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A For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization VIRGINIA STATE FIREFIGHTERS ASSOCIATION		<b>D</b> Employer identification number 54-6040194
		Number and street (or P O box, if mail is not delivered to street address) 9257 OLD TURNPIKE ROAD		<b>E</b> Telephone number
		City or town, state or country, and ZIP + 4 CULPEPER, VA 22701		<b>F</b> 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) ▶

<b>I Website:</b> <input type="checkbox"/> WWW.VSFA.ORG	<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one) — <input checked="" type="checkbox"/> 501(c)(4) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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 ▶ \$ 455,477



Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )	
1	Revenue
2	Expenses
3	Changes in Net Assets or Fund Balances
4	Net Assets or Fund Balances
5	Net Assets or Fund Balances
6	Net Assets or Fund Balances
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100	Net Assets or Fund Balances

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	160,798
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	94,108
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	42,031
	<b>4</b>	Investment income . . . . .	<b>4</b>	11,430
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	143,866
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	130,700
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	13,166
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here 		
	<b>a</b>	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
	<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	1,872
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	1,138
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	734
	<b>8</b>	Other revenue (describe  _____)	<b>8</b>	1,372
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 	<b>9</b>	323,639

Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	179,901
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	8,497
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b>	Other expenses (describe _____)	<b>16</b>	200,510
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	388,908

Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-65,269
	<b>19</b>	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)	<b>19</b>	721,585
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	6,231
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	662,547

**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
<b>22</b>	Cash, savings, and investments . . . . .	713,144	<b>22</b> 656,445
<b>23</b>	Land and buildings . . . . .		<b>23</b>
<b>24</b>	Other assets (describe  )	13,812	<b>24</b> 9,579
<b>25</b>	<b>Total assets</b> . . . . .	726,956	<b>25</b> 666,024
<b>26</b>	<b>Total liabilities</b> (describe  )	5,371	<b>26</b> 3,477
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	721,585	<b>27</b> 662,547

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? THE VIRGINIA STATE FIREFIGHTERS ASSOCIATION WAS FORMED IN 1886 THE MISSION OF THE ASSOCIATION IS TO PROMOTE, ADVOCATE, COORDINATE AND REPRESENT THE FIRE SERVICE IN THE COMMONWEALTH OF VIRGINIA IN THEIR PERFORMANCE OF PROVIDING FIRE, RESCUE AND EMERGENCY MEDICAL SERVICES, ENVIRONMENTAL EMERGENCIES AND OTHER EMERGENCY RESPONSE SERVICES TO THE CITIZENS OF THE COMMONWEALTH			
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, and other relevant information for each program title			
<b>28</b> REPRESENTING THE FIRE SERVICE IN THE COMMONWEALTH OF VIRGINIA IN THEIR PERFORMANCE OF PROVIDING FIRE, RESCUE AND EMERGENCY MEDICAL SERVICES, ENVIRONMENTAL EMERGENCIES AND OTHER EMERGENCY RESPONSE SERVICES TO THE CITIZENS OF THE COMMONWEALTH SUPPORTING AND PROMOTING THE HEALTH, SAFETY AND WELFARE OF FIREFIGHTERS AND EMS PROVIDERS PROMOTING THE EXTENSION AND PRESERVATION OF THE FIRE AND EMS PROFESSION WITH INTEGRITY REPRESENTING THE FIRE AND EMS COMMUNITY AT ALL LEVELS OF GOVERNMENT RECOMMENDING AND ENHANCING THE FIRE PREVENTION ACTIVITIES IN THE COMMONWALTH OF VIRGINIA HEIGHTENING THE PUBLIC'S UNDERSTANDING OF THE ROLE OF THE FIREFIGHTER AND EMS PROVIDER WORKING WITH OTHER STATE AND NATIONAL ORGANIZATIONS ON ISSUES OF MUTUAL CONCERN (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	132,769
<b>29</b> FUNDS RAISED WERE USED FOR REPRESENTING THE FIRE SERVICE IN THE COMMONWEALTH OF VIRGINIA TO ASSIST IN SUPPORTING AND PROMOTING THE HEALTH, SAFETY AND WELFARE OF FIREFIGHTERS AND EMS PROVIDERS REPRESENTING THE FIRE AND EMS COMMUNITY AT ALL LEVELS OF GOVERNMENT RECOMMENDING THE ENHANCING FIRE PREVENTION ACTIVITIES IN THE COMMONWEALTH OF VIRGINIA HEIGHTENING THE PUBLIC'S UNDERSTANDING OF THE ROLE OF THE FIREFIGHTER AND EMS PROVIDER WORKING WITH OTHER STATE AND NATIONAL ORGANIZATIONS ON ISSUES OF MUTUAL CONCERN (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	78,860
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<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>	211,629

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

Part V		Other Information (Note the statement requirements in the instructions 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 . . . . .			33	No
34	Were any changes made to the organizing or governing documents? 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 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? . . . . .			35a	Yes
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .			35b	Yes
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 . . . . .			36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶			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 <b>or</b> were any such loans made in a prior year and still outstanding at the end 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	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 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
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	No
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 . . . ▶ _____				
d	Section 501(c)(3) and 501(c)(4) organizations 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 . . . . .			40e	No
41	List the states with which a copy of this return is filed ▶ _____				
42a	The organization's books are in care of ▶ MICHAEL MASCIOLA TREASURER Telephone no ▶ (703) 615-6144 9257 OLD TURNPIKE ROAD Located at ▶ CULPEPER, VA ZIP + 4 ▶ 22701				
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>			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 checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶			43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			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.			45	No

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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 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 & deferred compensation	(e) Expense account and other allowances

50(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

51(d) Total number of other independent contractors each 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		2011-05-16 Date	
Paid Preparer's Use Only	MICHAEL MASCIOLA TREASURER Type or print name and title			
	Preparer's signature	KATHY J GEORGEN CPA	Date 2011-05-16	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	GEORGEN SCARBOROUGH ASSOCIATES PC 243 CHURCH ST NW STE 100E VIENNA, VA 221804437			EIN Phone no (703) 319-3990
May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

Additional Data

Software ID:

Software Version:









EIN: 54-6040194

Name: VIRGINIA STATE FIREFIGHTERS ASSOCIATION

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
RONNIE BLACK 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	PRESIDENT 0	0		
GARY ALLRED 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	1ST VP 0	0		
LARRY LOGAN 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	2ND VP 0	0		
JEFF FLIPPO 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	3RD VP 0	0		100
DICKIE ATKINS 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	SECRETARY 0	0		100
BRIANT ATKINS 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	ASST SECRETA 0	0		
MICHAEL MASCIOLA 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	TREASURER 0	0		150
LARRY GWALTNEY 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	ASST TREASUR 0	0		100
E THOMAS WILLIAMS 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	CHAPLAIN 0	0		
BOB MCCALLISTER 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	ASST CHAPLAI 0	0		
NORMAN RICE 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	PAST PRES 0	0		50
TERRY GWALTNEY 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	DIRECTOR 0	0		50
CHARLES SINGLETON 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	DIRECTOR 0	0		150
FRED LINKOUS 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	DIRECTOR 0	0		150
JOE RAKES 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	DIRECTOR 0	0		
TOMMY AUSTIN 9257 OLD TURNPIKE ROAD CULPEPER,VA 22701	DIRECTOR 0	0		150

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

<b>(a)</b> Name and address	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation <b>(If not paid, enter -0-.)</b>	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances
JIMMY BYER  9257 OLD TURNPIKE ROAD CULPEPER, VA 22701	DIRECTOR 0	0		150
MARK MILLS  9257 OLD TURNPIKE ROAD CULPEPER, VA 22701	DIRECTOR 0	0		
LLOYD GODDARD III  9257 OLD TURNPIKE ROAD CULPEPER, VA 22701	DIRECTOR 0	0		150
TOMMY CHINAULT  9257 OLD TURNPIKE ROAD CULPEPER, VA 22701	DIRECTOR 0	0		100
PETE KIRBY  9257 OLD TURNPIKE ROAD CULPEPER, VA 22701	DIRECTOR 0	0		
J ALLEN BRENNAN  9257 OLD TURNPIKE ROAD CULPEPER, VA 22701	DIRECTOR 0	0		100
WALTER ROBERTSON  9257 OLD TURNPIKE ROAD CULPEPER, VA 22701	DIRECTOR 0	0		100
BOBBY SMITH  9257 OLD TURNPIKE ROAD CULPEPER, VA 22701	DIRECTOR 0	0		100

TY 2009 Compensation Explanation

**Name:** VIRGINIA STATE FIREFIGHTERS  
ASSOCIATION  
**EIN:** 54-6040194

Person Name	Explanation
RONNIE BLACK	
GARY ALLRED	
LARRY LOGAN	
JEFF FLIPPO	
DICKIE ATKINS	
BRIANT ATKINS	
MICHAEL MASCIOLA	
LARRY GWALTNEY	
E THOMAS WILLIAMS	
BOB MCCALLISTER	
NORMAN RICE	
TERRY GWALTNEY	
CHARLES SINGLETON	
FRED LINKOUS	
JOE RAKES	
TOMMY AUSTIN	
JIMMY BYER	
MARK MILLS	
LLOYD GODDARD III	
TOMMY CHINAULT	
PETE KIRBY	
J ALLEN BRENNAN	
WALTER ROBERTSON	
BOBBY SMITH	

## TY 2009 Other Assets Schedule

**Name:** VIRGINIA STATE FIREFIGHTERS  
ASSOCIATION

**EIN:** 54-6040194

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS RECEIVABLE	1,536	2
EQUIPMENT	38,791	42,616
LESS ACCUMULATED DEPRECIATION	26,515	33,039
	13,812	9,579

TY 2009 Other Changes in Net Assets Schedule

**Name:** VIRGINIA STATE FIREFIGHTERS  
ASSOCIATION  
**EIN:** 54-6040194

Description	Amount
UNREALIZED GAINS ON INVESTMENTS	6,231

**TY 2009 Other Expenses Schedule**

**Name:** VIRGINIA STATE FIREFIGHTERS  
ASSOCIATION

**EIN:** 54-6040194

Description	Amount
ADVERTISING REVENUE	
COST OF GOODS SOLD	27,566
EXPENSES	
VSFA PROMOTION	5,247
INTERNET SERVICES/WEBSITE	6,776
CONVENTION	78,860
INSURANCE	16,164
OFFICERS EXPENSES	14,716
EXECUTIVE COMMITTEE	15,475
RECORDING MINUTES	890
COMMITTEE EXPENSES	2,316
SUNSHINE FUND	2,189
MISCELLANEOUS EXPENSES	2,384
VA STATE FIRE & EMS EXPEN	50
VA FIREFIGHTERS COMMITTEE	502
NATIONAL VOL FIRE COUNCIL	5,963
REPAIRS & MAINTENANCE	90
CONTRIBUTIONS	16,630
SUPPLIES	2,896
TELEPHONE	1,796

**TY 2009 Other Liabilities Schedule**

**Name:** VIRGINIA STATE FIREFIGHTERS  
ASSOCIATION

**EIN:** 54-6040194

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	5,371	3,477
	5,371	3,477

## TY 2009 Other Revenues Schedule

**Name:** VIRGINIA STATE FIREFIGHTERS  
ASSOCIATION

**EIN:** 54-6040194

Description	Amount
MISCELLANEOUS INCOME	779
REIMBURSEMENTS	593