U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH $200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

4A

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only

US DOL/ESA Received JUL 16 '01 P-2 OLMS/DOE/SRD

US DOL/ESA Rec'd 06/19/2001 B OLMS DRDA

1. FILE NUMBER: 000-317

2. PERIOD COVERED

	MO	DAY	YEAR
From	10	01	1999
Through	09	30	2000

3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: ☐
(b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: ☐
(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: ☐

IMPORTANT

VINCENT BOLLON (2) 000-317
PIPE FIGHTERS AFL-CIO 04A
MHD
1750 NEW YORK AVE N W 3RD FLR 09/00
WASHINGTON DC 20006

8. MAILING ADDRESS *(Type or print in capital letters.)*

First Name

Last Name

P.O. Box • Building and Room Number *(if any)*

Number and Street

City

State ZIP Code + 4

4. AFFILIATION OR ORGANIZATION NAME

5. DESIGNATION *(Local, Lodge, etc.)*

6. DESIGNATION NUMBER

7. UNIT NAME *(if any)*

9. Are your organization's records kept at its mailing address? *(If "No," provide address in Item 75.)* Yes X No ☐

75. ADDITIONAL INFORMATION *(If more space is needed, attach additional pages properly identified.)*

Item Number	

Each of the undersigned officers of the reporting labor organization declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

76. SIGNED: Harold A. Schaitberger
06 / 06 / 01 — Date
(202) 737 - 8484 — Telephone Number
General PRESIDENT *(If other title, see instructions.)*

77. SIGNED: Vincent J. Bollon
06 / 06 / 01 — Date
(202) 737 - 8484 — Telephone Number
General Secretary-TREASURER *(If other title, see instructions.)*

FILE NUMBER: 000-317

During the Reporting Period Did Your Organization:

	Yes	No
10. Have a "subsidiary organization" as defined in Section X of the instructions?		X
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?	X	
12. Have a political action committee (PAC) fund?	X	
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X	
15. Discover any loss or shortage of funds or other property? *(Answer "Yes" even if there has been repayment or recovery.)*		X
16. Have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?		X
17. Liquidate or reduce any liabilities without disbursement of cash?		X

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 241933

19. What is the date of your organization's next regular election of officers? MO 08 YEAR 2002

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? $ 500000

21. What are your organization's rates of dues and fees? *(Enter a minimum and maximum if more than one rate applies for any line.)*

Rates of Dues and Fees	
(a) Regular Dues/Fees	$ SEE ATTACHED SCHEDULE per _____ *(Month, Year, etc.)*
(b) Initiation Fees	$ SEE ATTACHED SCHEDULE
(c) Transfer Fees	$ _____
(d) Work Permits	$ _____ per _____ *(Month, Year, etc.)*

	Yes	No
22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? *(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)*	X	
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?		X
24. Did your organization have any contingent liabilities at the end of the reporting period?	X	

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 0 0 – 3 1 7

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
ASSETS	25. Cash		8819906	9315028
	26. Accounts Receivable		1597885	1364923
	27. Loans Receivable	1	1486134	1407589
	28. U.S. Treasury Securities		0	0
	29. Investments	2	6869460	8014757
	30. Fixed Assets	5	1415536	1321051
	31. Other Assets	3	2735164	3394219
	32. TOTAL ASSETS		22924085	24817567

	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
LIABILITIES	33. Accounts Payable		1138616	2104688
	34. Loans Payable	8	0	0
	35. Mortgages Payable		0	0
	36. Other Liabilities	4	4239062	4377838
	37. TOTAL LIABILITIES		5377678	6482526
	38. NET ASSETS *(Item 32 less Item 37)*		17546407	18335041

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 000-317

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues		0	56. To Officers	9	1366914
40. Per Capita Tax		18599469	57. To Employees	10	5555989
41. Fees		1051912	58. Per Capita Tax		1140730
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		0	60. Office & Administrative Expense	13	3270799
44. Work Permits		0	61. Educational & Publicity Expense		1667752
45. Sale of Supplies		2736112	62. Professional Fees		3897278
46. Interest		5947667	63. Benefits	11	2637647
47. Dividends		0	64. Contributions, Gifts & Grants	12	2467968
48. Rents		0	65. Supplies for Resale		212825
49. Sale of Investments & Fixed Assets	6	11708444	66. Direct Taxes		447993
50. Loans Obtained	8	0	67. Withholding Taxes		2105330
51. Repayments of Loans Made	1	704190	68. Purchase of Investments & Fixed Assets	7	2467646
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	625645
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	6911564	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	0
55. TOTAL RECEIPTS		28359638	74. TOTAL DISBURSEMENTS		27864516

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 0 0 – 3 1 7

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded $250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: Purpose: Security: Terms of Repayment:					
2. Name: Purpose: Security: Terms of Repayment:					
3. Name: Purpose: Security: Terms of Repayment:					
4. Totals from additional pages *(if any)*	SEE ATTACHED SCHEDULE				
5. Totals of loans not listed above	1,486,134	625,645	704,190	0	1,407,589
6. Totals of Lines 1 through 5	1,486,134	625,645	704,190	0	1,407,589
Enter the Totals from Line 6 in	Item 27 Column (A)	Item 69	Item 51	Item 75 with Explanation	Item 27 Column (B)

FILE NUMBER: 000-317

SCHEDULE 2 — INVESTMENTS
(OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities 1. Total Cost	100
2. Total Book Value	100
3. List each marketable security which has a book value over $1,000 and exceeds 20% of Line 2.	
(a)	
(b)	
(c)	
(d)	
Other Investments 4. Total Cost	8,148,902
5. Total Book Value	8,014,657
6. List each other investment which has a book value over $1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages *(if any)*	
7. Total of Lines 2 and 5	8014757
Enter the Total from Line 7 in ..... Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. PrePaid Expenses	130,435
2. Deferred Pension Costs	3,087,385
3. Cash Surrender Value-Life Ins.	36,700
4. ReSaleable Union Supplies	139,699
5.	
6. Total from additional pages *(if any)*	0
7. Total of Lines 1 through 6	3394219
Enter the Total from Line 7 in ..... Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Salaries/Wages	79,751
2. Employee Expense Reimbursemnt	48,600
3. Vacation/Sick Pay	1,199,919
4. Severance	478,983
5. Compensatory Time	90,892
6. Total from additional pages *(if any)*	2,479,693
7. Total of Lines 1 through 6	4377838
Enter the Total from Line 7 in ..... Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: ___ – ___

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (*give location*):	0			
2. Totals from additional pages (*if any*)	0			
3. Buildings (*give location*): 1750 New York Avenue, N.W. Washington, DC 20006	121,950	0	121,950	N/A
4. Totals from additional pages (*if any*)	0			
5. Automobiles and Other Vehicles	0			
6. Office Furniture and Equipment	2,982,311	2,235,822	746,489	N/A
7. Other Fixed Assets	1,074,572	621,960	452,612	N/A
8. Totals of Lines 1 through 7	4,178,833	2,857,782	1,321,051	N/A

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (*if land or buildings, give location*) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. Sale of Certificates of Deposit	1,170,844	1,170,844	1,170,844	1,170,844
2.				
3.				
4.				
5. Totals from additional pages (*if any*)	0	0	0	0
6. Totals of Lines 1 through 5	1,170,844	1,170,844	1,170,844	1,170,844
		7. Less Reinvestments		0
		8. Net Sales		1,170,844

Enter the Total from Line 8 in ..... Item 49

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 0 – 3 1 7

Description *(if land or buildings, give location)* (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Purchase of Furniture and Fixtures	204,513	204,513	204,513
2. Purchase of AFL-CIO Housing Investment Trust	2,263,133	2,263,133	2,263,133
3.			
4.			
5. Totals from additional pages *(if any)*	0	0	0
6. Totals of Lines 1 through 5	2,467,646	2,467,646	2,467,646
	7. Less Reinvestments		0
	8. Net Purchases		2 4 6 7 6 4 6

Enter the Total from Line 8 in ..... Item 68

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages *(if any)*					
6. Totals of Lines 1 through 5	0	0	0	0	0

Enter the Totals from Line 6 in ..... Item 34 Column (C) ..... Item 50 ..... Item 70 ..... Item 75 with Explanation ..... Item 34 Column (D)

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 000-317

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name / First Name / Title	Status					
2. Last Name / First Name / Title	Status					
3. Last Name / First Name / Title	Status					
4. Last Name / First Name / Title	Status					
5. Last Name / First Name / Title	Status					
6. Last Name / First Name / Title	Status					
7. Last Name / First Name / Title	Status					
8. Totals from additional pages *(if any)* SEE ATTACHED		1,150,139	0	839,934	0	1,990,073
9. Totals of Lines 1 through 8		1,150,139	0	839,934	0	1,990,073
				10. Less Deductions		623159
Enter the Total from Line 11 in ..... Item 56 ⇨				11. Net Disbursements		1366914

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 0 0 – 3 1 7

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
1. Last Name / First Name Position Name of Affiliated Organization					
2. Last Name / First Name Position Name of Affiliated Organization					
3. Last Name / First Name Position Name of Affiliated Organization					
4. Last Name / First Name Position Name of Affiliated Organization					
5. Last Name / First Name Position Name of Affiliated Organization					
6. Totals from additional pages *(if any)* SEE ATTACHED	4,387,844	0	555,838	0	4,943,682
7. Totals for all employees who, during the reporting period, received $10,000 or less in total disbursements from your organization and any affiliates	1,208,053	0	886,425	0	2,094,478
8. Totals of Lines 1 through 7	5,595,897	0	1,442,263	0	7,038,160
			9. Less Deductions		1 4 8 2 1 7 1
Enter the Total from Line 10 in ..... Item 57 ⇨			10. Net Disbursements		5 5 5 5 9 8 9

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 0 0 – 3 1 7

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension Plans (Actual Cash Disbursed)	Trust	1,660,231
2. Group Health/Life Insurance	Carrier	836,078
3. Health/Life Insurance - Retirees	Carrier	141,338
4.		
5. Total from additional pages *(if any)*		0
6. Total of Lines 1 through 5		2 6 3 7 6 4 7
Enter the Total from Line 6 ..... Item 63		

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Grants to Affiliates	225,362
2. Contributions to PAC's	1,604,660
3. Contributions to Redmond Fdn.	107,532
4. Awards	7,820
5. Donations to Charities	477,843
6. Special Dinners/Honorariums	44,751
7. Total from additional pages *(if any)*	0
8. Total of Lines 1 through 7	2 4 6 7 9 6 8
Enter the Total from Line 8 in ..... Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Insurance-Int'l & Local Bond.	65,990
2. Miscellaneous	268,276
3. Office Expense/Supplies	272,883
4. Office Machine Rent/Mainten.	202,543
5. Postage & Freight	683,045
6. Printing & Copying	903,015
7. Total from additional pages *(if any)*	875,047
8. Total of Lines 1 through 7	3 2 7 0 7 9 9
Enter the Total from Line 8 in ..... Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. Grant Revenue	4,125,026
2. Conference Registrations	697,601
3. Reimb. Exp. Spc. Assignments	431,642
4. Contributions Received	1,313,288
5. Royalties	344,007
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	0
17. Total of Lines 1 through 16	6 9 1 1 5 6 4
Enter the Total from Line 17 in ..... Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages *(if any)*	
17. Total of Lines 1 through 16	0
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SCHAITBERGER; First Name: HAROLD; Title: GENERAL PRESID	N	15172		6144		21316
Last Name: WHITEHEAD; First Name: ALFRED; Title: FORMER GEN PRES	P	16687	1	24420		291307
Last Name: BOLLON; First Name: VINCENT; Title: GEN SEC-TREAS	C	16353		57350		221203
Last Name: GALLAGHER; First Name: KEVIN; Title: VP	N	4046		2372		6418
Last Name: DIPAULO; First Name: DOMINIC; Title: FORMER VP	P	49502		34322		83824
Last Name: WRIGHT; First Name: LOUIE; Title: VP	N	4046		371		4417
Last Name: PALMER; First Name: ROBERT; Title: FORMER VP	P	49502		35702		85204
Last Name: MULLANE; First Name: MICHAEL; Title: VP	C	53548		34187		87735
	Totals	506,556		294,868		801,424

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.) / (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: TAYLOR; First Name: WILLIAM; Title: VP	C	53548		24595		78143
Last Name: CONWAY; First Name: JOSEPH; Title: VP	N	4046		371		4417
Last Name: BUSS; First Name: CHARLES; Title: FORMER VP	P	49502		46615		96117
Last Name: RITCHIE; First Name: TERRY; Title: VP	C	29004		63723		92727
Last Name: HARVEY; First Name: PAUL; Title: VP	C	53548		28313		81861
Last Name: MILLER; First Name: THOMAS; Title: VP	N	4046		210		4256
Last Name: HOLLAND; First Name: GERALD; Title: FORMER VP	P	49502		33353		82855
Last Name: MCNEILL; First Name: MICHAEL; Title: VP	C	53548		30614		84162
	Totals	296,744		227,794		524,538

*U.S. Government Printing Office: 2001— 476-077

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: FERGUSON; First Name: JAMES; Title: VP	C	53548		25084		78632
Last Name: MASS; First Name: ERNEST; Title: VP	C	53548		45535		99083
Last Name: BARBERA; First Name: DOMINIC; Title: VP	C	53548		37304		90852
Last Name: CARPENTER; First Name: BRUCE; Title: VP	C	29004		34368		63372
Last Name: TODD; First Name: DANNY; Title: VP	C	53548		30443		83991
Last Name: FENNELL; First Name: JAMES; Title: VP	C	29004		32841		61845
Last Name: CROUSE; First Name: MICHAEL; Title: VP	C	53548		73526		127074
Last Name: LLOYD; First Name: DENNIS; Title: TRUSTEE	C	5431		16118		21549
	Totals	331,179		295,219		626,398

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 0 0 0 – 3 1 7

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name *(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)* / (B) Title *(Enter title of officer, such as PRESIDENT or TREASURER.)*	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: GREENWOOD First Name: ROBERT Title: TRUSTEE	Status: C	6104		10049		16153
Last Name: OUELETTE First Name: MARK Title: TRUSTEE	Status: N	5414		936		6350
Last Name: SANTEGELO First Name: NEAL Title: FORMER TRUSTEE	Status: P	4142		11068		15210
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
Last Name: First Name: Title:	Status:					
	Totals	15,660		22,053		37,713

U.S. Government Printing Office 2001— 476-377

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 0 0 0 – 3 1 7

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SCHAITBERGER First Name: HAROLD Position: EXEC ASST PRES Name of Affiliated Organization:	107945	1	10297		218242
Last Name: MCCORMACK First Name: DAVID Position: ASST TO PRES Name of Affiliated Organization:	114687		40204		154891
Last Name: BERGER First Name: GLYNN Position: AD ASST TO S/T Name of Affiliated Organization:	117759		3912		121671
Last Name: COPLEY First Name: DONALD Position: COMPTROLLER Name of Affiliated Organization:	92416		5187		97603
Last Name: MCMANUS First Name: SEAN Position: DIRECTOR Name of Affiliated Organization:	47084		32666		79750
Totals	479,891		192,266		672,157

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: NESBITT; First Name: FRED; Position: DIRECTOR; Name of Affiliated Organization:	92416		20692		113108
Last Name: DUFFY; First Name: RICHARD; Position: DIRECTOR; Name of Affiliated Organization:	92416		54872		147288
Last Name: HORKHEIMER; First Name: DWIGHT; Position: DIRECTOR; Name of Affiliated Organization:	92416		10190		102606
Last Name: MOORE; First Name: LORI; Position: DIRECTOR; Name of Affiliated Organization:	92416		12918		105334
Last Name: REYNA; First Name: JOSEPH; Position: IN-HOUSE LEGAL; Name of Affiliated Organization:	92416		10797		103213
Totals	462,080		109,469		571,549

*U.S. Government Printing Office 2001— 475-080

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 0 0 0 — 3 1 7

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: BURKE; First Name: GEORGE; Position: DIRECTOR; Name of Affiliated Organization:	92416		23587		116003
Last Name: HYATT; First Name: RICHARD; Position: DIRECTOR; Name of Affiliated Organization:	92416		25679		118095
Last Name: HEBERT; First Name: LOUIS; Position: STAFF REP; Name of Affiliated Organization:	89100		38413		127513
Last Name: DELILSE; First Name: JEFFREY; Position: STAFF REP; Name of Affiliated Organization:	84150		35928		120078
Last Name: OHLSEN; First Name: TERRY; Position: STAFF REP; Name of Affiliated Organization:	80035		45381		125416
Totals	438,117		168,988		607,105

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 0 00 – 317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: JACKSON First Name: JUDY Position: SECRETARY Name of Affiliated Organization:	56126		998		57124
Last Name: THEISEN First Name: MARILYN Position: EXEC SECRETARY Name of Affiliated Organization:	71167		3821		74988
Last Name: DENNIS First Name: CHRISTI Position: SECRETARY Name of Affiliated Organization:	58742		1880		60622
Last Name: DIVINCENZO First Name: DARLENE Position: SECRETARY Name of Affiliated Organization:	43561				43561
Last Name: DUFFY First Name: ELAINE Position: EXEC SECRETARY Name of Affiliated Organization:	67418		1400		68818
Totals	297,014		8,099		305,113

*U.S. Government Printing Office 2001— 476-080

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: GRIMES; First Name: MARIE; Position: SECRETARY; Name of Affiliated Organization:	57655		825		58480
Last Name: PFLAUM; First Name: RITA; Position: SECRETARY; Name of Affiliated Organization:	47116				47116
Last Name: GREEN; First Name: MAUREEN; Position: CLERK; Name of Affiliated Organization:	40478		828		41306
Last Name: BRENNAN; First Name: CYNTHIA; Position: SECRETARY; Name of Affiliated Organization:	49643		1188		50831
Last Name: MCDONALD; First Name: SUE; Position: SECRETARY; Name of Affiliated Organization:	44555		45		44600
Totals	239,447		2,886		242,333

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: HARRISON; First Name: R BRUCE; Position: COMPUTER ASST; Name of Affiliated Organization:	56711		867		57578
Last Name: ARNDT; First Name: DAVID; Position: EDUCATION ASST; Name of Affiliated Organization:	51823		2234		54057
Last Name: SHAFFER; First Name: MICHELE; Position: RESEARCH ASST; Name of Affiliated Organization:	57772		2134		59906
Last Name: LOYA; First Name: GREGORY; Position: RESEARCH ASST; Name of Affiliated Organization:	58973		1356		60329
Last Name: DUNN; First Name: PATRICK; Position: PARALEGAL; Name of Affiliated Organization:	52509		560		53069
Totals	277,788		7,151		284,939

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ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: MASINO; First Name: VIRGINI; Position: SECRETARY; Name of Affiliated Organization:	51498		786		52284
Last Name: JANHUNEN; First Name: PETER; Position: PUBLIC REL ASST; Name of Affiliated Organization:	10755				10755
Last Name: DOBBS; First Name: JAMES; Position: PUBLIC REL ASST; Name of Affiliated Organization:	51853		820		52673
Last Name: FRANCIS; First Name: GAVIN; Position: PUBLIC REL ASST; Name of Affiliated Organization:	58541		676		59217
Last Name: KIM; First Name: HANK; Position: LEGISLATIVE ASST; Name of Affiliated Organization:	57235		5872		63107
Totals	229,882		8,154		238,036

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: KASINITZ; First Name: BARRY; Position: POLITICAL ACTION; Name of Affiliated Organization:	57783		2515		60298
Last Name: BILLY; First Name: DAVID; Position: LEGISLATIVE ASST; Name of Affiliated Organization:	60329		9991		70320
Last Name: COX; First Name: BERNA; Position: SECRETARY; Name of Affiliated Organization:	43790		203		43993
Last Name: BERIGAN; First Name: JENNIFE; Position: REGULATORY ASST; Name of Affiliated Organization:	42732		4504		47236
Last Name: HINIKER; First Name: JUDY; Position: SECRETARY; Name of Affiliated Organization:	47778		1017		48795
Totals	252,412		18,230		270,642

*U.S. Government Printing Office: 2001— 476-080

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SHELTON First Name: MARY Position: SECRETARY Name of Affiliated Organization:	38398				38398
Last Name: HARRELL First Name: BETTY Position: SECRETARY Name of Affiliated Organization:	46560				46560
Last Name: OBANNON First Name: JOHN Position: RESEARCH ASST Name of Affiliated Organization:	21207				21207
Last Name: COX First Name: BRENDA Position: SECRETARY Name of Affiliated Organization:	44467				44467
Last Name: TAYLOR First Name: NICOLE Position: RESEARCH ASST Name of Affiliated Organization:	39371		651		40022
Totals	190,003		651		190,654

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* (B) Position *(Enter employee's job title.)* (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: PARKS First Name: KELLY Position: RESEARCH ASST Name of Affiliated Organization:	50059				50059
Last Name: LEVINSON First Name: ANDREW Position: HEALTH & SAFETY Name of Affiliated Organization:	56036		1216		57252
Last Name: LIPSCOMB First Name: LISA Position: SECRETARY Name of Affiliated Organization:	45204				45204
Last Name: PRITCHARD First Name: ANNMARI Position: AUDIT CLERK Name of Affiliated Organization:	47326		890		48216
Last Name: CHASE First Name: MARGARE Position: AUDIT CLERK Name of Affiliated Organization:	54094		876		54970
Totals	252,719		2,982		255,701

*U.S. Government Printing Office 2001— 476-080

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SPEARS First Name: WILLIAM Position: OFFICE MACHINE Name of Affiliated Organization:	45857		30		45887
Last Name: JONES First Name: SEQUAN Position: OFFICE MACHINE Name of Affiliated Organization:	26801		23		26824
Last Name: HENDERSON First Name: DIANE Position: ASST COMPTROLLER Name of Affiliated Organization:	66318				66318
Last Name: KEANE First Name: SAMANTH Position: ACCOUNTING CLERK Name of Affiliated Organization:	39984				39984
Last Name: GRAY First Name: THERESA Position: ACCOUNTING CLERK Name of Affiliated Organization:	30748				30748
Totals	209,708		53		209,761

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: LARSON; First Name: NANCY; Position: ACCOUNTING CLERK; Name of Affiliated Organization:	50736		8		50744
Last Name: SCHAITBERGER; First Name: JULIE; Position: ACCOUNTING CLERK; Name of Affiliated Organization:	45842		877		46719
Last Name: SHYMANSKY; First Name: ANNETTE; Position: ACCOUNTING CLERK; Name of Affiliated Organization:	42374				42374
Last Name: STEWART; First Name: RICHARD; Position: COMPUTER ASST; Name of Affiliated Organization:	47337		1472		48809
Last Name: LYLES; First Name: YOHN; Position: FILE CLERK; Name of Affiliated Organization:	38840				38840
Totals	225,129		2,357		227,486

*U.S. Government Printing Office 2001 — 476-080

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: SOPOURN First Name: SUSAN Position: RECEPTIONIST Name of Affiliated Organization:	42745				42745
Last Name: HENDRICKSON First Name: CYNTHIA Position: SECRETARY Name of Affiliated Organization:	24695		15		24710
Last Name: MILLER First Name: CASSAND Position: SECRETARY Name of Affiliated Organization:	48316		715		49031
Last Name: MOORE First Name: JONATHA Position: EMS SPECIALIST Name of Affiliated Organization:	56032		1232		57264
Last Name: DONOHUE First Name: DAVID Position: EMS SPECIALIST Name of Affiliated Organization:	51906		1380		53286
Totals	223,694		3,342		227,036

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000-317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: THERIEN First Name: BETH Position: SECRETARY Name of Affiliated Organization:	34686		582		35268
Last Name: PACQUIN First Name: JOSEE Position: SECRETARY Name of Affiliated Organization:	32418		44		32462
Last Name: LAMAR First Name: ERIC Position: PROJECT MANAGER Name of Affiliated Organization:	92379		4119		96498
Last Name: LOCKHART First Name: KIMBERL Position: HAZ-MAT ASST Name of Affiliated Organization:	51539		1320		52859
Last Name: SOLOMON First Name: SCOTT Position: HAZ-MAT ASST Name of Affiliated Organization:	73796		13298		87094
Totals	284,818		19,363		304,181

*U.S. Government Printing Office: 2001 — 476-080

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 0 0 0 – 3 1 7

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: OBRIEN; First Name: JENNIFE; Position: SECRETARY; Name of Affiliated Organization:	32575				32575
Last Name: NAEGLE; First Name: VALEITA; Position: SECRETARY; Name of Affiliated Organization:	34175		29		34204
Last Name: PATTERSON; First Name: PATRICA; Position: SECRETARY; Name of Affiliated Organization:	42922		67		42989
Last Name: LUCEY; First Name: MICHAEL; Position: HAZ-MAT ASST; Name of Affiliated Organization:	57008		5996		63004
Last Name: CONNOLLY; First Name: KEVIN; Position: MACHINE OPERATOR; Name of Affiliated Organization:	39335		485		39820
Totals	206,015		6,577		212,592

ORGANIZATION NAME: International Association of Fire Fighters

ENDING DATE OF PERIOD COVERED: September 30, 2000

FILE NUMBER: 000 — 317

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name *(List all employees who received more than $10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)* / (B) Position *(Enter employee's job title.)* / (C) Name of Affiliated Organization *(if applicable)*	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
Last Name: MASSA; First Name: DIANE; Position: HAZ-MAT ASST; Name of Affiliated Organization:	57131		1552		58683
Last Name: NORIN; First Name: REASMY; Position: HAZ-MAT ASST; Name of Affiliated Organization:	10875				10875
Last Name: SCHAITBERG; First Name: ERMICHAEL; Position: HAZ-MAT ASST; Name of Affiliated Organization:	51121		3718		54839
Last Name: ; First Name: ; Position: ; Name of Affiliated Organization:					
Last Name: ; First Name: ; Position: ; Name of Affiliated Organization:					
Totals	119,127		5,270		124,397

*U.S. Government Printing Office: 2001— 476-080

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Fiscal Year Ending September 30, 2000
File Number: 000-317

Item 21: More Than One Per Capita Rate

Retired members pay 50% of regular members per capita rate. The following are the per capita tax rates in effect during the period 10/01/1999 - 09/30/2000:

	Retirees	Regular
10/01/1999 - 08/31/2000	$3.40/month	$6.80/month
09/01/2000 - 09/30/2000	$3.64/month	$7.27/month

Initiation Fee	$10.00/New Member

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

ADDITIONAL INFORMATION

YEAR ENDED SEPTEMBER 30, 2000
FILE NUMBER: 000-317

ITEM 11 - PARTICIPATE IN THE ADMINISTRATION OF TRUST

The International Association of Fire Fighters Employees Pension Trust

File Number: 52-1079201 (Plan 001)

Purpose: To provide retirement benefits for employees excluding officers, staff representatives and supervisory employees not subject to collective bargaining.

The International Association of Fire Fighters Staff Representatives Pension Trust

File Number: 52-1079201 (Plan 002)

To provide retirement benefits for staff representatives and supervisory employees not subject to collective bargaining.

ITEM 12 - HAVE A POLITICAL ACTION COMMITTEE?

The International Association of Fire Fighters has a PAC-VIC account. Federal Identification Number C0029447.

ITEM 14 - HAVE AN OUTSIDE AUDIT?

The International had an annual audit performed, as of September 30, 2000:

Stokes & Company PC
1275 K Street, N.W.
Suite 1201
Washington, D.C. 20005

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Fiscal Year Ending September 30, 2000
File Number: 000-317

ADDITIONAL INFORMATION (CONTINUED)

ITEM 24 - COMMITMENTS & CONTINGENCIES

1. Operating leases

The Association has entered into lease agreements which are classified as operating leases. The leases are for office equipment, automobiles and office space. The following is a schedule, by fiscal years ending September 30, of future minimum lease payments as of September 30, 2000:

	Equipment and Automobiles	Office Space
2001	$ 63,337	$ 684,256
2002	63,337	684,256
2003	63,337	684,256
2004	27,191	468,132
2005	-	35,884
Later years	-	26,913
	$ 217,202	$2,583,697

As part of one lease of office space, the Association has agreed that in the event the basic rent, plus additional rent for any increase in operating expenses and real estate taxes, shall be insufficient to meet the debt service requirements and other obligations on the building of the landlord (United Unions, Inc.), the Association will pay as additional rent its pro-rata share (9%) of the amount necessary to meet such debt service requirements and other obligations. The total rent expense incurred under all operating leases during the year ended September 30, 2000 was $782,833.

2. Other commitments and contingencies

The Association, as partial owner of United Unions, Inc., is a co-guarantor of the first deed of trust note on the United Unions, Inc. building. The Association, as co-guarantor, is contingently liable for $423,323 on the first deed of trust note. The first deed of trust note is held by SunTrust Bank and bears annual interest at a rate of 6.45%. United Unions, Inc. is to make monthly payments of $117,953, including principal and interest, until June 1, 2004, at which point the entire note will be satisfied. The IAFF has designated and set aside investments in a mutual fund amounting to $721,333 to fund any potential liability arising regarding the first deed of trust note.

LOCAL #	Loans made to following Local Unions: On begalf of the Emergency Deisputes Fund Secured by the Local Union and Payment promised by the Local Officers Repayment over 60 months	Loans Outstanding at Start of the Period 10/1/1999 (B)	Loans Made During the Period (C)	Cash Repayments TOTAL (D)(1)	Other than Cash Repayments TOTAL (D)(2)	Balance at the End of the Period 9/30/2000 (E)
A-0029	PFF OF NEW JERSEY	86,664		2,502		84,162
I-0061	BURBANK AIRPORT, CA	3,011		1,196		1,815
I-0061	BURBANK AIRPORT, CA	3,384		1,012		2,372
L-0011	CEDAR RAPIDS, IA	785		785		0
L-0013	BALBOA, RP	1,388		536		852
L-0023	E. ST LOUIS, IL	838		672		166
L-0032	UTICA, NY	0	30,000	5,000		25,000
L-0065	KNOXVILLE, TN	29,206		6,206		23,000
L-0108	NORTHAMPTON, MA	17,989		8,004		9,985
L-0109	NEWARK, OH	0	35,299	1,176		34,123
L-0146	LAWRENCE, MA	7,186		2,574		4,612
L-0265	COFFEYVILLE, KS	1,000		1,000		0
L-0268	HALIFAX, NS	64,551		17,179		47,372
L-0301	BURLINGTON, IA	0	5,000	5,000		0
L-0450	ST BERNARD, OH	7,050		7,050		0
L-0451	CENTRALIA, WA	2,816		2,816		0
L-0471	HARVEY, IL	2,880		2,880		0
L-0472	LAFAYETTE, IN	12,500		12,500		0
L-0543	MOUNDSVILLE, WV	0	5,000	840		4,160
L-0630	LIVINGSTON, MT	5,342		2,340		3,002
L-0644	LINCOLN, NE	117,503	100,000	40,827		176,676
L-0672	BOISE, ID	23,231		5,122		18,109
L-0676	MARION, IN	5,860		1,760		4,100
L-0762	GLOUCESTER, MA	3,133		3,133		0
L-0781	INDEPENDENCE, MO	17,022		3,996		13,026
L-0814	SIOUX FALLS, SD	2,482		2,482		0
L-0834	BRIDGEPORT, CT	7,200		7,200		0
L-0879	HOT SPRINGS, AR	4,093		4,093		0
L-0879	HOT SPRINGS, AR	0	5,000	756		4,244
L-0879	HOT SPRINGS, AR	0	7,500	750		6,750
L-1077	CLAREMORE, OK	700		700		0
L-1182	THOROLD, ON	0	18,871	6,248		12,623
L-1230	CONTRA COSTA, CA	38,321		20,004		18,317
L-1243	SAN JOAQUIN, CA	2,312		924		1,388
L-1349	MOBILE, AL	30,818		8,340		22,478
L-1365	ORLANDO, FL	0	50,000	11,296		38,704
L-1377	FT PIERCE-ST LUCIE CO, FL	18,000		5,000		13,000
L-1537	ANACORTES, WA	3,226		988		2,238
L-1563	ANNE ARUNDEL CO, MD	32,000		12,000		20,000
L-1575	COLUMBUS, NE	6,400		2,800		3,600
L-1578	ALHAMBRA, CA	21,991		7,337		14,654
L-1664	MONTGOMERY CO, MD	21,659		10,008		11,651
L-1664	MONTGOMERY CO, MD	26,663		10,008		16,655
L-1690	PARMA HEIGHTS, OH	0	10,000	1,169		8,831
L-1805	CLARK CO. DIST. #3 & #6, WA	2,824		336		2,488
L-1810	NORTH HIGHLINE, WA	820		820		0
L-1881	ARDMORE, OK	3,996		800		3,196
L-1881	ARDMORE, OK	43,202		0		43,202

LOCAL #	Loans made to following Local Unions: On begalf of the Emergency Deisputes Fund Secured by the Local Union and Payment promised by the Local Officers Repayment over 60 months	Loans Outstanding at Start of the Period 10/1/1999 (B)	Loans Made During the Period (C)	Cash Repayments TOTAL (D)(1)	Other than Cash Repayments TOTAL (D)(2)	Balance at the End of the Period 9/30/2000 (E)
L-1881	ARDMORE, OK	46,900		0		46,900
L-1912	SPRING GLEN, WA	7,642		4,008		3,634
L-1913	IPSWICH, MA	2,800		2,800		0
L-1953	PERKINS TWNSHP,OH	0	10,000	1,336		8,664
L-2002	SHERMAN, TX	505		505		0
L-2024	FEDERAL WAY, WA	3,320		1,092		2,228
L-2047	MOORE, OK	5,000		1,008		3,992
L-2061	HOFFMAN ESTATES, IL	3,296		3,296		0
L-2071	BELLINGHAM, MA	8,000		2,750		5,250
L-2071	BELLINGHAM, MA	0	7,500	125		7,375
L-2110	WHITNEY, ID	10,150		10,150		0
L-2156	N. ROYALTON, OH	4,000		1,200		2,800
L-2171	DEL CITY, OK	928		468		461
L-2216	COMPTON, CA	24,730		7,398		17,332
L-2290	HENDERSON, KY	0	7,753	1,300		6,453
L-2311	NORTH ADA CO, ID	15,786		4,340		11,446
L-2319	SANDPOINT, ID	4,160		1,008		3,152
L-2362	LAS CRUCES, NM	6,845		4,783		2,062
L-2408	ONEONTA, NY	884		884		0
L-2425	WESTMINSTER, CA	52,500		52,500		0
L-2425	WESTMINSTER,CA	100,000		100,000		0
L-2446	PALM BAY, FL	18,330		4,404		13,926
L-2459	KING CO, WA	3,000		3,000		0
L-2481	LIVE OAK, FL	647		225		422
L-2533	BRANFORD, CT	8,330		1,904		6,426
L-2545	KIRKLAND, WA	3,068		672		2,396
L-2562	COHOES, NY	23,000		6,000		17,000
L-2596	JACKSON CO., OK	4,492		4,159		333
L-2612	SEDGWICK CO., KS	22,498		5,004		17,494
L-2644	CULLMAN, AL	736		231		505
L-2644	CULLMAN, AL	575		121		454
L-2644	CULLMAN, AL	0	3,000	0		3,000
L-2654	STONEY CREEK, ON	215		215		0
L-2654	STONEY CREEK, ON	4,092		1,367		2,725
L-2718	NAHANT, MA	10,879		2,112		8,767
L-2737	CORTLAND, NY	4,500		2,750		1,750
L-2739	OCONTO, WI	4,276		2,717		1,559
L-2758	WYOMING, MI	629		629		0
L-2779	SYDNEY, NS	0		0		0
L-2779	SYDNEY, NS	762	14,883	6,546		9,099
L-2819	KITSAP, WA	745		745		0
L-2825	AMSTERDAM, NY	0	15,000	2,250		12,750
L-2839	OKMULGEE, OK	9,112		9,112		0
L-2843	MELVILLE, NY	64		64		0
L-2899	ANAHEIM, CA	0	70,000	11,670		58,330
L-2919	CITY OF SEA-TAC, WA	3,320		1,008		2,312
L-2956	LAKE MOHEGAN, NY	13,250		3,000		10,250
L-2969	BREVARD CO, FL	15,324		4,008		11,316

LOCAL #	Loans made to following Local Unions: On begalf of the Emergency Deisputes Fund Secured by the Local Union and Payment promised by the Local Officers Repayment over 60 months	Loans Outstanding at Start of the Period 10/1/1999 (B)	Loans Made During the Period (C)	Cash Repayments TOTAL (D)(1)	Other than Cash Repayments TOTAL (D)(2)	Balance at the End of the Period 9/30/2000 (E)
L-2998	CAMPBELL, OH	0	12,000	1,400		10,600
L-3009	LOMBARD, IL	0	63,000	9,450		53,550
L-3033	SKOKIE, IL	54,146		9,180		44,966
L-3049	MENTOR ON LAKE, OH	316		316		0
L-3070	WESTBOROUGH, MA	1,791		1,791		0
L-3140	TARPON SPRINGS, FL	7,863		2,952		4,911
L-3165	TRI-STATE, IL	9,566		3,466		6,100
L-3170	MONROE CO., NJ	0	5,000	0		5,000
L-3206	INDIAN ROCKS, FL	1,900		780		1,120
L-3217	METRO WASH APT, DC	40,778		9,375		31,403
L-3226	W COVINA, CA	27,000		11,500		15,500
L-3234	DOWNERS GROVE, IL	19,142		11,676		7,466
L-3247	GREENWOOD, MS	3,152		0		3,152
L-3249	CAMDEN CO, NJ	8,498		1,441		7,057
L-3254	SEMINOLE CO, FL	1,200		1,200		0
L-3266	BELLINGHAM APT, WA	2,045		1,392		653
L-3348	HALL COUNTY, GA	20,650		1,650		19,000
L-3406	NORFOLK APT, VA	8,455		1,727		6,728
L-3434	KINGFISHER, OK	2,900		10		2,890
L-3449	UNITED VALLEY, AZ	4,328		924		3,404
L-3449	UNITED VALLEY, AZ	5,415		1,045		4,370
L-3473	DOWNEY, CA	39,158		10,008		29,150
L-3482	MUKILTEO, WA	0	19,950	666		19,284
L-3503	MANCHESTER TOWNSHIP, PA	3,921		1,020		2,901
L-3506	LYNWOOD, CA	27,482		27,482		0
L-3524	MEDIC-7 PARAMEDIC, WA	0		0		0
L-3524	MEDIC-7 PARAMEDIC, WA	11,650	20,000	4,285		27,365
L-3594	WOOD DALE, FL	0	19,017	0		19,017
L-3702	BARRE TOWN EMTS, VT	4,412		4,412		0
L-3709	LANSING, IL	13,000		3,000		10,000
L-3749	ALEXANDER CITY, AL	2,261		236		2,025
L-3774	INGLEWOOD, CA	0	56,800	28,398		28,402
L-3778	NEWARK FIRE DEP.CHF, NJ	11,032		5,032		6,000
L-3789	TAYLOR CO FIRE/RES, FL	2,374		462		1,912
L-3835	CHELAN COUNTY, WA	4,228		1,428		2,800
L-3836	MORRISTOWN, TN	0		0		0
L-3836	MORRISTOWN, TN	0	12,073	589		11,484
L-3865	ST. JOHN CO, FL	0	5,000	5,000		0
L-3865	ST. JOHN CO, FL	0	15,000	584		14,416
L-3996	SANFORD, FL	0	3,000	0		3,000
S-0006	MINNEAPOLIS APT, MN	2,250		2,250		0
S-0017	JOE FOSS FIELD, SD	1,892		1,008		884
S-0018	ATLANTIC CITY APT, NJ	2,674		708		1,966
T-3269	ENTERPRISE, AL	3,263		3,263		0
T-3521	CITRUS CO., FL	8,056		8,056		0
	TOTALS	1,486,134	625,645	704,190		1,407,589

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Fiscal Year Ending September 30, 2000

File Number: 000-317

SCHEDULE 4 - OTHER LIABILITIES

Payroll Taxes & Other Employee Deductions	$1,437,171
Pension Plan Contributions	$825,600
Deferred Revenues	$216,922
Total Additional Liabilities	$2,479,693

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

Fiscal Year Ending September 30, 2000
File Number: 000-317

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSES

Rent - I.A.F.F.	$704,680
Rent - Grants	$69,036
Telephone & Telegraph	$68,575
Temporary Services	$32,756
Total Additional Office & Administrative Expenses	$875,047