



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

B

Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C

Name of organization

MARYLAND STATE FIREMEN'S ASSOC INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite

2151 PRIEST BRIDGE DRIVE

City or town, state or country, and ZIP + 4

CROFTON, MD 21114

D

Employer identification number

23-7126787

E

Telephone number

(410) 721-6212

F

Group Exemption Number

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G

Accounting method

Cash

Accrual

Other (specify) ►

I Website:► N/A

H

Check ►  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J

Organization type (check only one)— 501(c) (6) 

◄(insert no )

 4947(a)(1) or  527

K

Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

► \$ 958,936

Part I

Revenue, Expenses, and Changes in Net Assets or Fund Balances

(See the instructions for Part I )

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	446,716
	2	Program service revenue including government fees and contracts . . . . .	2	261,425
	3	Membership dues and assessments . . . . .	3	74,785
	4	Investment income . . . . .	4	13,876
	5a	Gross amount from sale of assets other than inventory . . . . .	5c	0
	b	Less cost or other basis and sales expenses . . . . .		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	6c	16,728
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here ► <div><div></div></div>		
	a	Gross revenue (not including \$_____of contributions reported on line 1) . . . . .		
	b	Less direct expenses other than fundraising expenses . . . . .		
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	7c	437
	7a	Gross sales of inventory, less returns and allowances . . . . .	8	36,801
	b	Less cost of goods sold . . . . .	9	850,768
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	10	
	8	Other revenue (describe ► <div><div></div></div> )	11	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . .	12	
	10	Grants and similar amounts paid (attach schedule) . . . . .	13	13,860
	11	Benefits paid to or for members . . . . .	14	10,530
	12	Salaries, other compensation, and employee benefits . . . . .	15	81,683
	13	Professional fees and other payments to independent contractors . . . . .	16	647,074
Net Assets	14	Occupancy, rent, utilities, and maintenance . . . . .	17	753,147
	15	Printing, publications, postage, and shipping . . . . .	18	97,621
	16	Other expenses (describe ► <div><div></div></div> )	19	856,250
	17	Total expenses (add lines 10 through 16) . . . . .	20	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	21	953,871
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .		
	20	Other changes in net assets or fund balances (attach explanation) . . . . .		
	21	Net assets or fund balances at end of year (combine lines 18 through 20) . . . . .		
Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ				
(See the instructions for Part II )			(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	1,294,205	22	939,518
23	Land and buildings . . . . .	77,912	23	57,116
24	Other assets (describe ► <div><div></div></div> )	16,494	24	18,950
25	Total assets . . . . .	1,388,611	25	1,015,584
26	Total liabilities (describe ► <div><div></div></div> )	532,361	26	61,713
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	856,250	27	953,871

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? To educate, train and assist members			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b> To educate and train members on fire laws and other information important to Maryland fire and emergency departments. Publication of Fire Laws and "Volunteer Trumpet" periodical. (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	166,950	
<b>29</b> ANNUAL CONVENTION HELD FOR ALL MARYLAND FIRE AND EMERGENCY DEPARTMENTS TO ORGANIZE AND EDUCATE MEMBERS ON ASSOCIATION ACTIVITIES AND MARYLAND LAWS (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	214,426	
<b>30</b> RELIEF BENEFITS - TO ADMINISTER STATE FUNDS TO PAY PENSION, DEATH AND OTHER BENEFITS TO FALLEN MARYLAND FIREFIGHTERS AND THEIR FAMILIES (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	248,575	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>		
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	629,951	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No									
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	No									
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	34	No									
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T											
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	No									
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b										
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No									
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td></td></tr></table>	37a										
37a												
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No									
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .	38a	No									
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b										
39	501(c)(7) organizations. Enter											
a	Initiation fees and capital contributions included on line 9 . . . . .	39a										
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b										
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____											
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I. . . . .	40b										
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____											
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____											
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	40e	No									
41	List the states with which a copy of this return is filed ▶ _____											
42a	The books are in care of ▶ RONALD J SIARNICKI Telephone no ▶ (410) 721-6212 2151 PRIEST BRIDGE DRIVE Located at ▶ CROFTON, MD ZIP + 4 ▶ 21114											
b	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>42b</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	42b		No				
	Yes	No										
42b		No										
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No									
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <table><tr><td>43</td><td></td></tr></table>	43										
43												
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>44</td><td></td><td>No</td></tr><tr><td></td><td></td><td></td></tr></table>		Yes	No	44		No				
	Yes	No										
44		No										
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>45</td><td></td><td>No</td></tr></table>		Yes	No	45		No				
	Yes	No										
45		No										

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

51	Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	***** Signature of officer		2010-05-14 Date	
Paid Preparer's Use Only	RONALD J SIARNICKI, TREASURER Type or print name and title			
	Preparer's signature	JEFFERY CONNER	Date	2010-05-17
	Check if self-employed		<input checked="" type="checkbox"/>	
	Preparer's PTIN (See Gen. Inst. X)			
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
	FIKE CONNER AND ASSOCIATES PA 113 NATIONAL HIGHWAY LAVALE, MD 21502		(301) 777-9383	
May the IRS discuss this return with the preparer shown above? See instructions.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:  
Software Version:  
EIN: 23-7126787  
Name: MARYLAND STATE FIREMEN'S ASSOC INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
FRANK UNDERWOOD 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	PRESIDENT 10 00	0		
ROGER POWELL 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	1ST V PRESIDENT 10 00	0		1,000
DOYLE COX 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	2ND V PRESIDENT 10 00	0		
JACQUELINE OLSON 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	SECRETARY 10 00	0		2,000
RONALD SIARNICKI 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	TREASURER 10 00	0		800
FRED CROSS 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	FINANCIAL SECRETARY 10 00	0		500
JOHN LONG JR 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	CHIEF CHAPLAIN 10 00	0		350
STEVE HALES 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	TRUSTEE CHAIR 10 00	0		
JOHN MEANS SR 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	TRUSTEE V CHAIR 10 00	0		
GENE WORTHINGTON 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	TRUSTEE SECRETARY 10 00	0		
C DANIEL CARPENTER III 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	TRUSTEE 10 00	0		
TERRY THOMPSON 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	TRUSTEE 10 00	0		
CRAIG MOE 2151 PRIEST BRIDGE DRIVE CROFTON, ME 21114	EXEC COMM CHAIR 1 00	0		
STUART CARTER 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114	EXEC COMM V CHAIR 1 00	0		

OMB No 1545-0047

23-7126787

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts . . . . .			
	2	Less Charitable contributions . . . . .			
	3	Gross revenue (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash Prizes . . . . .			
	5	Non-cash Prizes . . . . .			
	6	Rent/Facility costs . . . . .			
	7	Other direct expenses . . . . .			
	8	Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶			
	9	Net income summary Combine lines 3 and 8 in column (d). . . . . ▶			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .	6,681	72,998	79,679
	2	Cash prizes . . . . .		12,465	12,465
Direct Expenses	3	Non-cash prizes . . . . .	2,031		2,031
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .	750	3,848	4,598
	6	Volunteer labor . . . . . <input checked="" type="checkbox"/> Yes <u>100 000</u> % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100 000</u> % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities <u>MD</u>		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a Yes	
b	If "No," Explain   		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	No
b	If "Yes," Explain   		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11 Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	No



		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b> 0 %		
<b>b</b>	An outside facility . . . . . <b>13b</b> 100 000 %		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► RONALD J SIARNICKI			
Address ► 2151 PRIEST BRIDGE DRIVE CROFTON, MD 21114			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	No
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

**TY 2008 Other Assets Schedule****Name:** MARYLAND STATE FIREMEN'S ASSOC INC**EIN:** 23-7126787

Description	Beginning of Year Amount	End of Year Amount
Other Receivables	7,582	10,038
Inventories	8,912	8,912

**TY 2008 Other Expenses Schedule****Name:** MARYLAND STATE FIREMEN'S ASSOC INC**EIN:** 23-7126787

Description	Amount
PUBLIC EDUCATION AND AWARENESS	21,850
LEGISLATIVE COMMITTEE	4,642
Depreciation	39,533
INSURANCE	9,447
OFFICER ALLOWANCE	6,650
ADVERTISING	100
DATA PROCESSING	15,120
ANNUAL CONVENTION	213,727
DUES & SUBSCRIPTIONS	1,513
MISCELLANEOUS	1,492
AWARDS	6,844
TRAVEL AND VEHICLE EXPENSES	24,400
MEETINGS AND CONFERENCES	3,350
OFFICE EXPENSES	15,537
LOW INTEREST LOAN EXPENSE	10,047
TELEPHONE	3,052
RELIEF BENEFITS	248,575
SCHOLARSHIP TUITION	21,195

**TY 2008 Other Liabilities Schedule****Name:** MARYLAND STATE FIREMEN'S ASSOC INC**EIN:** 23-7126787

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable & Accrued Expenses	131,329	4,563
Other Payables - State of Maryland	401,032	57,150

## TY 2008 Other Revenues Schedule

**Name:** MARYLAND STATE FIREMEN'S ASSOC INC

**EIN:** 23-7126787

Description	Amount
INSURANCE PROCEEDS	2,014
REFUNDS	8,125
FIRE DEPARTMENT LICENSE TAGS	21,155
ROYALTY	3,068
ADVERTISEMENT INCOME	2,350
MISCELLANEOUS	89