SCANNED NOV 2 3-2021

(Rev January 2020)

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

| | | f the Treasury nue Service | ► Go to w | ww.irs.gov/Form990 f | or instructions a | nd the latest | inform | ation. | 1 | Inspectio | n | |
|--------------------------------|--|-------------------------------|--|---------------------------------------|---|-----------------|--|------------------------|----------------------|------------------|---------------|--|
| Ā | For th | e 2019 ca | lendar year, or tax year | | | | nding | | | | | |
| B | Check if | applicable | C Name of organization | ALASKA PROFESSIO | ONAL FIREFIGHTE | ERS ASS'N | | D Employer i | dentification | n number | | |
| | Address | change | Doing business as | | | | | 1 | | | | |
| | Name cl | nange | • | box if mail is not delivered | to street address) | Room/suite | 20-2016474 | | | | | |
| = | | | 3705 ARCTIC BLVD 4 | 35 | | l | | E Telephone | number | | | |
| Ш | Initial ret | um | City or town | | State | ZIP code | | (907) 590-21 | 109 | | | |
| \Box | Final retur | n/terminated | ANCHORAGE | | AK | 99503-577 | | , | | | | |
| $\overline{\Box}$ | Amende | d estum | Foreign country name | Foreign province/ | state/county | Foreign postal | code | G Gross recei | nte S | 1 | 42,612 | |
| 믬 | | | | · · · · · · · · · · · · · · · · · · · | 1-11-11-11-11-11-1 | | T | G Gloss lecel | μω Ψ | | | |
| Ш | Applicati | on pending | F Name and address of pnn | • | | | H(a) is t | his a group return for | subordinates? | Yes Yes | X No | |
| | | | DOMINIC LOZANO, P | O Box 111222, Fairba | nks AK 99511- | | | e all subordinates | | Yes [| No | |
| ı | Tax-exe | mpt status | 501(c)(3) X 501(c) |) (5) ◀ (insert n | no) 4947(a)(1) | or 527 | "ניענ | "No," attach a list. | (see instruc | tions) | | |
| J | Website | : ► ALA | ASKAPFFA ORG | | | | H(c) Gr | oup exemption nu | ımber 🕨 | | | |
| | | organization | | rust Association | Other ▶ | L Yea | ar of form | | | f legal domicile | AK | |
| | art I | | | 20 | | | | 2005 | <u></u> | | <u></u> | |
| | | | mmary | | | DDIA | ICINIC | ALL ALACKAL | N EIDEE | CHTERE | | |
| æ | 1 | | escribe the organizatior HER AS A COMMUNIT | | | | | ALL ALASKA | | | | |
| Governance | | | FETY OF THE OCCUP | | TOTROMOTE | | <u>40, 440</u> | MAING COM | DITIONS, | | | |
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| Š | 2 | | | ganization discontinue | • | or aisposea | or more | e tnan 25% oi I | - 1 | sets | _ | |
| ن مح | 3 | | of voting members of the | | | // has 45\ | | - | 3 | | 6 | |
| es. | 4 | | of independent voting r | - | | | | <u>-</u> | 5 | | | |
| Activities & | 5 | | mber of individuals emp | • | ir 2019 (Part V, III | ne za) | | - | 6 | | 5 | |
| 3 | 70 | | mber of volunteers (esti | • • | mn (C) line 12 | | | <u> </u> | 7a | | | |
| • | 7a | | related business revenu elated business taxable | | | | | _ | 7b | | <u>0</u> | |
| | | Net unit | iateu pusiriess taxable | income irom Form 99 | 10-1, line 39 | | Ι | Prior Year | /b | Current Year | | |
| _ | 8 | Contribu | tions and grants (Part V | /III line 1h\ | ncvv | | | | 916 | | 42,607 | |
| 를 | 9 | | service revenue (Part) | · · | 111728 | ን | | | 0 | | 0 | |
| Revenue | 10 | _ | ent income (Part VIII, co | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 20 | | | |
| æ | 11 | | venue (Part VIII, column | | | | - | | 0 | | $\frac{3}{0}$ | |
| | 12 | | enue—add lines 8 through | | | | | 60,9 | | 14 | 42,612 | |
| | 13 | | ind similar amounts paid | | | U' | | | 200 | <u>.</u> | 1,750 | |
| | 14 | | paid to or for members | | ol . | | | | | | | |
| _s | 15 | | other compensation, emp | | | RS-001-95 | | 26,2 | 220 | | 28,915 | |
| 156 | 16a | | onal fundraising fees (P | | | 13 | | | 0 | | 0 | |
| Expenses | b | | draising expenses (Par | | | | | | | | | |
| ŭ | 17 | | penses (Part IX, columi | | | | | 57, | 734 | 1 | 15,867 | |
| | 18 | | enses Add lines 13-17 | | | 25) . | | 85, | | | 46,532 | |
| | 19 | | eless expenses Subtra | | | , l | | -24,2 | | | -3,920 | |
| 5 g | T | _ | | | | | Beginn | ing of Current Ye | ear | End of Year | | |
| Net Assets or Fund Balances | 20 | Total ass | ets (Part X, line 16) | | | [| | 21,4 | 487 | 1 | 19,771 | |
| i As | 21 | Total liab | ulities (Part X, line 26) | | • | | | | 777 | | -3,074 | |
| 25 | 22 | Net asse | ts or fund balances Su | btract line 21 from line | e 20 | | | 20,7 | 710 | 2 | 22,845 | |
| | irt II | | nature Block | | <u></u> | | | | | | | |
| Und | er penaltı | es of perjury | , I declare that I have examine | this return, including according | mpanying schedules a | and statements, | and to th | e best of my knov | vledge | | | |
| and | Delier, it i | s true, correc | t, and complete Beclarates | preparer (other than office | r) is based on all infor | mation of which | preparer | nas any knowled | | | | |
| Sig | ın | | Signature of officer | | | | | | <u>11 / C</u> | 020 | | |
| He | re | | • | | | SEC: | V TDE | Date | | | | |
| | | | DOMINIC LOZANO | | | SEC. | 1-1KE/ | ASURER | | | | |
| | | | Type or print name and title Type preparer's name | Pranbrar | s signature | -4 | Date | | | PTIN | | |
| Pai | d | | | | Va. / [/// | 1.00.1 | | Che | | | | |
| | eparer | DO | | | | | | | f-employed P00148426 | | | |
| | e Only | 1 | s name ALASKA A | CCOUNTING SERVI | €ES, INC. | | | Firm's EIN ► 9 | 92-0116386 | | | |
| -3 | · · · · · | Firm's | s address ► 3705 ARCT | IC BLVD 485, ANCH | ORAGE, AK 99 | 9503-5774 | | | 7) 276-50 | | | |
| May | the IR | | this return with the pre | ··· | | | | | | Yes | No | |
| | , | | and rotally with the pre | P. 3. 00771 above. | ,000 | , <u></u> | · · · · · · · · · · · · · · · · · · · | | <u> </u> | <u> </u> | | |

| Form | 990 (2019) | ALASKA PROFESSIONAL FIREFIGHTERS ASS'N | 20-2016474 | Page 2 |
|-----------|------------|--|---------------------------------------|--------|
| Pá | art III | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | |
| _ | Dage. d | | · · · · · · · · · · · · · · · · · · · | |
| 1 . | | escribe the organization's mission RT I, PAGE 1, Line 1 | | |
| | <u> </u> | RTI, PAGE 1, Line 1 | | |
| | | | | |
| | | | | |
| 2 | | organization undertake any significant program services during the year which were not listed on | □ vee | X No |
| | | Form 990 or 990-EZ? . describe these new services on Schedule O | Yes | X No |
| 3 | | organization cease conducting, or make significant changes in how it conducts, any program | | |
| _ | services | | Yes | X No |
| | If "Yes," | describe these changes on Schedule O. | | |
| 4 | | the organization's program service accomplishments for each of its three largest program services | | |
| | | s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo | cations to others, | |
| | the total | expenses, and revenue, if any, for each program service reported | | |
| 4a | (Code |) (Expenses \$ including grants of \$) (Revenue | - S | |
| | | RENCES AND CONVENTIONS - BROUGHT FIREFIGHTERS TOGETHER FOR EDUCATION AND | TRAINING | / |
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| 4d | | gram services (Describe on Schedule O) | | |
| 40 | (Expense | | | |
| <u>4e</u> | total prog | ram service expenses | | |

candidates for public office? If "Yes," complete Schedule C. Part I

Part IV Checklist of Required Schedules

| 1 , | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A |
|-----|---|
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to |

- 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
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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
 - b 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
 - c 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 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?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

gaming (gambling) winnings to prize winners?

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

| Form | 1990 (2019) ALASKA PROFESSIONAL FIREFIGHTERS ASS'N | 20-2016474 | P | age 4 | |
|---------|--|---|----------------|-------------|------|
| Par | rt IV Checklist of Required Schedules (continued) | | | | - |
| | Bull and a second secon | | Yes | No | - |
| 22 . | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | . 22 | | " | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | . 22 | | X | • |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | | |
| | employees? If "Yes," complete Schedule J | 23 | | x | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | | • |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | , | } | |
| | 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | Х | _ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | | N/ |
| C | | | | 1 | |
| | to defease any tax-exempt bonds? | 24c | igsquare | ├— | N// |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> | N/A |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess ber transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | | N/ |
| 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 | | | | N/A |
| 26 | 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | | 14// |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curr or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 5111 | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. | . 26 | | х | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, ke | | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | <i>'</i> | | l | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | l | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions) | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | V | |
| | If "Yes," complete Schedule L, Part IV | . 28a 28b | -} | X | |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 260 | | | |
| · | If"Yes, " complete Schedule L, Part IV | 28c | - 1 | Χ_ | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | | |
| | conservation contributions? If "Yes," complete Schedule M | . 30 | | Χ_ | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | Part I 31 | | X | |
| 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 | -∤ | <u> </u> | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301,7701,3 and 301,7701,32 if "Yes," complete Schodule R. Part I. | | - 1 | ~ | |
| 34 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | 33 | -+ | <u>X</u> | |
| | Ill, or IV, and Part V, line 1 | . 34 | - 1 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | . 35a | | X | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a conf | rolled | \neg | | |
| | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | | N/A |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relative | 1 1 | T | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | ∤ | ' | N/A |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 1 1 | } | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Vi | | | <u>X</u> | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b an | | | | |
| Davi | 19? Note: All Form 990 filers are required to complete Schedule O | . (38) | <u> </u> | | |
| rait | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | Г | \neg | |
| | Theorem Conedule C contains a response of note to any fine in this rait v | · · · · · · · · · · · · · · · · · · · | Yes | No No | |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 0 | - 73 | | |
| . •• | Lines are number reported in box o or i orin 1000 Enter to il not appriousio | | | _ | |

Form **990** (2019)

1b

Form **990** (2019)

| Fal | Statements Regarding Other IRS Fillings and Tax Compliance (Continued) | | | т | _ |
|---------|--|--|---------------------|------------------------|------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 777 | Yes | No | Ĭ |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 | , , , | Ti: | 1 mag | ĺ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | j |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | * * * * | 777 | 1777 | İ |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | , |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | 1 | | N/A |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | | • |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X | |
| b | If "Yes," enter the name of the foreign country | 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | *** | | İ |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | 177 | | 1 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X | |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | I | | N/A |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | <u></u> | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | ĺ | | | |
| | gifts were not tax deductible? | 6b | <u>L</u> _ | <u> </u> | N/A |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 1 | 1 | | i |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | :::: | 1+44 | 1 | |
| | and services provided to the payor? | 7a | ļ | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | L | Ь. | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | required to file Form 8282? | 7c | <u> </u> | X | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | **** | \$ * 4 , 7 * 5/4 | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . | 7e | <u> </u> | X | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | <u> </u> | X | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> | N/A |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | N/A |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 1311 | *** | 4:33 | N/A |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | **** | — | 11// |
| 9 | Sponsoring organizations maintaining donor advised funds. | | **** | | N/A |
| a | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a depost depost advect or related person? | 9a 9b | - | — | N/A |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter | 30 | **** | 2233 | 14/ |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | ==== | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | :::: | | |
| '' a | Gross income from members or shareholders . 11a N/A | | | **** | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | *** | ::::: | :::: | |
| _ | against amounts due or received from them) | 1 | 200 | 1111 | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | الانسانية الانسانية | N/A |
| b | if "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A | **** | 1137 | 1141 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | 24 | | |
| | is the organization licensed to issue qualified health plans in more than one state? | 13a | 1111 | | N/A |
| | Note: See the instructions for additional information the organization must report on Schedule O | \$17.7W | 1:22 | **** | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | ###################################### | *:::: | 1333 | |
| | the organization is licensed to issue qualified health plans N/A | **** | *** | * * * * | |
| С | Enter the amount of reserves on hand | **** | 333 | 12:5 | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | i | N/A |
| 15 | 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 | 15 | | Х | |
| | If "Yes," see instructions and file Form 4720, Schedule N | ::::: | <u> </u> | 1111 | |
| | · · | 16 | <u> </u> | X | |
| 10 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 10 | 4 474.4 | **** | |
| _ | If "Yes," complete Form 4720, Schedule O | **** | ***+ | **** | |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

| | Officer is confedure to contains a response of flote to any line in this fact vi | | <u>·</u> | _ <u>·</u> | | _ |
|-----------|---|-------------------------|----------|------------|----|-----|
| Sec | ion A. Governing Body and Management | | | T | | - |
| | | | _ | Yes | No | 2 |
| .та | Enter the number of voting members of the governing body at the end of the tax year | 1a | | | | |
| | 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 | | | | | ŀ |
| | committee, explain on Schedule O | | | | | • |
| þ | Enter the number of voting members included on line 1a, above, who are independent | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations | ship with | | | | i |
| | any other officer, director, trustee, or key employee? | | 2 | | X | - |
| 3 | Did the organization delegate control over management duties customarily performed by or under | | | ł | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other p | | 3 | | _X | _ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | | 4 | | X | _ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | assets? | 5 | | Х | _ |
| 6 | Did the organization have members or stockholders? . | | 6 | Х | | _ |
| 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 | Х | | _ |
| þ | Are any governance decisions of the organization reserved to (or subject to approval by) members | , | | | | |
| | stockholders, or persons other than the governing body? | | 7b | | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken | n during | | | | ĺ |
| | the year by the following | • | | | | |
| а | The governing body? | | 8a | X | | _ |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | | - |
| 9 | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | eached | | | | • |
| | at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | 9 | - 1 | Х | |
| Sect | ion B. Policies (This Section B requests information about policies not required by the | Internal Revenue | Code |) | | • |
| | | | | Yes | No | • |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | Х | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such of | chapters, | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu | rposes? | 10b | ļ | | N/A |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body befo | re filing the form? | 11a | | X | |
| þ | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | J | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | X | |
| ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could g | give rise to conflicts? | 12b | | X | • |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | | | | | • |
| | describe in Schedule O how this was done | | 12c | | | N/A |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | val by | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | | ĺ | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | X | | |
| b | Other officers or key employees of the organization | | 15b | X | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangi | ement | | | | |
| | with a taxable entity during the year? | , | 16a | <u> </u> | X | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | ate its | | | | |
| _ | participation in joint venture arrangements under applicable federal tax law, and take steps to safeg | | | | | |
| | the organization's exempt status with respect to such arrangements? | | 16b | | | N/A |
| Secti | on C. Disclosure | | 1 1 | | | |
| <u>17</u> | List the states with which a copy of this Form 990 is required to be filed ► ALASKA | | | **** | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, | and 990-T (Section | 501(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that app | | \-/ | | | |
| į | | olaın on Schedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, | - | | | | |
| • | 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 b | ooks and records | • | | | |
| | DOUG MORRIS, CPA | (907) 276-5095 | - | | | |
| | 3705 ARCTIC BLVD 485, ANCHORAGE, AK 99503-5774 | | | | | |

| Form 990 (2019) | ALASKA PROFESSIONAL FIREFIGHTERS ASS'N | 20-2016474 | Page 7 |
|--|---|----------------------|---------------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp | ensated | |
| | 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 Empl | oyees | |
| 1a Complete to organization's | his table for all persons required to be listed. Report compensation for the calendar year ending wat tax year. | vith or within the | |
| | of the organization's current officers, directors, trustees (whether individuals or organizations), region. Enter -0- in columns (D), (E), and (F) if no compensation was paid. | gardless of amount | |
| List all o List the who received r | of the organization's current key employees, if any See instructions for definition of "key employed organization's five current highest compensated employees (other than an officer, director, trusted exportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$10 and any related organizations | ee, or key employee) | |
| | f the organization's former officers, key employees, and highest compensated employees who re portable compensation from the organization and any related organizations | eceived more than | |

• 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

See instructions for the order in which to list the persons above

| Check this box if neither the organization nor an | | ation | cor | npe | nsa | ted a | ny c | urrent officer, di | rector, or trustee | • |
|---|---|--------------------------------|-----------------------|----------------------|--------------|----------------------------------|-----------|---|--|---|
| (A) Name and title | (B) Average hours | box, | unles er an | Pos neck ss pe | rson | e than o is both or/truste | an ee) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) THOMAS WESCOTT | 7 50 | | | | | | | _ | | |
| PRESIDENT | ļ | X | _ | Х | _ | | | 10,500 | | |
| (2) DOMINIC LOZANO | 5 00 | | | | | | | 7.500 | | 1 |
| SEC'Y-TREASURER | 2 50 | Х | | X | - | | - | 7,500 | | |
| (3) PAUL A MIRANDA Southcentral Alaska VP | 2 50 | Х | | Х | | | | 3,000 | | |
| (4) MARK L FUETTE | 2 50 | _ | | | | \vdash | | 5,000 | - | |
| Southeast Alaska VP | | х | | Х | | | | 3,000 | | |
| (5) SCOTT RAYGOR | 2 50 | | | | | | | | | |
| Interior Alaska VP | | Х | | х | | | | 2,500 | | |
| (6) | | | | | | | | | | |
| .(7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| F | (A) Name and title | (B) Average hours | (do r box, office | not ch unles | Pos neck ss pe | C) sition more | than is both | one n an tee) | (D) Reportable compensation | (E Repor comper | i) table nsatron | Estr | (F) nated ar of other | r |
|-----------|---|---|-----------------------------------|-----------------------|----------------------|----------------------|------------------------------|---------------------|---------------------------------------|---------------------------------|------------------------|--------------|---|---------------|
| | | per week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from re organiz (W-2/1099 | ations | orga | mpensa from the inization i organi | e i and |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | _ | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | _ | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | - | |
| (22) | | | | | _ | | | | | | | | | |
| | | | | | | _ | | | | | | | | |
| | | | | | \dashv | | | | <u> </u> | | | | | |
| (25) | | | | _ | - | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b c | Subtotal Total from continuation sheets to Part VII, Se | ction A | | • | | | | • | 26,500 0 | | 0 | | | <u>0</u> 0 |
| d | Total (add lines 1b and 1c) | | | | | | | ▶ | 26,500 | | 0 | | | 0 |
| 2 | Total number of individuals (including but not line reportable compensation from the organization | nited to those lis | ted al | bove | e) w | ho i | recen | ved | more than \$100 | ,000 of | | | | 0 |
| 3 | Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu | | | - | e, c | or hi | ghes | t co | mpensated | | | <u> </u> | Yes | No X |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations great | f reportable com | pens | atıo | | | | | | 7 | | | | |
| 5 | individual Did any person listed on line 1a receive or accru | ue compensatior | n from | n an | y ur | rela | ated o | orga | anızatıon or ındıv | ıdual | | 4 | | X M |
| | for services rendered to the organization? If "Ye | s," complete Sci | hedul | e J | for s | suct | n per | son | | | | 5 | | X |
| Sect 1 | ion B. Independent Contractors Complete this table for your five highest comper | nsated independ | lent c | ontr | acto | ors t | hat re | ece | ved more than \$ | 3100,000 | of | | | |
| | compensation from the organization Report cor | | | | | | | | with or within the | | | | | |
| | (A) Name and business address | | | | | | | _ | (B) Description of serv | ices | Co | (C) ompen | | |
| | | | | | | | | | | | | | | |
| | NONE | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (including more than \$100,000 of compensation from the contractors). | | | hos | e lis | sted | abov | /e) v 0 | who received | | | | | |

Page 9

| | | Check if Schedule O co | ontain | s a respon | se or | note to any line | ın this i | Part VIII | | | | | | | | |
|--|----------|--|-----------|-------------|----------|------------------|--|--|---|--|-----------------|-------------------------------------|--|----------|--|---|
| | | | | | | | Tot | (A) al revenue | , | (B) ated or e ction rev | | | (C) Unrelated ness reven | ue | (D) Revenue e from tax sections 5 | xcluded under |
| 29 W | 1a | Federated campaigns | | | 1a | (| <u>) </u> | ا سود مه ۱۳ اگر در ما ا سود مه ۱۳ اگر در ما | | * * * * * * * | | 2 . 5 . 6 | 7 % % 4 | ::: | | 737.17 |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | | | 1b | 86,946 | 3]::::: | | | | | 1 | 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | | 4 |
| 0 2 | С | Fundraising events | | | 1c | | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | 1 4 7 6 8 - 4 7 3 1 7 7 4 4 3 4 4 7 3 | | 9 - 81 1 - 1 1 1 1 1 1 - 1 1 1 1 1 1 | | | * 370 - 1 *********************************** | ~ | * | 1 1 2 4 1 |
| \$ 4 | d | Related organizations | | | 1d | 25,000 | ֓֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | 1 * * * * * * * * * * * * * * * * * * * | | * | | | _ 1. 4 14 3 4 4 4 4 4 4 4 4 | *** | 4 | 4 9 8 4 |
| 2 5 | e | Government grants (contril | bution | s) | 1e | (| 5]:::::: | 3011 391 | 1 | **** | | y , u 14 , 5 | 4 1 1 1 2 2 2 2 2 2 4 4 4 4 4 4 4 4 4 4 | 1. | Signiff. | **** |
| Sir | f | All other contributions, gifts | | | | | 7:::: | | | , | | | | 1.5 | 111111 | |
| Dia i | | similar amounts not include | - | | 1f | 30,661 | و تعديد | AULA AND AC ACI | 1.1. | 22 + | |];;;; | # 4 (# 4) # 64 # 1 | | 74 - 44 - 4 | 1 m H 4 2 4 7 m H 4 4 4 4 4 6 6 6 7 7 |
| 들 | g | Noncash contributions incli | uded i | n | | | | C 2 8 8 8 8 8 9 9 - | | ***,19 | | 4 | | | 347.43 | 7 - 7 A & - |
| d d | - | lines 1a-1f | | | 1g | \$ | | | | | 4 + 1 + | ,,,,, | | ** | 100 000 | 1014 |
| Q P | h | Total. Add lines 1a-1f | | 1 | | | 1 | 142,60 | 7 | | | | | | | |
| | | | | | | Business Code | 7.00 | | 4.75 | * 1260 | 2 4 | | | 1: | | 1 2 2 2 |
| Program Service Revenue | 2a | | | | | | | | | | | | | | | |
| و څ | b | * | | | | l | <u> </u> | | <u> </u> | | | <u> </u> | | | | |
| ŭ Ĕ | С | | | | L | | | | | | | | | | | |
| gram Sen Revenue | ď | | | | | | | | | | | | | _ | | |
| ğα | е | | | | | | | <u> </u> | <u> </u> | | | 1 | | _ | | |
| Ę | f | All other program service re | evenu | е | | L | | | ↓ | | | <u> </u> | | | _ | |
| | g | Total. Add lines 2a-2f | | <u>-</u> | | . > | <u> </u> | | A A 3.0 | **** | * 1 | 3 | | | ~ + + + + + + + + + + + + + + + + + + + | |
| | 3 | Investment income (includi | ng div | idends, int | erest | t, and | | | | | | 1 | | [| | |
| | | other similar amounts) | | | | | <u> </u> | | + | | | ├ | | _ | | 5 |
| | 4 | Income from investment of | tax-ex | cempt bon | d pro | ceeds | <u> </u> | | | | | ├ | | - | | |
| | 5 | Royalties | | () David | | ▶ | | , |) | 47 € (a €) ● | | 9 - 4 - 1 | **** | | 0 | म कदियं ज |
| | | Caran anata | | (ı) Real | <u>'</u> | (II) Personal | - 11 21 21 21 | 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | i i i i i i | | 1 U H U 1 | | 2 | 19 1 4 6 7 | 9 3 - 20 4) 4 - 4 - 4 - 4 4 |
| | 6a | Gross rents | 6a | | | | -{::::: | , | ∦ :::∖ | ** *** | | 1::::: | | | 1 1 1 2 1 1 1 1 1 | |
| | b | Less rental expenses | 6b | | | | | | | | .::: | 1 3 1 n 2 | ************************************** | : | | 1 7 9 7 |
| | C | Rental income or (loss) Net rental income or (loss) | <u>6c</u> | l | | | | | | ***** | •••• | | | | *** * * * * | * • • • |
| | d 7a | Gross amount from | | (ı) Secunt | nes T | (II) Other | | | <u>,, , , , , , , , , , , , , , , , , , ,</u> | **** | 7415 | | 2 | + 0 | ****** | 7 4) L % % * * |
| | / a | sales of assets | l | (1) 0004111 | - | (1) 00101 | | | | 7 | 772 | | | * w | | **** |
| | | other than inventory | 7a | | | | 3 6 3 6 | | | | | 1::::: | 4 - 4 - | -: | ~ , <u>.</u> . 4 . 4 . 6 . 6 4 4 5 4 . 1 15 . 4 . 8 . 16 . 1 | |
| <u>.</u> | ь | Less cost or other basis | <u> </u> | | | | | , ,, , , , , , , , | | | | 1::::: | 11111 | - ;] | ****** * * * * * * * * * * * * * * * * | 19 00 0 1 0 11 0 0 1 1 1 |
| JU. | | and sales expenses | 7b | | | | | | | | | 5 | | - | | |
| Revenue | С | Gain or (loss) | 7c | | | | | | | | | | | :: | | |
| Α. | d | Net gain or (loss) | | | | | | C | · | | | | | | | |
| ther | 8a | Gross income from fundrais | sina | ſ | \neg | | 1 | * P ~ \ - # ^ 4 · | 1::::: | A = 4 = 2 | | | 4 - 1 + 4 + 1 | ::1 | | * , |
| ō | | events (not including \$ | 3 | | | | | | | | | | 4 | | **** | **** |
| | | of contributions reported on | line 1 | ic) | ĺ | | 1::::: | | | | | 7 7 9 0 0 | 1322-11 | | L ; ; ; ; ; q ; 1; * b b m a c | **** |
| | | See Part IV, line 18 | | , j | 8a | | Maria. | | | 7-77 | | 7 2 2 2 3 | | | 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | * |
| | b | Less direct expenses | | | 8b | | | | ::::/`; | | | 11 6 6 | * | | * • • • • • • • • • • • • • • • • • • • | *** |
| | С | Net income or (loss) from fu | undrai | sing event | S | <u> </u> | | 0 | | 1 - 1 | | | | | | |
| | 9a | Gross income from gaming | activi | ties | T | · - | | F | | 11 6 4 4 4 | * 1 | : ; ; ; ; | ¥1, \$5, \$1 | :: | 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 2,7327 |
| - | | See Part IV, line 19 | | L | 9a | | | | | | • 19 3 4 4 • | | 4 4 6 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | * * * * * * * * * * * * * * * * * * * | 1 . 3 |
| 1 | b | Less direct expenses | | | 9b | | 71,000 | *** | | | h: | 4 | 1 4 4 4 4 5 4 6 5 4 6 6 5 6 6 6 6 6 6 6 6 | | , , , , , , , , , , , , , , , , , , , | |
| 1 | C | Net income or (loss) from g | _ | activities | | <u> </u> | | 0 | | , ,- | , | | | | | · · · · · |
| - 1 | 10a | Gross sales of inventory, les | SS | | . | | 7 4 + + + 4 7 6 . 4 7 7 | | | **** | | * * * *** | \$ 0.4 * * * * * * * * * * * * * * * * * * * | : | 1.3 1 0 4 2 4 0 6 F 1 7 1 7 5 4 7 7 1 - 1 4 4 7 4 7 7 | 17:31 |
| - 1 | | returns and allowances | | <u>-</u> | 10a | | | | | | | 191 a 4 b 7 1 P 3 3 1 m 3 7 1 | | | , , , , , , , , , , , , , , , , , , , | 7 7 9 2 |
| i | | Less cost of goods sold | | _ | 10b | | ***** | 3 - 2 - 1 9 - 1 | | | | 710 + 5 | * | | -1-1-1-1 | |
| | С | Net income or (loss) from sa | ales o | rinventory | | Business Code | | 0 | <u> </u> | 4 3 1 | | | 4,000,000 | 1 | | <u> </u> |
| ellaneous evenue | 110 | | | | } | Business Code | أسعدن | - 1 . 4 / 3 | عُسَعَت | <u>ئ</u> ىلىقدىنىدى | سنم | خننت | e de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della comp | - | | . (4 m) |
| 걸 | 11a b | | | | - | | | | ├ | | | | | + | | |
| Revenue | 2 | | | | } | | | | | | | <u> </u> | | + | | |
| Sce Re | d | All other revenue | | | - - | | | | | | | | | + | | |
| Ĕ | | Total. Add lines 11a-11d | | • | L | | | | | 3 3 4 4 4 4 | *::1 | 4 4 4 7 2 | * * * * * * * * | | | 0 49.7 |
| | 12 | Total revenue See instruct | ions | | | | | 142 612 | | | _ | | | n | | |

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

| 200 | ion 30 (c)(3) and 30 (c)(4) organizations must complete an | COlumnia An Outer | organizations must | complete column (A | |
|-----|--|--------------------------------|---------------------------------------|--|--------------------------------|
| | . Check if Schedule O contains a response or note | e to any line in this P | Part IX | | X |
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | *********** | |
| | domestic governments See Part IV, line 21 | 1,000 | | *********** | 171:22:11:22:22:23 |
| 2 | Grants and other assistance to domestic | | | * * * * * * * * * * * * * * * * * * * | |
| | individuals See Part IV, line 22 | 750 | | ****** | ******* |
| 3 | Grants and other assistance to foreign | | | ********** | ******* |
| | organizations, foreign governments, and foreign | | | \$44544. ********************************* | |
| | individuals See Part IV, lines 15 and 16 | | | ********* | ********** |
| 4 | Benefits paid to or for members | | | ******** | ************* |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 26,500 | | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | l | | |
| 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 | 2,415 | | | |
| 11 | Fees for services (nonemployees) | | | | |
| а | Management | | 1 | 1 | |
| b | Legal | 0 | · · · · · · · · · · · · · · · · · · · | | |
| С | Accounting . | 1,350 | | | |
| d | Lobbying . | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | ************ | ******* | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O) | 47,024 | | Į | li |
| 12 | Advertising and promotion | 120 | | | |
| 13 | Office expenses | 1,108 | | | |
| 14 | Information technology | 1,289 | | | |
| 15 | Royalties . | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 37,078 | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 18,161 | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | Not required | Not required | Not required |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered | ****************************** | 1 | * * * * * * * * * * * * * * * * * * * | ********** |
| | above (List miscellaneous expenses on line 24e If | | | 1 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 | |
| | line 24e amount exceeds 10% of line 25, column | *********** | | | ***** |
| | (A) amount, list line 24e expenses on Schedule O) | ********* | | ***** | **** |
| а | Bank & credit card fees | 55 | | | |
| b | Dues | 6,830 | | | |
| С | Licenses | 25 | | | |
| đ | Lobbying PAC | 1,000 | | | |
| е | All other expenses Printing | 1,827 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 146,532 | | | |
| 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 | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | |

32

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

ALASKA PROFESSIONAL FIREFIGHTERS ASS'N Form 990 (2019) 20-2016474 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2.849 1 1 Cash-non-interest-bearing -11.372 17,032 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 1.606 Inventories for sale or use 8 1.606 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 10c b 11 Investments-publicly traded securities 11 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 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 21,487 16 19,771 17 777 17 Accounts payable and accrued expenses -3,074 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liatilities trustee, key employee, croator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 777 26 Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds. 20,710 31 22,845

22,845

19,771

20.710

21.487

32

33

| -orm | 1990 (2019) ALASKA PROFESSIONAL FIREFIGHTERS ASS'N | 20- | <u>-2016474 i</u> | Page 72 | Ĺ |
|------|---|----------|-------------------|----------------|----------|
| Par | XI Reconciliation of Net Assets | | | | - |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 · | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1 | 42,612 | - |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1 | 46,532 | - |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -3,920 | <u>-</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 20,710 | <u>.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | _ |
| 6 | Donated services and use of facilities | 6 | | | _ |
| 7 | Investment expenses . | 7 | | | _ |
| 8 | Prior period adjustments | 8 | | 6,055 | <u>-</u> |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | _ |
| 0 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, |] [| | | |
| | column (B)) | 10 | | <u> 22,845</u> | _ |
| art | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | <u> </u> | | _ |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | - | No No | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both | • | 2a | X | İ |
| b | Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | | 2b | X | İ |
| • | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | | | | İ |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | l |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | } | l |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | N// |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O | | | | |
| 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 | х | _ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | NI. |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | N// |
| | | | Form 990 | (2019) | |

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

2019

Open to Public Inspection

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

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

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

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

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

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

| • 5 | Section 501(c)(4), (5), or (6) of | organizations Complete Part III | | | | | | |
|-----|---|---|---------------------|--|------------------------------------|---------------|--|--|
| | | | | | Employer identification number | | | |
| ALA | ASKA PROFESSIONAL FI | | | | 20-2016474 | | | |
| Pa | | the organization is exempt und | | | | N/A | | |
| 1 | • | the organization's direct and indirect p | political campaign | activities in Part IV. (se | e instructions for | | | |
| | definition of "political can | • | | | | | | |
| 2 | | y expenditures (see instructions) | | . 1 | > \$ | | | |
| 3_ | | cal campaign activities (see instruction | | | | NI/A | | |
| | | the organization is exempt und | | | | N/A | | |
| 1 | · · · · · · · · · · · · · · · · · · · | excise tax incurred by the organization | | | 5 | | | |
| 2 | - | excise tax incurred by organization m | - | - | • \$ | | | |
| 3 | | ed a section 4955 tax, did it file Form | 4720 for this year | 7. | . L | ∐ No | | |
| 4a | | | | | Yes | No | | |
| | If "Yes," describe in Part | | | | | | | |
| Pa | | the organization is exempt unc | | | <u>501(c)(3).</u> | N/A | | |
| 1 | • | expended by the filing organization to | for section 527 exe | | | | | |
| | activities | | | - | > \$ | | | |
| 2 | | filing organization's funds contributed | to other organizat | ions for section | | | | |
| | 527 exempt function active | | | • | > \$ | | | |
| 3 | | penditures Add lines 1 and 2 Enter h | nere and on Form | 1120-POL, | | | | |
| | line 17b | • | | • | ▶ \$ | - | | |
| 4 | | n file Form 1120-POL for this year?. | | | Yes | ∐ No | | |
| 5 | | ses and employer identification numb | | | | | | |
| | | ents For each organization listed, en intributions received that were prompt | | | | | | |
| | | d fund or a political action committee | | | | | | |
| | as a separate segregated | | (176) II additiona | Space is riceded, pro- | T T | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | (e) Amount of p contributions rece | | | |
| | | | | funds If none, enter -0- | promptly and d | lirectly | | |
| | | | | | delivered to a se | | | |
| | | | | | none, enter | | | |
| | | | | <u> </u> | | | | |
| (1) | | | | | | | | |
| | | | | | | | | |
| (2) | | | | |] | | | |
| (2) | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| (3) | · — · · · · · · · · · · · · · · · · · · | | | | | | | |
| (4) | | | | | | | | |
| | | | | | | | | |
| (5) | | | | | | | | |
| | | | | <u> </u> | | | | |
| (6) | | | | | | | | |

| Page 2 | |
|--------|--|
| | |

| Р | art II-A Complete if the organiz | ation is exempt | under section 5 | 01(c)(3) and file | d Form 5768 (ele | ection | _ | |
|---|---|---|---|----------------------------------|---|--|---|--|
| _ | . under section 501(h)). | | | | _ _ | N/A | _ | |
| Α | Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's | | | | | | | |
| _ | name, address, EIN, | | | | | | | |
| <u>B</u> | Check ▶ if the filing organization | | | trol" provisions ap | oply | | | |
| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | | | (a) Filing organization's totals | (b) Affiliated group totals | | | |
| 1a | Total lobbying expenditures to influence | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | _ | |
| b | | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | |
| С | | Total lobbying expenditures (add lines 1a and 1b) | | | | | _ | |
| d | , | Other exempt purpose expenditures | | | <u></u> | | | |
| е | | Total exempt purpose expenditures (add lines 1c and 1d) | | | <u> </u> | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both | | | | ł | | | |
| ſ | columns | | | | | <u> </u> | _ | |
| | If the amount on line 1e, column (a) or (| | ng nontaxable amo | unt is: | ************ | - 4 4 4 5 to 6 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | |
| | Not over \$500,000 | | amount on line 1e | | *************************************** | ************ | | |
| ŀ | Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 | | us 15% of the excess us 10% of the excess | | ************** | | : | |
| - 1 | Over \$1,500,000 but not over \$1,500,000 | | us 5% of the excess | | 1 | | 1 | |
| ı | Over \$17,000,000 | \$1,000,000 | do o or the dage | | | 1 | | |
| g | Grassroots nontaxable amount (enter 2 | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | |
| j | If there is an amount other than zero or | n either line 1h or lir | ne 11, did the organi | zation file Form 472 | 0 reporting | | | |
| | section 4911 tax for this year? . | | | | | Yes No | | |
| | | 4-Year Averaging | g Period Under Se | ction 501(h) | · | | | |
| | (Some organizations that made | e a section 501(h) | election do not hav | ve to complete all o | of the five columns | below. | | |
| | Se | ee the separate ins | structions for lines | 2a through 2f.) | | | | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | Loi | obying Expenditur | es During 4-Year A | veraging Period | | | _ | |
| | Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total | | |
| 2a | Lobbying nontaxable amount | | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | *************************************** | | # \$1 # # # # \$ \$ # # # # # # # # # # # # | | _ | |
| С | Total lobbying expenditures | | | | | | _ | |
| đ | Grassroots nontaxable amount | | | | | | _ | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | A P | 44444444444444444444444444444444444444 | | ************************************** | | | |
| f | Grassroots lobbying expenditures | | | | | | | |
| | | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2019

| Pa | art II-B Complete if the organization is exempt under section 501((election under section 501(h)). | c)(3) and has NOT file | d For | m 576 | 8 | N/A |
|--------|--|---|---------------------------------------|----------|---|---|
| Ear | or each "Voc" recenence on lines to through ti below, provide in Port IV a d | otovlad | (a) | | (b) | |
| | or each "Yes" response on lines 1a through 1i below, provide in Part IV a description of the lobbying activity | Yes | No | A | lmou | nt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, s legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of | | | | 1 + + + + + + + + + + + + + + + + + + + | ************************************** |
| а | a Volunteers? | | | | , , , , , | *** |
| b | b Paid staff or management (include compensation in expenses reported on lines 1 | ic through 1i)? | | | **** | * * * * * * * * |
| С | c Media advertisements? . | | <u></u> | <u> </u> | | |
| d | d Mailings to members, legislators, or the public? | | <u> </u> | | | |
| е | e Publications, or published or broadcast statements? | | <u></u> | <u> </u> | | |
| f | f Grants to other organizations for lobbying purposes? | | | | | |
| 9 | g Direct contact with legislators, their staffs, government officials, or a legislative bo | ody? | | | | |
| h | h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar | ar means? . | <u> </u> | | | |
| j | i Other activities? | | <u> </u> | | | |
| j | j Total Add lines 1c through 1i | | ::::: | | | |
| 2a | · · · · · · · · · · · · · · · · · · · |)1(c)(3)? | <u> </u> | 44 47 44 | \$25.53 | h a * a * a * a * a * a * a * a * a * a |
| b | - · · · · · · · · · · · · · · · · · · · | 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + | + + + + + + + + + + + + + + + + + + + | L | | |
| C | , | · | 11111 | | | |
| d | d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this y | | L | 133333 | 1 | ++++ |
| Par | Complete if the organization is exempt under section 501(c) 501(c)(6). | c)(4), section 501(c)(5) | , or s | ection | t | |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | | X |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | > | | 2 | | X |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expend | itures from the pnor year? | | 3 | Х | |
| | Complete if the organization is exempt under section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." | | | | , line | |
| 1 2 | Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include | amounta of | 1 | | | 36,946 |
| 2 | political expenses for which the section 527(f) tax was paid). | allounts of | | | | |
| а | | | 2a | | | 14,008 |
| h | Carryover from last year | | 2b | | | 0 |
| | Total | | 2c | | | 14,008 |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible sec | tion 162(e) dues | 3 | | | 13,042 |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what | | | | | 0,0 12 |
| - | excess does the organization agree to carryover to the reasonable estimate of no | • | | | | |
| | lobbying and political expenditure next year? | | 4 | ı | | 966 |
| 5 | | | 5 | | | 0 |
| | rt IV Supplemental Information | | <u></u> | | | <u>-</u> |
| Provi | vide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part is ee instructions), and Part II-B, line 1. Also, complete this part for any additional inform | | Part II- | A, lines | 1 and | d |
| | | | | | | |
| | · | | | | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Name of the organization

OMB No 1545-0047

Open to Public Inspection

Employer identification number

ALASKA PROFESSIONAL FIREFIGHTERS ASS'N 20-2016474 FORM 990, PART VI, SECTION A, Line 6 - Dues-paying professional Alaskan firefighters FORM 990, PART VI, SECTION A, Line 7a - Annual election by convention reps chosen by members. FORM 990, PART VI, SECTION B, Line 11 - Form 990 reviewed by signing officer prior to signing FORM 990, PART VI, SECTION B, Line 19 - Available upon request FORM 990, PART IX, Line 11g - \$47,024 for actuarial consulting paid to PENSION TRUSTEE ADVISORS, INC , 14 Beacon Hill Lane, Greenwood Village, CO 80111