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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- 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.

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

B Check if applicable:	C Name of organization	D Employer identification number
☐ Address change	MARINE INSURANCE ASSOCIATION OF SEATTLE	91-6054613
☐ Name change	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number
☐ Initial return	2150 NORTH 107TH STREET	(206) 367-8704
☐ Termination	Room/suite	
☐ Amended return	205	
☐ Application pending	City or town, state or country, and ZIP + 4	F Group Exemption Number
	SEATTLE WA 98133-9009	

• 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 Tax-exempt status (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 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. **\$ 139,211.**

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	
2 Program service revenue including government fees and contracts	2	60,315.
3 Membership dues and assessments	3	23,000.
4 Investment income	4	36.
5a Gross amount from sale of assets other than inventory	5a	
5b Less: cost or other basis and sales expenses	5b	
5c 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 ☐		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	55,860.
b Less: direct expenses other than fundraising expenses	6b	41,306.
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14,554.
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	97,905.
10 Grants and similar amounts paid (attach schedule)	10	10,000.
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	13,400.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	599.
16 Other expenses (describe ► See Other Expenses Statement)	16	53,583.
17 Total expenses. Add lines 10 through 16	17	77,582.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,323.
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	56,237.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	76,560.

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	56,237.	76,560.
23 Land and buildings	0.	0.
24 Other assets (describe ►)	0.	0.
25 Total assets	56,237.	76,560.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,237.	76,560.

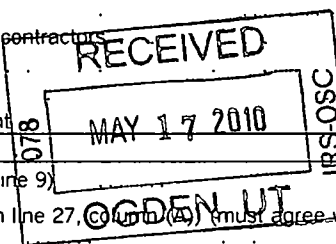
BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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Handwritten signature/initials.

Part III Statement of Program Service Accomplishments (See the instructions.)What is the organization's primary exempt purpose? PROFESSIONAL EDUCATION

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

28	<u>EDUCATIONAL AND NETWORKING MEETINGS AND EVENTS FOR MEMBERS TO KEEP INFORMED OF DEVELOPMENTS IN THE MARINE INSURANCE INDUSTRY AND THE MARKET. SEVERAL LUNCHEONS, ONE GOLF TOURNAMENT AND DINNER</u> (Grants \$ _____) If this amount includes foreign grants, check here ☐	28 a
29	<u>CONTINUING EDUCATION CLASSES FOR MEMBERS TO LEARN ABOUT THE MARINE INSURANCE FIELD</u> (Grants \$ _____) If this amount includes foreign grants, check here ☐	29 a
30	<u>SCHOLARSHIPS FOR DESERVING STUDENTS</u> (Grants \$ _____) If this amount includes foreign grants, check here ☐	30 a
31	<u>Other program services (attach schedule)</u> (Grants \$ _____) If this amount includes foreign grants, check here ☐	31 a
32	Total program service expenses (add lines 28a through 31a) ☐	32

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
LAUREN FREY 2150 NORTH 107TH ST #205 SEATTLE WA 98133	PRESIDENT 2.00	0.	0.	0.
LOUIS JOHNSON 2150 NORTH 107TH ST #205 SEATTLE WA 98133	VICE PRESIDENT 2.00	0.	0.	0.
LARRY ALTENBRUN 2150 NORTH 107TH ST #205 SEATTLE WA 98133	TREASURER 2.00	0.	0.	0.
IAN BLACKBURN 2150 NORTH 107TH ST #205 SEATTLE WA 98133	SECRETARY 2.00	0.	0.	0.
STEPHEN OLSEN 2150 NORTH 107TH ST #205 SEATTLE WA 98133	DIRECTOR 2.00	0.	0.	0.
LORI FRARY 2150 NORTH 107TH ST #205 SEATTLE WA 98133	DIRECTOR 2.00	0.	0.	0.
DAISY HUFFMAN 2150 NORTH 107TH ST #205 SEATTLE WA 98133	DIRECTOR 2.00	0.	0.	0.
DAVID O'LAUGHLIN 2150 NORTH 107TH ST #205 SEATTLE WA 98133	DIRECTOR 2.00	0.	0.	0.
MATTHEW CRANE 2150 NORTH 107TH ST #205 SEATTLE WA 98133	DIRECTOR 2.00	0.	0.	0.
RICHARD WHITE 2150 NORTH 107TH ST #205 SEATTLE WA 98133	DIRECTOR 2.00	0.	0.	0.
MAGGIE LINDLEY 2150 NORTH 107TH ST #205 SEATTLE WA 98133	PAST TREASURER 2.00	0.	0.	0.

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

	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.		
a 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
b 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.		
b 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
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 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 40a ; section 4912 40a ; section 4955 40a		
b 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 40b		
c 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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 40e		X
41 List the states with which a copy of this return is filed 41 Washington		

42a The organization's books are in care of **42a** SHIRLEY BISHOP INC. Telephone no **42a** (206) 367-8704
 Located at **42a** 2150 NORTH 107TH ST #205 SEATTLE WA ZIP + 4 **42a** 98133

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)? **42b** Yes No X

If 'Yes,' enter the name of the foreign country **42b**

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 ? **42c** Yes No X

If 'Yes,' enter the name of the foreign country. **42c**

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 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.

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
46		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

47		
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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

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

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

2ND MAY 2010
Date

IAN BLACKBURN, TREASURER.

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Patti Larson CPA

Date

5/2/2010

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

03-008202

Firm's name (or yours if self-employed), address, and ZIP + 4

PATTI LARSON
3896 SE BUCKINGHAM DRIVE
PORT ORCHARD

WA 98366

EIN

Phone no 360-271-0167

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open to Public Inspection

|91-6054613

Part I	Form 990EZ filers are not required to complete this part.
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- ☐
- Special fundraising events

- ☐ Yes ☐ No

- [illegible]

-

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
		(event type)	(event type)	NONE (total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts				
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4- through 9 in column (d)				
	11 Net income summary. Combine lines 3, column (d) and line 10				

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				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Combine lines 1, column (d) and line 7					

9 Enter the state(s) in which the organization operates gaming activities.

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain.

11 Does the organization operate gaming activities with nonmembers?

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?

YES NO

9a

10a

11

12

		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a _____ %		
b An outside facility	13b _____ %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
Name: ▶ _____			
Address: ▶ _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
c If 'Yes,' enter name and address of the third party			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____			

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

WEB SITE	2,006.
TELEPHONE	165.
CORPORATE FILING FEE	10.
INSURANCE	1,543.
SEMINARS	43,143.
MISCELLANEOUS EXPENSE	2,201.
BANK CHARGES	3,099.
BOARD EXPENSE	11.
GIFTS AND AWARDS	113.
PRESIDENT EXPENSE	1,292.
Total	53,583.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts PaidPurpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business ☐ Person ☒ Milan Beard 2150 North 107th Street #205 Seattle WA 98133	None	5,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment ... Scholarships

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarships	Business ☐ Person ☒ Jenae Perman 2150 North 107th Street #205 Seattle WA 98133	None	5,000.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
Date of Gift .. _____

Book Value	How Book Value Determined
FMV	How FMV Determined