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**Short Form
Return of Organization Exempt From Income Tax**

2009

Under 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 \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, **2009, and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C WASHINGTON STATE COUNCIL OF FIREFIGHTERS BENEVOLENT FUND 1069 ADAMS STREET S.E. OLYMPIA, WA 98501	D Employer identification number 91-1689140 E Telephone number (360) 943-3030 F Group Exemption Number
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• 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 Tax-exempt status (check only one) — 501(c) (3) (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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

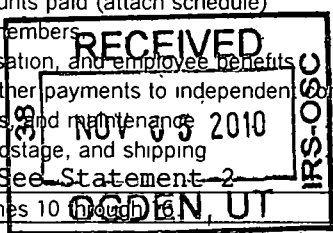
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 149,495.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
1	Contributions, gifts, grants, and similar amounts received	1	144,490.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	2,953.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6	
6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	b Less direct expenses other than fundraising expenses	6b	
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	2,052.
7b	b Less cost of goods sold	7b	3,323.
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-1,271.
8	Other revenue (describe ▶ _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	146,172.
10	Grants and similar amounts paid (attach schedule) See Statement 1	10	94,540.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	2,460.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ See Statement 2)	16	46,636.
17	Total expenses. Add lines 10 through 16	17	143,636.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,536.
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)	19	181,836.
20	Other changes in net assets or fund balances (attach explanation) See Statement 3	20	-278.
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	184,094.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	180,836.	22 185,584.
23	Land and buildings		23
24	Other assets (describe ▶ See Statement 4)	1,000.	24 1,000.
25	Total assets	181,836.	25 186,584.
26	Total liabilities (describe ▶ See Statement 5)	0.	26 2,490.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	181,836.	27 184,094.

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

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Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? See Statement 6

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

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

28	The fund provided funds to various organizations to further charitable programs.		
	(Grants \$) If this amount includes foreign grants, check here.	<input type="checkbox"/>	28a 65,290.
29	The fund provided college scholarships to thirty-three (33) students.		
	(Grants \$ 29,250.) If this amount includes foreign grants, check here.	<input type="checkbox"/>	29a 29,250.
30			
	(Grants \$) If this amount includes foreign grants, check here.	<input type="checkbox"/>	30a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here.	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	▶	32 94,540.

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
See Statement 7		0.	0.	0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 8

		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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9		N/A
39b	Gross receipts, included on line 9, for public use of club facilities		N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	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		X
41	List the states with which a copy of this return is filed ▶ None		

42a The organization's books are in care of ▶ GREG B. MARKLEY Telephone no ▶ (360) 943-3030
 Located at ▶ 1069 ADAMS STREET S.E OLYMPIA WA ZIP + 4 ▶ 98501

		Yes	No
42b	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. ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	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. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | _____ N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's 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
None				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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
None		

d Total number of other independent contractors each 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: *[Signature]* Date: 9/30/10

Type or print name and title: SEB TRBA President

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 9/30/10 Check if self-employed: Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: McSwain and Company, PS
222 N. Capitol Way, Suite 108
Olympia, WA 98501

EIN: N/A Phone no: 360-357-9304

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **WASHINGTON STATE COUNCIL OF FIREFIGHTERS BENEVOLENT FUND** Employer identification number **91-1689140**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

- The organization is not a private foundation because it is (For lines 1 through 11, check only one box)
- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 - 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 - 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
 - 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III– Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	123,985.	118,817.	174,049.	108,595.		525,446.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	123,985.	118,817.	174,049.	108,595.	0.	525,446.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						525,446.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	123,985.	118,817.	174,049.	108,595.	0.	525,446.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	102.	2,887.	6,065.	5,440.		14,494.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						539,940.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Area with horizontal dashed lines for supplemental information.

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Support Benevolent Work		
Donee's Name:	Tacoma Firefighters Benevolent Fund		
Donee's Address:	1109 South 50th Street Tacoma, WA 98408		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,800.
Class of Activity:	Support MDA Society Work		
Donee's Name:	MDA Tri-Cities		
Donee's Address:	1407 Young Street Kennewick, WA 99336		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	YMCA Youth Programs		
Donee's Name:	YMCA Youth & Government		
Donee's Address:	PO Box 193 Olympia, WA 98507		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Alaska State Firefighters Association		
Donee's Address:	PO Box 142024 Anchorage, AK 99514		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,500.
Class of Activity:	Support Benevolent Work		
Donee's Name:	All Saints Parish		
Donee's Address:	204 6th Avenue SW Puyallup, WA 98371		
Relationship of Donee:	None		
Cash Amount Given:		\$	100.
Class of Activity:	Youth Programs		
Donee's Name:	South Sound YMCA		
Donee's Address:	PO Box 193 Olympia, WA 98501		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Support Agency		
Donee's Name:	American Red Cross - Sno Cny		
Donee's Address:	2530 Lombord Everett, WA 98201		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Support Benevolent Work		
Donee's Name:	American Veterans Traveling Tribute		
Donee's Address:	3411 Junco Place Mount Vernon, WA 98274		
Relationship of Donee:	None		
Cash Amount Given:		\$	250.
Class of Activity:	Educational Programs		
Donee's Name:	KPLU FM 88.5		
Donee's Address:	P.O. Box 34820 Seattle, WA 98124		
Relationship of Donee:	NONE		
Cash Amount Given:		\$	100.
Class of Activity:	IAFF Member Assistance		
Donee's Name:	Belfair Firefighters Association		
Donee's Address:	C/O IAFF Local 3876 PO Box 1412 Belfair, WA 98528		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Support Benevolent Work		
Donee's Name:	WA State FOP Memorial Foundation		
Donee's Address:	2527 W Kennewick Avenue #207 Kennewick, WA 99336		
Relationship of Donee:	None		
Cash Amount Given:		\$	2,000.
Class of Activity:	Support Benevolent Work		
Donee's Name:	BRAVE Foundation		
Donee's Address:	PO Box 6429 Olympia, WA 98507		
Relationship of Donee:	None		
Cash Amount Given:		\$	400.
Class of Activity:	Support Charitable Events		
Donee's Name:	WA Club Charity Golf Classic		
Donee's Address:	2906 N.E. 55th Seattle, WA 98105		
Relationship of Donee:	None		
Cash Amount Given:		\$	3,000.
Class of Activity:	Support Benevolent Work		
Donee's Name:	7th District Benevolent Fund		
Donee's Address:	412 Delafield Avenue Richland, WA 99352		
Relationship of Donee:	None		
Cash Amount Given:		\$	4,500.

WASHINGTON STATE COUNCIL OF FIREFIGHTERS
BENEVOLENT FUND

91-1689140

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Support Agency		
Donee's Name:	Breast Cancer - 3 Day		
Donee's Address:	Komen Foundation PO Box 650543 Dallas, TX 75265		
Relationship of Donee:	None		
Cash Amount Given:		\$	400.
Class of Activity:	Youth Programs		
Donee's Name:	Camp Blaze		
Donee's Address:	1463 Republican Street #203 Seattle, WA 98112		
Relationship of Donee:	None		
Cash Amount Given:		\$	2,000.
Class of Activity:	Education Programs		
Donee's Name:	Communities in Schools		
Donee's Address:	708 South G Street Tacoma, WA 98405		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Education Programs		
Donee's Name:	Experimental Education Unit		
Donee's Address:	University of WA PO Box 357925 Seattle, WA 98105		
Relationship of Donee:	None		
Cash Amount Given:		\$	200.
Class of Activity:	Scholarship Funds		
Donee's Name:	Andrea Navarre		
Donee's Address:	502 E Boone Ave Spokane, WA 98258		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Los Angeles Co. Firefighters Benevolent		
Donee's Address:	3460 Fletcher Avenue El Monte, CA 91731		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Mary Bridge Children's Foundation		
Donee's Address:	PO Box 5296 Tacoma, WA 98415		
Relationship of Donee:	None		
Cash Amount Given:		\$	100.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Support Agency		
Donee's Name:	NARAL Pro-Choice of WA		
Donee's Address:	811 First Avenue Suite 456 Seattle, WA 98104		
Relationship of Donee:	None		
Cash Amount Given:		\$	200.
Class of Activity:	Support Benevolent Work		
Donee's Name:	National MS Society		
Donee's Address:	C/O N Golden 1514 Alki Avenue SW Seattle, WA 98116		
Relationship of Donee:	None		
Cash Amount Given:		\$	200.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Puget Sound Labor Agency, AFL-CIO		
Donee's Address:	2800 First Avenue #126 Seattle, WA 98121		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Youth Programs		
Donee's Name:	Puyallup Extrication Team		
Donee's Address:	PO Box 1192 Puyallup, WA 98371		
Relationship of Donee:	None		
Cash Amount Given:		\$	2,500.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Safe Call Now		
Donee's Address:	2949 4th Ave South Seattle, WA 98134		
Relationship of Donee:	None		
Cash Amount Given:		\$	5,000.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Samantha Harrington Fund		
Donee's Address:	8287 NW 194th Lane Nowthen, MN 55305		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Program Support		
Donee's Name:	Special Olympics Washington		
Donee's Address:	PO Box 399 Seattle, WA 98111		
Relationship of Donee:	None		
Cash Amount Given:		\$	250.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Youth Programs		
Donee's Name:	Strategies for Youth		
Donee's Address:	PO Box 1426 Shelton, WA 98584		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Education Programs		
Donee's Name:	The Evergreen State College		
Donee's Address:	2700 Evergreen Parkway NW Olympia, WA 98505		
Relationship of Donee:	None		
Cash Amount Given:		\$	5,000.
Class of Activity:	Support Benevolent Work		
Donee's Name:	The Washington BUS Education		
Donee's Address:	PO Box 20188 Seattle, WA 98102		
Relationship of Donee:	None		
Cash Amount Given:		\$	5,000.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Thurston Co. Association of Fire Chiefs		
Donee's Address:	PO Box 548 Olympia, WA 98540		
Relationship of Donee:	None		
Cash Amount Given:		\$	250.
Class of Activity:	Education Programs		
Donee's Name:	Tools for Schools		
Donee's Address:	12204 58th Ave E Puyallup, WA 98373		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,500.
Class of Activity:	Support Benevolent Work		
Donee's Name:	TVW		
Donee's Address:	PO Box 25 Olympia, WA 98507		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Support Benevolent Work		
Donee's Name:	University of Washington Foundation		
Donee's Address:	PO Box 353530 Seattle, WA 98195		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Education Programs		
Donee's Name:	West View Elementary		
Donee's Address:	515 W Vistoria Ave Burlington, WA 98233		
Relationship of Donee:	None		
Cash Amount Given:		\$	300.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Win/Win		
Donee's Address:	1402 Third Avenue Ste 515 Seattle, WA 98101		
Relationship of Donee:	None		
Cash Amount Given:		\$	5,000.
Class of Activity:	Support Agency		
Donee's Name:	WSLC Foundation for Working Families		
Donee's Address:	314 First Avenue West Seattle, WA 98119		
Relationship of Donee:	None		
Cash Amount Given:		\$	350.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Bates Foundation		
Donee's Address:	1101 S Yakima Avenue Tacoma, WA 98405		
Relationship of Donee:	None		
Cash Amount Given:		\$	400.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Washington Scholarship Foundation		
Donee's Address:	PO Box 244 McKenna, WA 98558		
Relationship of Donee:	None		
Cash Amount Given:		\$	250.
Class of Activity:	Scholarship Funds		
Donee's Name:	Jessica McAdams		
Donee's Address:	400 East University Way Ellensburg, WA 98926		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Scholarship Funds		
Donee's Name:	Hilary Brehm		
Donee's Address:	1601 - 39th Avenue SE Puyallup, WA 98374		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.

WASHINGTON STATE COUNCIL OF FIREFIGHTERS
BENEVOLENT FUND

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Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship Funds		
Donee's Name:	Alexander McNealley		
Donee's Address:	2011 Mottman Rd SW Olympia, WA 98512		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Scholarship Funds		
Donee's Name:	Ben Copsey		
Donee's Address:	2323 Elliott Avenue Seattle, WA 98121		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Scholarship Funds		
Donee's Name:	Christopher Keith		
Donee's Address:	Graham Kapowsin HS 22100 108th Ave Graham, WA 98338		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Scholarship Funds		
Donee's Name:	Chase Adamich		
Donee's Address:	PO Box 24967 Seattle, WA 98124		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Scholarship Funds		
Donee's Name:	Philip Holt		
Donee's Address:	PO Box 24967 Seattle, WA 98124		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Scholarship Funds		
Donee's Name:	Marissa Moser		
Donee's Address:	516 High Street Old Main 245 Bellingham, WA 98225		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.
Class of Activity:	Scholarship Funds		
Donee's Name:	Kevin Rodal		
Donee's Address:	516 High Street Old Mian 245 Bellingham, WA 98225		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship Funds		
Donee's Name:	Peyton Mizell		
Donee's Address:	1817 147th Street NW Marysville, WA 98271		
Relationship of Donee:	None		
Cash Amount Given:		\$	750.
Class of Activity:	Scholarship Funds		
Donee's Name:	Savanna Aguilar		
Donee's Address:	Kenmore, WA 98028		
Relationship of Donee:	None		
Cash Amount Given:		\$	750.
Class of Activity:	Scholarship Funds		
Donee's Name:	Jacob Schmitt		
Donee's Address:	3307 Third Avenue West Ste 114 Seattle, WA 98119		
Relationship of Donee:	None		
Cash Amount Given:		\$	750.
Class of Activity:	Scholarship Funds		
Donee's Name:	Maili Dellinger		
Donee's Address:	PO Box 24967 Seattle, WA 98124		
Relationship of Donee:	None		
Cash Amount Given:		\$	750.
Class of Activity:	Scholarship Funds		
Donee's Name:	Jessalynn Sowards		
Donee's Address:	PO Box 24967 Seattle, WA 98124		
Relationship of Donee:	None		
Cash Amount Given:		\$	750.
Class of Activity:	Scholarship Funds		
Donee's Name:	Amanda Long		
Donee's Address:	380 Lighty Student Service Bldg Pullman, WA 98164		
Relationship of Donee:	None		
Cash Amount Given:		\$	750.
Class of Activity:	Scholarship Funds		
Donee's Name:	Andrew Wentland		
Donee's Address:	126 Blacrier Peak Dr Camano Island, WA 98282		
Relationship of Donee:	None		
Cash Amount Given:		\$	750.
Class of Activity:	Scholarship Funds		
Donee's Name:	Megan Lowry		
Donee's Address:	21404 NE 161st Street Woodinville, WA 98077		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship Funds		
Donee's Name:	Cameron Homan		
Donee's Address:	102 Sutton Hall Cheney, WA 99004		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Amanda White		
Donee's Address:	102 Sutton Hall Cheney, WA 99004		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Taylor Brown		
Donee's Address:	Pullman, WA 99164		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Rebeccah Noble		
Donee's Address:	3307 Third Avenue West Ste 114 Seattle, Wa 98119		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Maclean Ferguson		
Donee's Address:	PO Box 24967 Seattle, WA 98225		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Kyle Helem		
Donee's Address:	PO Box 24967 Seattle, WA 98124		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Jacquelyn Crews		
Donee's Address:	380 Lighty Student Service Bldg Pullman, WA 98164		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Brianne Gould		
Donee's Address:	380 Lighty Student Service Bldg Pullman, WA 98164		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.

WASHINGTON STATE COUNCIL OF FIREFIGHTERS
BENEVOLENT FUND

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Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship Funds		
Donee's Name:	Amy Langdahl		
Donee's Address:	380 Lighty Student Service Bldg Pullman, WA 98164		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Natalie Reynolds		
Donee's Address:	380 Lighty Student Service Bldg Pullman, WA 98164		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Joseph Edgley		
Donee's Address:	516 High Street Old Main 245 Bellingham, WA 98225		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	SCHOLARSHIP- CWU		
Donee's Name:	Rebecca Anderson		
Donee's Address:	516 High Street Old Main 245 Bellingham, WA 98225		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Greg Rufener		
Donee's Address:	19131 SE 440th Street Enumclaw, WA 98022		
Relationship of Donee:	None		
Cash Amount Given:		\$	2,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Andrew Harm		
Donee's Address:	14335 278th Avenue NE Duvall, WA 98019		
Relationship of Donee:	None		
Cash Amount Given:		\$	2,000.
Class of Activity:	Scholarship Funds		
Donee's Name:	Melissa Pettigrew		
Donee's Address:	PO Box 24967 Seattle, WA 98124		
Relationship of Donee:	None		
Cash Amount Given:		\$	2,000.
Class of Activity:	Program Support		
Donee's Name:	Brain Injury Association of Washington		
Donee's Address:	3516 S 45th Street Tacoma, WA 98409		
Cash Amount Given:		\$	250.

WASHINGTON STATE COUNCIL OF FIREFIGHTERS
BENEVOLENT FUND

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Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Program Support		
Donee's Name:	ECP		
Donee's Address:	PO Box 1851 Olympia, WA 98507		
Cash Amount Given:		\$	250.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Kirkland Firefighters Benevolent Fund		
Donee's Address:	123 5th Avenue Kirkland, WA 98033		
Cash Amount Given:		\$	1,000.
Class of Activity:	Program Support		
Donee's Name:	Medic One Foundation		
Donee's Address:	359747 325 9th Ave Seattle, WA 98104		
Cash Amount Given:		\$	1,000.
Class of Activity:	Education Programs		
Donee's Name:	Olympia High School Parents of 2010		
Donee's Address:	1302 North Street SE Olympia, WA 98501		
Cash Amount Given:		\$	90.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Renton Firefighters Benevolent Fund		
Donee's Address:	PO Box 67 Renton, WA 98507		
Cash Amount Given:		\$	500.
Class of Activity:	School Prorgams		
Donee's Name:	Snohomish Co FF Pipes and Drums		
Donee's Address:	PO Box 12491 Mill Creek, WA 98082		
Cash Amount Given:		\$	1,000.
Class of Activity:	Support Benevolent Work		
Donee's Name:	EW Shrink Memorial Fund		
Donee's Address:	3021 W Clearwater Ave Kennewick, WA 99336		
Cash Amount Given:		\$	1,000.
Class of Activity:	Support Benevolent Work		
Donee's Name:	South Sound FC		
Donee's Address:	PO Box 3147 Lacey, WA 98509		
Cash Amount Given:		\$	80.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Streissguth-Jacobsen Memorial Fund		
Donee's Address:	PO Box 764 Vancouver, WA 98666		
Cash Amount Given:		\$	1,000.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Education Programs		
Donee's Name:	Sedro Woolley Education Association		
Donee's Address:	PO Box 672 Sedro-Woolley, WA 98284		
Cash Amount Given:		\$	1,000.
Class of Activity:	Community Feeding Program		
Donee's Name:	Thurston County Food Bank		
Donee's Address:	220 Thurston Ave NE Olympia, WA 98501		
Relationship of Donee:	None		
Cash Amount Given:		\$	250.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Wa State Association of Fire Marshalls		
Donee's Address:	6711 Kimball Drive Gig Harbor, WA 98335		
Relationship of Donee:	None		
Cash Amount Given:		\$	200.
Class of Activity:	Education Programs		
Donee's Name:	Save Outdoor Schools Olympia		
Donee's Address:	4002 Morton Ct SE Olympia, WA 98501		
Relationship of Donee:	None		
Cash Amount Given:		\$	40.
Donee's Name:	Mother Jones Investigative Fund		
Donee's Address:	222 Sutter Street Ste 600 San Francisco, CA 94108		
Relationship of Donee:	None		
Cash Amount Given:		\$	75.
Donee's Name:	LaborFestNY		
Donee's Address:	415 Argyle Road 6A Brooklyn, NY 11218		
Relationship of Donee:	None		
Cash Amount Given:		\$	100.
Donee's Name:	LAFFBF		
Donee's Address:	3460 Fletcher Avenue El Monte, CA 91731		
Relationship of Donee:	None		
Cash Amount Given:		\$	1,000.
Class of Activity:	Support Benevolent Work		
Donee's Name:	Gallagher Memorial Fund		
Donee's Address:	345 W Main Street Chehalis, WA 98532		
Relationship of Donee:	None		
Cash Amount Given:		\$	500.

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	School Prorgams		
Donee's Name:	Lakewood Police Independent Guild		
Donee's Address:	PO Box 99579 Lakewood, WA 98496		
Relationship of Donee:	None		
Cash Amount Given:		\$	2,500.
Class of Activity:	Program Support		
Donee's Name:	Alert Magazine, LLC		
Donee's Address:	PO Box 4833 Boise, ID 83711		
Relationship of Donee:	None		
Cash Amount Given:		\$	65.
Class of Activity:	Support Benevolent Work		
Donee's Name:	MDA		
Donee's Address:	701 Dexter Avenue N Ste 106 Seattle , WA 98109		
Cash Amount Given:		\$	2,340.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Administrative expense	\$	30,086.
Bank Fees		277.
Filing Fees		264.
Gifts/Memorials		1,616.
Insurance		102.
Meetings/Conventions		360.
Miscellaneous		1,100.
Radio-Public Service Time		614.
Travel		1,740.
Video Production		10,477.
	Total \$	<u>46,636.</u>

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments		\$	-278.
	Total \$		<u>-278.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Inventories	\$ 1,000.	\$ 1,000.
Total	\$ 1,000.	\$ 1,000.

Statement 5
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Due to WSU	\$ 0.	\$ 2,490.
Total	\$ 0.	\$ 2,490.

Statement 6
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The Fund provides funding for charitable programs and a college scholarship program. The fund also benefits firefighters, their families and other persons in need.

Statement 7
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Greg B Markley PO Box 1085 Kent, WA 98035	Sec/Treasurer 1.00	\$ 0.	\$ 0.	\$ 0.
Kelly L Fox PO Box 1979 Olympia, WA 98507	President 1.00	0.	0.	0.
Pat McElligott 1109 S 50th Tacoma, WA 98408	Vice President 1.00	0.	0.	0.
Mike Bacon 3524 W Woolard Rd Colbert, WA 99005	Director 1.00	0.	0.	0.

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Scott Brines 412 Delafield Ave Richland, WA 99352	Director 1.00	\$ 0.	\$ 0.	\$ 0.
Rick Peters PO Box 115 Roslyn, WA 98941	Director 1.00	0.	0.	0.
Dennis Lawson 7308 114th Street Ct E Puyallup, WA 98373	Director 1.00	0.	0.	0.
Brian Hurley 5625 58th Lane NW Olympia, WA 98502	Director 1.00	0.	0.	0.
John Stockman 9357 56th Avenue S Seattle, WA 98118	Director 1.00	0.	0.	0.
Michael Moore 3906 67th Avenue Ct NW Gig Harbor, WA 98335	Director 1.00	0.	0.	0.
Keven Rojecki 3016 N 16th Tacoma, WA 98406	Director 1.00	0.	0.	0.
Dean Shelton 18126 Mariposa Lane Mount Vernon, WA 98274	Director 1.00	0.	0.	0.
Theresa Purtell PO Box 44445 Tacoma, WA 98448	Director 1.00	0.	0.	0.
Richard Kittinger PO Box 1024 Bellingham, WA 98227	Trustee 0	0.	0.	0.
Tom Reich 812 S Taft Kennewick, WA 99336	Trustee 0	0.	0.	0.
John Gallup 1121 N 26th Street Tacoma, WA 98403	Trustee 0	0.	0.	0.

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Ricky Walsh PO Box 5604 West Richland, WA 99353	Trustee 0	\$ 0.	\$ 0.	\$ 0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 8
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No