



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



Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)► Sponsoring organizations of donor advised funds 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

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning Oct 1, 2008, and ending Sep 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.

EVERETT FIREFIGHTERS ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address)
PO BOX 2203
City or town, state or country, and ZIP + 4
EVERETT WA 98203

D Employer identification number
91-0909243
E Telephone number
(425) 418-5598
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) ►

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

I Website: ► **N/A**J Organization type (check only one) — 501(c) (4) (insert no.) 4947(a)(1) or 527K 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 returnL 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 ► \$ **94,025.**

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	10,035.
	2 Program service revenue including government fees and contracts	2	11,474.
	3 Membership dues and assessments	3	66,348.
	4 Investment income	4	43.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
	b Less direct expenses other than fundraising expenses	6c	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	6,125.
	8 Other revenue (describe ► RENTAL INCOME NET OF EXPENSES)	9	94,025.
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ► 37 AUG 16 2010 OSC	10	9,560.
EXPENSES	10 Grants and similar amounts paid (attach schedule)	11	
	11 Benefits paid to or for members	12	8,270.
	12 Salaries, other compensation, and employee benefits	13	1,517.
	13 Professional fees and other payments to independent contractors	14	17,614.
	14 Occupancy, rent, utilities, and maintenance	15	1,175.
	15 Printing, publications, postage, and shipping	16	69,871.
	16 Other expenses (describe ► See Other Expenses Statement)	17	108,007.
	17 Total expenses (add lines 10 through 16) ► 37 AUG 16 2010 OSC	18	-13,982.
NETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	569,983.
	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	1.
	20 Other changes in net assets or fund balances (attach explanation)	ROUNDING	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	556,002.

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)

- 22 Cash, savings, and investments
23 Land and buildings
24 Other assets (describe ► **See L-24 Stmt**)
25 Total assets
26 Total liabilities (describe ► **See L-26 Stmt**)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
47,074.	22 45,741.
139,136.	23 139,136.
774,178.	24 746,311.
960,388.	25 931,188.
390,405.	26 375,186.
569,983.	27 556,002.

Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? **SEE ATTACHED SCHEDULE 1**

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

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	ASSOCIATION RELATED CLOTHING - PURCHASED BY ASSOCIATION FOR RESALES AT COST AS A CONVENIENCE TO ACTIVE AND RETIRED MEMBERS		
	(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	4,586.
29	MUSEUM - DONATED TO MEMBERS AND OTHER ORGANIZATIONS FOR MEETINGS. IT IS ALSO OPEN TO THE PUBLIC FOR ESCORTED TOURS.		
	(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	60,362.
30	FIRE STATIONS - SEVEN STATIONS ARE SUPPLIED WITH VARIOUS ITEMS SUCH AS MAGAZINES, RECREATIONAL EQUIPMENT, LAUNDRY, NEWSPAPERS, TV CABLE AND SUPPLIES PAID WITH MEMBER DUES		
	(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	14,045.
31	Other program services (attach schedule) ATTACHED SCHEDULE 2		
	(Grants \$ 9,560.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	15,603.
32	Total program service expenses (add lines 28a through 31a)		32 94,596.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
DAVE SALVADALENA PO BOX 2161 SNOHOMISH WA 98291	PRESIDENT 10.00	2,100.	0.	
JASON BRANDVOLD 9229 190TH AVE SE SNOHOMISH WA 98290	VICE PRESIDENT 10.00	0.	0.	
DAVE DEMARCO 12432 14TH AVE NE MARYSVILLE WA 98271	SECTY/TREAS 10.00	3,000.	0.	
STEVE YOUNGER 1500 E 5TH ST ARLINGTON WA 98223	DIRECTOR 0.00	0.	0.	
RANDY UTT 719 GRAND AVE EVERETT WA 98201	DIRECTOR 0.00	0.	0.	
DAVE WILSON 4314 GRAND AVE EVERETT WA 98203	DIRECTOR 0.00	0.	0.	
RANDY KING 26317 25TH AVE NE ARLINGTON WA 98223	DIRECTOR 0.00	0.	0.	
PHILIP SMITHSON 4112 109TH AVE SE SNOHOMISH WA 98290	DIRECTOR 0.00	0.	0.	
GARY LONG 8424 FOBES RD SNOHOMISH WA 98290	DIRECTOR 0.00	0.	0.	
CURT RIDER 8032 D 53RD AVE W MUKILTEO WA 98275	DIRECTOR 0.00	0.	0.	

Part V | Other Information (Note the statement requirement in General Instruction V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

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

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not 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?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** | 0.

b Did the organization file **Form 1120-POL** for this year?

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ► _____; section 4912 ► _____, section 4955 ► _____

b 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

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? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► **Washington**

42a The books are in care of ► **DAVE DEMARCO** Telephone no ► **(425) 239-0717**
Located at ► **12432 14TH AVE NE MARYSVILLE WA ZIP + 4 98271**

	Yes	No
42b		X
42c		X

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 Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

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 ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** |

	Yes	No
44		X
45		X

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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

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
- 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?
- b** If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

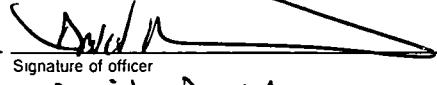
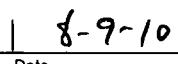
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

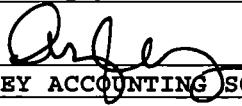
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----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

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

Sign Here		
	Signature of officer	Date
		Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► 	Date 8/5/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) 532 94 0527
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► KEY ACCOUNTING SOLUTIONS INC.		EIN 91-1843482	Phone no ► 425 357-0557
	15233 72ND DR SE			
	SNOHOMISH	WA 98296-8619		

May the IRS discuss this return with the preparer shown above? See instructions.

► Yes No

BAA

Form 990-EZ (2008)

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2008

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

Identifying number
91-0909243

EVERETT FIREFIGHTERS ASSOCIATION

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ► 13	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	719.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	0.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	26,610.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property			718.	7.0 yrs	HY	200DB
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property				25 yrs	S/L	
h Residential rental property				27.5 yrs	MM	S/L
i Nonresidential real property				27.5 yrs	MM	S/L
				39 yrs	MM	S/L
					MM	S/L

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	27,432.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If 'Yes,' is the evidence written?	Yes	No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use.								
27 Property used 50% or less in a qualified business use.								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year					
44 Total. Add amounts in column (f) See the instructions for where to report					

Name as Shown on Return

EVERETT FIREFIGHTERS ASSOCIATIONEmployer Identification No
91-0909243

Line 24 - Other Assets:	Beginning of Year	End of Year
INVENTORIES	1,872.	0.
EQUIPMENT & BUILDINGS	850,386.	851,823.
ACCUMULATED DEPRECIATION FOR EQUIPMENT & BUILDINGS	-78,080.	-105,512.
Totals to Form 990-EZ, Part II, line 24	774,178.	746,311.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
PAYROLL TAX LIABILITIES	525.	296.
MORTGAGE PAYABLE	382,528.	367,538.
BONDS PAYABLE	7,352.	7,352.
Totals to Form 990-EZ, Part II, line 26	390,405.	375,186.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

<u>Depreciation</u>	27,432.
<u>INTEREST EXPENSE</u>	17,876.
<u>DUES & SUBSCRIPTIONS</u>	5,441.
<u>MEMBER ACTIVITIES</u>	7,516.
<u>MEETINGS</u>	329.
<u>SUPPLIES</u>	11,277.
Total	<u>69,871.</u>

EVERETT FIREFIGHTERS ASSOCIATION
91-0909243
FORM 990-EZ
YEAR ENDED SEPTEMBER 30, 2009

PAGE 2 PART III STATEMENT OF PROGRAM SERVICE
ACCOMPLISHMENTS
WHAT IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE?

THE ORGANIZATION IS A LOCAL ASSOCIATION OF EMPLOYEES DEVOTED
TO THE PRESERVATION OF THE HISTORY OF THE EVERETT FIRE
DEPARTMENT, TO CREATE AND SUPPORT COMMUNITY ENHANCEMENT
PROGRAMS, AND TO PROMOTE OUR MEMBERSHIP'S HEALTH AND
FELLOWSHIP.

PAGE 2 PART III STATEMENT OF PROGRAM SERVICE
ACCOMPLISHMENTS LINE 31 OTHER PROGRAM SERVICES

MEMBER AND COMMUNITY ACTIVITIES	\$15,603
RECREATIONAL AND SOCIAL EVENTS FOR MEMBERS, THEIR FAMILIES AND COMMUNITY	<hr/> <u>\$15,603</u>