d EDUCATIONAL SEMINARS	47,038	47,038		
e All other expenses	217,102	118,484	98,618	
Total functional expenses. Add lines 1 through 24e	2,391,547	1,435,854	955,693	
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 In following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

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

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . .

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

Retained earnings, endowment, accumulated income, or other funds

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

20

21

23

24

26

27

28

29

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31

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33

34

Liabilities 22

Assets or Fund Balances

Net

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🛚		
					<b>(A)</b> Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			96,493	1	22,848		
	2	Savings and temporary cash investments .			277,485	2	158,044		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
ssets	5 6 7	Loans and other receivables from current and for trustees, key employees, and highest compensation of the school o		6	2,770				
SS	8	Inventories for sale or use				8			
A	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,849,926					
	b	Less accumulated depreciation	<b>10</b> b	585,269	1,298,342	<b>10</b> c	1,264,657		
	11	Investments—publicly traded securities .			2,838,686	11	3,025,795		
	12	Investments—other securities See Part IV, line	11 .	[		12			
	13	Investments—program-related See Part IV, line	11 .			13			
	14	Intangible assets		[		14			
	15	Other assets See Part IV, line 11	Other assets See Part IV, line 11						
	16	Total assets.Add lines 1 through 15 (must equ	al lıne	34)	4,623,961	16	4,618,709		
	17	Accounts payable and accrued expenses			63,963	17	79,091		
	18	Grants payable				18			

Ь	Less accumulated depreciation	<b>10</b> b	585,269	1,298,342	<b>10</b> c	1,264,657
11	Investments—publicly traded securities .			2,838,686	11	3,025,795
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line	11 .	•		13	
14	Intangible assets		14			
15	Other assets See Part IV, line 11			112,955	15	144,595
16	Total assets. Add lines 1 through 15 (must equ	al line	34)	4,623,961	16	4,618,709
17	Accounts payable and accrued expenses			63,963	17	79,091
18	Grants payable				18	

19

20

21

22 23

24

25

26

27 28

29

30

31 32

33

34

79.091

4.539.618

4,539,618

4,618,709

Form **990** (2018)

63.963

4.559.998

4,559,998

4,623,961

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 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

## Additional Data

Form 990 (2018)

LOCALS

Software ID:

Software Version:

**EIN:** 91-0729677

Name: INTERNATIONAL ASSOCIATION OF FIRE

FIGHTERS WA STATE COUNCIL OF FIREFI

Form 990, Part III, Line 4a:

FISCAL YEAR. THIS INCLUDES THE APPROVAL OF THE WSCFF BUDGET AND THE CONSIDERATION OF RESOLUTIONS SUBMITTED BY THE EXECUTIVE BOARD AND MEMBER

ANNUAL CONVENTION - HELD EACH YEAR WITH DELEGATES FROM ALL LOCALS ACROSS THE STATE TO SET THE BUSINESS AGENDA FOR THE WSCFF FOR THE NEXT

## Form 990, Part III, Line 4b: MEMBER EDUCATION - A PRIME FOCUS OF THE WSCFE IS TO EDUCATE INDIVIDUAL MEMBERS AND MEMBER LOCALS TO PREPARE THEM TO REPRESENT THEIR RESPECTIVE MEMBERSHIPS AT THE BARGAINING TABLE, OR CONCERNING JOB PLACE ISSUES THAT MAY ARISE WITH THEIR EMPLOYER

## Form 990, Part III, Line 4c: WSCFE BOARD - THE WSCFE BOARD IS CHARGED WITH OVERSIGHT OF THE ADMINISTRATIVE OPERATIONS OF THE ORGANIZATION

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(Form 990)

5

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public

DLN: 93493085003150

▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS WA STATE COUNCIL OF FIREFI 91-0729677 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations,

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)?

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

and enforcement of the conservation easements it holds?

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

☐ Yes

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Cat No 52283D

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

Par	1111	Organizations Ma	aintaining Col	lections c	of Art, F	listori	cal T	reası	ires, o	r Other	Similar A	ssets (c	ontini	ued)	
3		the organization's acq (check all that apply)	uisition, accession	n, and other	records,	check	any of	the fo	llowing t	hat are a	significant	use of its	collec	tion	
а		Public exhibition				d		Loan	or exch	ange pro	grams				
b		Scholarly research				e		Othe	r						
c		Preservation for future	e generations												
4	Provid Part >	de a description of the KIII	organızatıon's col	lections and	l explain	how the	ey furtl	ner the	e organiz	zation's e	xempt purp	ose in			
5		g the year, did the org s to be sold to raise fur									nılar	☐ Ye	s	□ N-	D
Pai	rt IV	Escrow and Cust Complete if the or X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r reporte	ed an amo	unt on F	orm 9	990,	Part
1a		e organization an agent ded on Form 990, Part		an or other	ıntermed	ıary for	contri	bution	s or othe	er assets	not	☐ Ye	s İ	□ n	o
ь	τ <b>ε</b> "∨ε	es," explain the arrange	ment in Part VIII	and comple	ate the fo	llowing	table					Amount			_
C		es, explain the arrange ining balance	ement in Part XIII	. and comple	ete the 10	llowing	table			1c		Amount			_
d	_	ining balance lons during the year								1d					-
e		butions during the year	r							1e					-
f		ig balance	•							1f					_
2a		ne organization include	an amount on Fo	orm 990, Par	rt X, line	21, for	escrov	or cu	stodial a	ccount li	ability?	☐ Ye	s l	□ N	– D
b	If "Ye	s," explain the arrange	ement in Part XIII	Check here	e if the ex	xplanati	on has	been	provide	d ın Part	XIII	. 🗆			
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf	the organ	ızatıon a	answer	ed "Y	es" or	n Form	990, Pa	rt IV, line	10.			
				(a)Currer	nt year	<b>(b)</b> P	rıor yea	r	<b>(c)</b> Two y	ears back	(d)Three ye	ars back	<b>(е)</b> Fou	ır year	s back
	_	ing of year balance .													
		outions													
		estment earnings, gair	•												
		or scholarships													
		expenditures for facilitions of the second s	es												
f	Admını	strative expenses .													
g	End of	year balance													
2 a		de the estimated perce d designated or quasi-e	-	ent year end	l balance	(line 1	g, colu	mn (a	)) held a	S					
b	Perm	anent endowment 🕨													
c	Temp	orarily restricted endov	wment <b>&gt;</b>												
	The p	ercentages on lines 2a	, 2b, and 2c shou	ıld equal 100	0%										
3a		here endowment funds	not in the posses	sion of the	organızat	ion that	t are h	eld an	d admın	istered fo	r the		Г.	v T	N1 -
	-	nization by hrelated organizations										3a	(i)	Yes	No
	• •	elated organizations .						•					(ii)	$\dashv$	
b		es" on 3a(II), are the re		ns listed as r	equired o	on Sche	dule R	?.					ь		
4	Descr	ribe in Part XIII the inte	ended uses of the	organizatio	n's endov	wment f	funds								
Pai	rt VI	Land, Buildings,													
		Complete if the or													
	vescri	ption of property	(a) Cost or oth (investme		(b) Cost	oi other	udSIS (	ouier)	(c) Acc	umulated (	depreciation	"	<b>d)</b> Boo	r value	;
	1 - 1							12.420							110 100
	Land							12,429			206.245				112,429
	Buildin	_					1,4:	58,798			396,245			1	,062,553
		old improvements					4.4	20. 726			E7 4 F 4				42 503
		nent						77.063			57,154				43,582
е	Other		I		I		1.	77,963	I		131,870	1			46,093

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

1,264,657

Part VII Investments—Other Securities. Complete if the ord See Form 990, Part X, line 12.	ganızatı	on answere	d "Yes" on Form 990, Part IV	, line 11b.
(a) Description of security or category (including name of security)		(b) Book value	<b>(c)</b> Method of valuati Cost or end-of-year mark	
1) Financial derivatives				
3)Other				
A)				
B)				
C)				
D)				
E)				
F)				
G)				
н)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12 )	Þ			
The investments—Program Related.  Complete if the organization answered 'Yes' on Form				
(a) Description of investment	<b>(b)</b> Boo	ok value	<b>(c)</b> Method of valuati Cost or end-of-year mark	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		000 0 17	/	1 45
Part IX Other Assets. Complete if the organization answered 'Yes'  (a) Description	on Form	990, Part IV		(b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answer	· ·	· · · · s' on Form		
See Form 990, Part X, line 25.  (a) Description of liability		(b) Book		
1) Federal income taxes		(-,		
2)				
3)				
4)				
5)				
	-+			
			1	
6)				
6) 7)				
6) 7) 8)				
6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>•</b>			

1

Schedule D (Form 990) 2018

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII. line 12

1

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Returi	n.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	5	
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional informatio		4, Part X, line 2, Part
	Return Reference Explanation		

Schedule D (Fo	orm 990) 2018	Page <b>5</b>	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

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Note: To capture the full	content of this d	ocument, please sel	lect landscape mode	e (11" x 8.5") whe	en printing.	1	OMB N 4545 0047	
Schedule I		Grante and O	thar Accietana	o to Organiz	ations		OMB No 1545-0047	
(Form 990)		Governments a	other Assistand and Individuals	s in the Unite	d States		2018	
Department of the Treasury Internal Revenue Service	Со		tion answered "Yes," o  Attach to Form v.irs.gov/Form990 for	990.	•		Open to Public Inspection	
Name of the organization INTERNATIONAL ASSOCIATION FIGHTERS WA STATE COUNCIL						Employer ide 91-0729677	ntification number	
Part I General Inform	nation on Grants	and Assistance				•		
the selection criteria used  Describe in Part IV the org	to award the grants ganization's procedur	or assistance? es for monitoring the use	of grant funds in the Ur	nited States	for the grants or assistance		✓ Yes No	
		can be duplicated if addi		into Complete in the C		511 1 51111 330, 1 41 1 1 1	, mile 22, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc		
(1) THE WASHINGTON BUS 307 3RD AVE S STE 530 SEATTLE, WA 98104	26-0832933	501(C)	10,000				PROGRAM SUPPORT	
2 Enter total number of sect	tion 501(c)(3) and go	overnment organizations	listed in the line 1 table .					
3 Enter total number of other	er organizations liste	d in the line 1 table				<b>.</b> ▶ <u>-</u>	1	
For Paperwork Reduction Act Noti	ce, see the Instructio	ns for Form 990.		Cat No 50055	5P		Schedule I (Form 990) 2018	

Schedule I (Form 990) 2018					Page <b>2</b>
Part III Grants and Other Assistand Part III can be duplicated if a		als. Complete if the org	ganızatıon answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Inform	<b>mation.</b> Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other ac	dditional information.
Return Reference Expla	nation				
SCHEDULE I, PAGE 1, PART I, LINE ORGA	NIZATION'S STAFF REGUL	ARLY COMMUNICATE W	ITH THE GRANTEE AS IT	CONDUCTS THE WORK FUNDED	

efile GRAPH	IC print -	DLN:	93493085003150						
						OMB No 1545-0047			
SCHEDUL (Form 990 or EZ)		Complete to pro	on to Form 990 or S r responses to specific quest ide any additional information n 990 or 990-EZ.	ponses to specific questions on ny additional information.					
Department of the T	ı	Open to Public Inspection							
Name Sthe of international a FIGHTERS WA STA	SSOCIATION O		n		Employer identi	fication number			
Return Reference				Explanation					
FORM 990, PAGE 2, PART III, LINE 4D	NCES, EXI		COMMITTEES, CONT	OLLOWING PROGRAMS LEG RIBUTIONS TO SEGREGATED ES					

Return Explanation
Reference

LINE 7A

FORM 990, PAGE 6, PART VI.

Explanation Return Reference

FORM 990. IMEMBER VOTE TO APPOINT LOCAL REPRESENTATIVES THAT MAKE MOST GOVERNANCE DECISIONS. THE MEMB ERSHIP DOES HAVE ABILITY ON CERTAIN MATTERS OF GOVERNANCE

PAGE 6. PART VI. LINE 7B

990 Schedule O, Supplemental Information

Return Explanation
Reference

LINE 11B

FORM 990, THE RETURN IS REVIEWED BY ALL OF THE BOARD MEMBERS
PART VI,

Explanation Return Reference

FORM 990. THE BOARD SIGNS A CONFLICT OF INTEREST STATEMENT AS PART OF THEIR ORIENTATION AND IT IS UPDATED. PAGE 6. ANNUALLY

PART VI. LINE 12C

990 Schedule O, Supplemental Information

Return Explanation
Reference

FORM 990,
PAGE 6,
PAGE 7

HE SALARY FOR THE PRESIDENT SHALL BE 60% AND THE SALARY FOR THE SECRETARY/TREASURER SHALL
BE 50% OF THE AVERAGE OF THE HIGHEST BASE WAGE FOR THE TOP PAID FIRE FIGHTER IN EACH OF T
HE WSCFF DISTRICTS BASED ON DATA REPORTED TO THE STATE COUNCIL BY APRIL 1ST OF THE YEAR PR
LINE 15A

ECEDING THE FISCAL YEAR IN WHICH THE SALARY IS PAID

Return Explanation
Reference

FORM 990,
PAGE 6,
PAGE 7
PART VI,
LINE 15B

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HE WSCFF DISTRICTS BASED ON DATA REPORTED TO THE STATE COUNCIL BY APRIL 1ST OF THE YEAR PR
LINE 15B

ECEDING THE FISCAL YEAR IN WHICH THE SALARY IS PAID

Return Explanation
Reference
FORM 990 NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC
PAGE 6,
PART VI,
LINE 19

Return Explanation
Reference

FORM 990, PART XI.

990 Schedule O, Supplemental Information

LINE 9

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

DLN: 93493085003150

Open to Public Inspection

Name of the organization INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS WA STATE COUNCIL OF FIREFI							•	<b>loyer identif</b> 729677	icatio	n number		
Part I Identification of Disregarded Entities Complete if t	he organ	ızatıon answe	red "Yes	" on Form	990, Part	IV, line 33						
(a) Name, address, and EIN (if applicable) of disregarded entity	(a) ess, and EIN (if applicable) of disregarded entity		(a) (If applicable) of disregarded entity  (b) (c) Legal domicile (state or foreign country)		cıle (state	(d) Total income		(e) ne End-of-year assets		(f) ssets Direct cor enti		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>s</b> Comple								cause			
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal dor	(c) nicile (state n country)	(d Exempt Cod	) de section	Public c	(e) harity status on 501(c)(3))	D	(f) irect controlling entity	ent	ontrolled tity?
(1)WSCFF SEGREGATED FUNDS 1069 ADAMS STREET SE	POLITICAL	-		WA	527				N/A		Yes	No No
OLYMPIA, WA 98501 90-0004087	<u> </u>											
	-											<u> </u>
	<u> </u>										+	_
											+	_
	+										+	-
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(a) Name, address, and EIN of related organization	Name, address, and EIN of			(d) Direct controlling entity	(e) Predominant income(related, excluded fron tax under sections 512- 514)	d, total incom		Disprop	h) ortionate itions?	(i) Code V-U amount in 20 of Schedule k (Form 106	oox ma pa -1	(j) neral or naging rtner?	(k) Percen owner	tage
					314)			Yes	No	1	Ye	s No	1	
											_	+		
Identification of Related Organiza because It had one or more related o						lization ans	wered "Yes	" on Fo	orm 99	90, Part 1	V, lın	e 34		
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp, or trust)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin-	e	(ı) Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled

**q** Reimbursement paid by related organization(s) for expenses . . . . .

(a)

Name of related organization

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

**1**q

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

No

No

No

Transactions with Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.											
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No								
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No								
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes									
c Gift, grant, or capital contribution from related organization(s)	1c		No								
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No								
e Loans or loan guarantees by related organization(s)	1e		No								

c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	<b>1</b> g	No
L.	Division of posts from valetad averaged on (2)	1 h	No

С	Gift, grant, or capital contribution from related organization(s)	1c	NO
d	Loans or loan guarantees to or for related organization(s)	1d	No
е	Loans or loan guarantees by related organization(s)	1e	No
		45	
f	Dividends from related organization(s)	11	No
g	Sale of assets to related organization(s)	<b>1</b> g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No

d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	<b>1</b> g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
0	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	No

(b)

Transaction

type (a-s)

(c)

Amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See mistractions regarding exclusion													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

