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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047_ 2009

Open to Public

	For the 200	9 calendar v	ear, or tax year beginning 07/01/09, and ending 06/30/	110					
	Check if applica		C Name of organization Creston Firefighters Associatio		D	Employ	yer identification number		
	Address change	291 491	Szabo	٦	Lilipio	yer identification flumber			
三	_	label or	Doing Business As			81-	0457369		
\sqcup	Name change	print or type	Number and street (or P O box if mail is not delivered to street address)	Room/su	.to		one number		
	Initial return	See	3720 Foothill Rd	Roomisu	we E	•	-755- 1 338		
\Box	Termination	Specific	City or town, state or country, and ZIP + 4			Gross recei			
$\overline{\Box}$	Amended return	Instruc- tions.	Kalispell MT 59901		F-	GIUSS IECEI	piss OZ, ZZZ		
믐		= 11	e and address of principal officer		— н	(a) le thie s	group return for		
لتا	Application per	ionig j	net Szabo		''	affiliate			
			20 Foothill Road] н	(b) Are all	affiliates 🗂		
			lispell MT 59901			include	attach a list (see instructions)		
	Tax-exempt		501(c) (3) ◄ (insert no) 4947(a)(1) or 527		··	11 140,	attach a list (see liisu uctions)		
	Website >		crestonfire.org		н	(c) Group	exemption number		
	Type of organi	$\overline{}$		L Year of form			M State of legal domicile MT		
	art I	Summa					otate or regar commune		
			the organization's mission or most significant activities						
•	, a	-	reston Volunteer Fire Department						
2									
rna									
Revenue Call M. Activities & Governance	2 Che	ck thic hov	If the organization discontinued its operations or disposed of more tha	n 25% of the	not accet	•			
ဖိ	2 Nor			11 25% OF ILS	net asset	1 1	30		
•ර් ග	3 Num		g members of the governing body (Part VI, line 1a)			3			
ţį	4 Num		pendent voting members of the governing body (Part VI, line 1b)			4	0		
≅	5 Tota		employees (Part V, line 2a)			5	0		
A S	6 Tota		volunteers (estimate if necessary)			6			
=	7a Tota		elated business revenue from Part VIII, column (C), line 12			7a			
-4	b Net	unrelated bu	isiness taxable income from Form 990-T, line 34		D V	7b	0		
Ċ	8 Con	tributions on	Prior Year	,133	Current Year 12,274				
e A	O Drog		old grants (Part VIII, line 1h) RECEIVED	i st	14	,133	12,2/4		
9	9 Prog		e revenue (Part VIII, line 2g)	1 81		103	02		
Re	10 inve	siment inco	me (Part VIII, column (A), lines 3, 4, and 7d) 8 NOV 1 8 2010	\ <u>0</u>	22	, 921	<u>83</u> 39,765		
	1	er revenue (me (Part VIII, column (A), lines 3, 4, and 7d) C NOV 1 8 2010 Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>					
	+			-17		,157	52,122		
OI 0	13 Grai		17	ļ	0	,929	24,744		
⋷	14 Ben	-	or for members (Part IX, column (A), line 4)				 		
penses	15 Sala		compensation, employee benefits (Part IX, column (A), lines 5–10)						
eus	16a Prof		draising fees (Part IX, column (A), line 11e)				 .		
Exp	2 100		g expenses (Part IX, column (D), line 25) ▶						
ш	17 000	•	(Part IX, column (A), lines 11a-11d, 11f-24f)			,822	19,021		
		•	Add lines 13–17 (must equal Part IX, column (A), line 25)			,751	43,765		
_	19 Rev	enue less ex	openses Subtract line 18 from line 12			,406	8,357		
Net Assets or	00 -	.l ==c=+: 4=	A V Ive 40)	Beginn	ing of Currer		End of Year		
SSe	20 Tota		nt X, line 16)			,059	71,983		
et d	21 Tota	,	Part X, line 26)			-544	-2,977		
			nd balances Subtract line 21 from line 20		66	, 603	74,960		
	Part II		re-Block						
		Under pena	ilties of perjury, I declare that I have examined this return, including accompanying sched t is true, correct, and complete Declaration of preparer (other than officer) is based on a	ules and state	ements, and	I to the bes	st of my knowledge		
		.(E as E J J - J - J - J -	i illioittiatioir	or winest pre		_		
Sig	_	7	unic K- Xyaro			//	-15-10		
He	ere		ure of officer			Date			
			ANET K. STABO TREASURER						
_		Type o	r print name and title				T - · · · · · · · ·		
D۵	id	Preparer's	Date		Check if self-		Preparer's identifying number (see instructions)		
Pa		signature	11,	/15/10	employed		P00599819		
	eparer's	Firm's name	Bratz & Associates, CPAs			EIN >			
US	e Only	ıf self-emple	· · · · · · · · · · · · · · · · · · ·			Phone			
_		address, an	d ZIP+4 Kalispell, MT 59901-4836			no 🕨			
Ma	y the IRS d	scuss this r	eturn with the preparer shown above? (see instructions)				Yes No		
Foi	Privacy A	ct and Pape	erwork Reduction Act Notice, see the separate instructions.			/	Form 990 (2009)		

Form **990** (2009)

) (Revenue \$

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

41,011

11 (4	TELL CHOOKING OF ROGER OF CONTROL		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		165	110
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ł		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ĺ ´	İ	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			,
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			l
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			,,
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			,,
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X
		For	ո 990	(2009

		T	Yes	Na
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	1	res	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	}	:	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		1
	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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1,,	`	٠,
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	` \		<u></u>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			İ
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			x
44	conservation contributions? If "Yes," complete Schedule M	30	-	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1	j .	x
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	 	
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 32	-	
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		
J-	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	54		
50	Schedule R, Part V, line 2	35		$ \mathbf{x} $
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	55	 	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55	 	├ <u></u> -
•-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		j	
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	x

_Pa	nt V Statements Regarding Other IRS Filings and Tax Compliance					
	Fatastha number specified in Day 2 of Form 1000. Assuel Summon and Transmitted of			F	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4.	o			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	0			١.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re			`		
•	gaming (gambling) winnings to prize winners?	portabi	Č	1c		`
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		`	`
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?		2b	,	•
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	, , , , , , , , , , , , , , , , , , ,		ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	ancial				l
	account)?			_4a		X
b	If "Yes," enter the name of the foreign country			1 1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
F -	and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_		v
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	stion?		5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg			30		^
·	Prohibited Tax Shelter Transaction?	arding		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e		00		
	organization solicit any contributions that were not tax deductible?			6a	İ	х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			ŀ		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		} }		
	and services provided to the payor?			_7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				77
a	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	[]		7c		X
d	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	7d	.1			
C	benefit contract?	eisolia	II	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7 6		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				
	required?			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				-	1.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				l	
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	امدا			1	
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter	LIUD				
'' a	Gross income from members or shareholders	11a			`	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	''"			ļ	i .
	amounts due or received from them)	11b		.,	.	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	Ì	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form 990 (2009) Creston Firefighters Association 81-0457369 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 30 b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 ĸ Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? b 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a

Section	C.	Disc	losure
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17 List the states with which a copy of this Form 990 is required to be filed **None**

the organization's exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

Other officers or key employees of the organization

with a taxable entity during the year?

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Janet Szabo 3720 Foothill Road

organization ▶ Janet Szab
Kalispell

MT 59901

406-755-1338

15b

16a

16b

X

Form 990 (2009) Creston Firefighters Association

81-0457369

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization	n did not compe	nsate	e any	y cur	rent	offic	er, d	Irrector, or trustee	, - 	T
(A)	(B)	(C) Position (check all that a						(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Thomas Schuster										
President			L	X		L_		<u> </u>	0	0
William Tidwell										
Vice Preside		ļ		X		<u> </u>	<u> </u>	0	0	0
Janet Szabo					ļ					
Sec/Treas.		<u> </u>	ļ	X			_	0	0	0
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•	(A) Name and Title	(B) Average	Average Position (check all that app							(F) Estimated amount of						
		nours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	ount of other or the or				
			T	-	T		T									
		_	+		-	ļ. 	 									
		<u> </u>	 		_	<u> </u> 										
			 	<u>.</u>	_	<u> </u>	-									
			+		-		-									
			 			-										
													_,			
			T													
			T		 		-									
1b	Total	<u> </u>	<u> </u>	ł		<u>. </u>	1	<u> </u>								
2	Total number of individuals (if reportable compensation from				thos	se lis	sted a	abov	e) who received more than	\$100,000 in						
	reportable compensation from	i the organiz <u>a</u> tio	11 -	<u> </u>								Ye	s No			
3	Did the organization list any f employee on line 1a? If "Yes,								oyee, or highest compensa	ted		3	x			
4	For any individual listed on lir the organization and related of	ne 1a, is the sum	of re	port	able	con	npen	satio								
5	individual Did any person listed on line								·		-4	1	X			
	services rendered to the orgation B. Independent Contract	inization? If "Yes											X			
1	Complete this table for your f	ive highest comp	 oensa	ated	ınde	pen	dent	cont	ractors that received more	than \$100,000 of						
	compensation from the organ	(A) d business address						T .	Descrip	(B) otion of services		(C) Compen	sation			
												_				
								T								
								-								
								\perp								
2	Total number of independent						ted to	tho	se listed above) who recei	ved			· ·			
DAA	more than \$100,000 in comp	ensation from th	e org	anız	<u>atıor</u>	1 🕨					<u> :</u> F	0 orm 99	0 (2009)			

Ra	rt V	III. Statement of Reve	nue					
	`				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10.10				, , , , ,		revenue	ζ,	512, 513, or 514
Program Service Revenue Contributions, gifts, grants and other similar amounts	та	Federated campaigns	1a				•	
gra	b	Membership dues	1b			ì		,
ts, an	С	Fundraising events	1c	2,115	The second second	" " " "	,	` , ,
gif	d	Related organizations	1d		,	` ,`	*	` `
S.E	е	Government grants (contributions)	1e		` .	()		
tio er s	f	All other contributions, gifts, grants,					,	_
t pa		and similar amounts not included above	1f	10,159		`		15 50
dt		Noncash contributions included in lines 1a-	1f \$	•				
ဥမ	9 h	Total. Add lines 1a–1f	•		12,274	` ; .	,	
- e		Total. Add lifes 1a-11		100.1				
Ĕ	_			Busn. Code		1		
ě	2a			 				
e e	þ							
Ş	С							
Se	d							
ш	е			=		<u> </u>		
g	f	All other program service rever	nue				- · · · · · · · · · · · · · · · · · · ·	
٩	g	Total. Add lines 2a-2f		—		()		, , , , , , , , , , , , , , , , , , , ,
	3	Investment income (including of	dividends	interest and	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		
	_	other similar amounts)			83	83		
	4	Income from investment of tax	overnet k	and proceeds		- 03		
			-exempt t	John proceeds				
	5	Royalties						
		(ı) Real		(ii) Personal		,		
	6a	Gross Rents				,		
	b	Less rental exps			, , , , , ,	, , ,		
	C	Rental inc or (loss)				, ,	•	
	_d	Net rental income or (loss)		>				-
	7a	Gross amount from (i) Securities	,	(II) Other		,		
		other than inventory						
	b	Less cost or other				,		*.
		basis & sales exps				·		,
	С	Gain or (loss)						,
	d	Net gain or (loss)						,
								· · · · · · · · · · · · · · · · · · ·
une	oa	Gross income from fundraising ever	ils			,	ų.	
ē		(not including \$,	4,	
Š		of contributions reported on line 1c)			, , , , , , ,			
ä		See Part IV, line 18	a				•	, , , , ,
Other Reve		Less direct expenses	b					
١	С	Net income or (loss) from fund	raisin <u>g ev</u>	rents 🕨				
	9a	Gross income from gaming activitie	s			,		
		See Part IV, line 19	a			_		,
	b	Less direct expenses	ь		•			,
		Net income or (loss) from gam	ıng activit	ies 🕨				* * * * * * * * * * * * * * * * * * * *
		Gross sales of inventory, less	mg donvi	.00				
- 1	104	returns and allowances			,	}		
			. a			,		
		Less cost of goods sold	_ b [II.
	<u>c</u>	Net income or (loss) from sales					·· ··	
		Miscellaneous Revenue		Busn. Code	4.5	* *		· ·
	11a	Creston Auction			39,765	39,765		
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			39,765			
		Total Revenue. See instruction	าร	•	52,122		0	0
-								

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

_					
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	'	expenses	general expenses	expenses
1	Grants and other assistance to governments and			, , , ,,	
	organizations in the U.S. See Part IV, line 21	24,744	24,744	,	,,
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	,		· ·	
	U.S. See Part IV, lines 15 and 16				· ·
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,		-	· · · · · · · · · · · · · · · · · · ·	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		···		·
а	Management				
b	Legal				
	Accounting	569		569	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	733		733	
12	Advertising and promotion			755	
13	Office expenses	1,310		1,310	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses		·		
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
		,			
24	Other expenses Itemize expenses not	,			,
	covered above (Expenses grouped together				, ',
	and labeled miscellaneous may not exceed	,		İ	
	5% of total expenses shown on line 25 below)		•		
а	Repairs	5,486	5,486		. , ,
b	Clothing	5,248	5,248		
С	Food	3,011	3,011		·
d	Gifts	700	700		
е	Misc	665	665		
f	All other expenses	1,299	1,157	142	
25	Total functional expenses. Add lines 1 through 24f		41,011	2,754	
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

			(A)		(B)
			Beginning of year		End of year
1	Cash—non-interest bearing		66,059	1	71,983
2				2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	· · · · · · · · · · · · · · · · · · ·
5	Receivables from current and former officers, directo	rs, trustees, key	`,		•
Ì	employees, and highest compensated employees. Co	omplete Part II of			,
ļ	Schedule L			5	
6	Receivables from other disqualified persons (as defined)	ed under section	, ,		
	4958(f)(1)) and persons described in section 4958(c)	(3)(B) Complete			,
<u>"</u>	Part II of Schedule L		<u> </u>	6	
Assets	Notes and loans receivable, net			7	
SS 8	Inventories for sale or use			8	
⋖ 9	Prepaid expenses and deferred charges			9	
10	0a Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a		1	ı
	b Less accumulated depreciation	10b		10c	
11	1 Investments—publicly traded securities			11	
12	2 Investments—other securities See Part IV, line 11			12	
13	3 Investments—program-related See Part IV, line 11			13	
14	4 Intangible assets			14	
15	5 Other assets See Part IV, line 11			15	
16	6 Total assets. Add lines 1 through 15 (must equal line	9 34)	66,059	16	71,983
17			-544	17	-2,977
18	8 Grants payable			18	
19	9 Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
ဖ္က 2	1 Escrow or custodial account liability Complete Part I	V of Schedule D		21	
Liabilities 23	2 Payables to current and former officers, directors, tru	stees, key	,		
<u>≅</u>	employees, highest compensated employees, and di		}		-
. <u>e</u>	persons Complete Part II of Schedule L			_22	
—)	3 Secured mortgages and notes payable to unrelated t	hird parties		23	
24				24	
2				25	
20	6 Total liabilities. Add lines 17 through 25		-544	26	-2,977
Si	Organizations that follow SFAS 117, check here	and			, , ;
ၓ္တ	complete lines 27 through 29, and lines 33 and 34.				,
<u> </u>			ļ	27	
B 21				28	
면 2	9 Permanently restricted net assets			29	
5 -	Organizations that do not follow SFAS 117, check	here ▶ X	,		
<u>"</u>	and complete lines 30 through 34.	٠ ـــا	1	ľ	
0 3	Capital stock or trust principal, or current funds		\	30	
et 3	Paid-in or capital surplus, or land, building, or equipment of the surplus o	nent fund		31	·
881	 Retained earnings, endowment, accumulated income 		66,603	32	74,960
Net Assets or Fund Balances		., outor taring	66,603		74,960
. 2	4 Total liabilities and net assets/fund balances		66,059		71,983

Form **990** (2009)

orh	1 990 (2009) Creston Firefighters Association 81-0457369		Pa	ge 12
Pa	nrt XI Financial Statements and Reporting			
	,		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O		,	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	_2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		7 (
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were) 1	1	
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	,		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	}		
	the Single Audit Act and OMB Circular A-133?	_3a		
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Creston Firefighters Association Szabo

Employer identification number

			<u> </u>											7303			
Pa	art I	Rease	on for Public C	harity	<u>Status</u>	(All orga	nizations	s must c	omplet	e this	part):	See in	struct	tions.			
Γhe	orga	nization is not	a private foundation	becaus	eitis (Fo	or lines 1 th	rough 11,	check only	one box)							
1		A church, cor	vention of churches	, or ass	ociation o	of churches	described	ın section	170(b)(1	I)(A)(i).							
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Att	ach Sched	ule E)										
3		A hospital or	a cooperative hospi	al servi	ce organiz	zation desc	ribed in se	ction 170	b)(1)(A)(i	iii).							
4		A medical res	earch organization	operated	d in conju	nction with	a hospital	described	ın sectio	n 170(b)(1)(A)(i	ıı). Ente	r the ho	ospital's na	me.		
		city, and state		•	•		•					,			,		
5		•	on operated for the	benefit d	of a collec	ie or univer	rsity owned	or operate	ed by a g	overnme	ental uni	t descri	hed in				
-	L	•	b)(1)(A)(iv). (Comple		_	,	,	p	,-3			. 4555					
6		•	te, or local governm		•	ntal unit dai	ecribed in s	ection 17	0/b)/4\/A	\ /\/\							
7	-	•	on that normally rec	•							from the	aonora	مراطييم ار				
•	Ш	_					s support ii	on a gove	iiiiii e iilai	i uiiit oi i	ioni ine	genera	ii public	•			
			section 170(b)(1)(A				malata Dad										
8	₩	-	trust described in s				•										
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																	
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		•	on organized and or			•		•									
11	Ш	-	•			-		•									
	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																
9																	
	persons other than foundation managers and other than one or more publicly supported organizations described in section																
		509(a)(1) or s	ection 509(a)(2)														
f		If the organiz	ation received a writ	ten dete	ermination	from the If	RS that it is	s a Type I,	Type II,	or Type	lli suppo	orting					
		organization,	check this box														
g		Since August	17, 2006, has the o	rganiza	tion acce	pted any gr	ft or contrib	oution from	any of th	ne							_
•		following per	sons?														
		(i) A persor	who directly or indi	rectly co	ontrols, er	ther alone	or together	with perso	ns descr	ibed in (ii)				٦	Yes	No
			pelow, the governing					•		`	,			11	g(i)		
			member of a persor	•		_								1	g(II)		
		• •	ontrolled entity of a				above?								g(iii)		
h			ollowing information											<u></u>	31/		
	Nam	e of supported	(ii) EIN	about		Type of organi		(iv) is the c	rganization	(v) Did v	ou notify	(vi)	s the	(vii)	Amou	int of	
(1)		anization	(11) 2111			scribed on lin			sted in your		nization in	organizat			suppo		
						ove or IRC s		governing	document?		of your		zed in the				
					(s	ee instructi	ons))	Yes	No	Yes	No No	Yes	S?	1			
							· · · · · · · · · · · · · · · · · · ·	163	140	163	140	165	No				
								1			1	1					
			1					+		-		 					
								1			1	Ì					
								+	<u> </u>	<u> </u>		ļ		 			
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				•	l ' .			1 . 1	٠.	l	1	1					

	dule A (Form 990 or 990-EZ) 2009					-0457369	Page 2
Pa	rt II Support Schedule for O)(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	tion A. Public Support		<u> </u>	<u> </u>			
	endar 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 any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4				<u> </u>		
	tion B. Total Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			·			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	Ļ———	<u> </u>		L <u></u>	 	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	-	t, second, third, four	th, or fifth tax yea	ar as a section 50	1(c)(3)	, [
500	organization, check this box and stop her tion C. Computation of Public St		togo			_ 	
				(0)			
14	Public support percentage for 2009 (line 6		- ·	· (f))		14	%_
15	Public support percentage from 2008 Sch					<u> [15]</u>	%_
16a	33 1/3 % support test—2009. If the organ			3, and line 14 is	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies		-				▶ ⊔
b	33 1/3 % support test—2008. If the organ			*	15 is 33 1/3 % or i	nore, check this	
	box and stop here. The organization qual	· · · · ·	• • •				▶ ⊔
17a	10%-facts-and-circumstances test—200	=					
	more, and if the organization meets the "f			*	•		
	organization meets the "facts-and-circums						▶ ∐
b	10%-facts-and-circumstances test—200 more, and if the organization meets the "f	acts-and-circumsta	ances" test, check th	ns box and stop	here. Explain in P	art IV how the	
40	organization meets the "facts-and-circums		-	, ,			₹ ⊢
18	Private foundation. If the organization did	not check a box	on iine 13, 16a, 16b,	. 17a, or 17b, che	eck this box and se	ee instructions	▶ ⊔

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

81-0457369

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) , Part III (Complete only if you checked the box on line 9 of Part I.)

Ca	lendar 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 any "unusual grants")	10,026	43,631	7,581	14,133	12,274	87,645
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	41,159	62,915	16,934	23,921	232,476	377,405
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	51,185	106,546	24,515	38,054	244,750	465,050
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						`
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	36,159	57,915	11,934	18,921		124,929
С	Add lines 7a and 7b	36,159	57,915	11,934	18,921		124,929
8	Public support (Subtract line 7c from line 6)		, ,				340,121
Sec	tion B. Total Support						3107122
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	51,185	106,546	24,515	38,054	244,750	465,050
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	246	267	173	103		789
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	246	267	173	103		789
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,		i	·	ľ		
	and 12)	51,431	106,813	24,688	38,157	244,750	465,839
14	First five years. If the Form 990 is for the organization, check this box and stop her	θ		th, or fifth tax year	r as a section 501(c)(3) 	▶
	tion C. Computation of Public Su					···	
15 16	Public support percentage for 2009 (line 8			n (f))		15	73.01%
16 Sec	Public support percentage from 2008 Schotton D. Computation of Investme					16	40.86%
<u> </u>	Investment income percentage for 2009 (I			column (fl)	· · ·	47	
18	Investment income percentage for 2009 (i		•	Column (1))		17	<u>%_</u> %_
19a	33 1/3 % support tests—2009. If the orga			14 and line 15 is	more than 33 1/2 0		%_
	17 is not more than 33 1/3 %, check this b	oox and stop here.	The organization q	ualifies as a public	cly supported organ	nization	► X
b	33 1/3 % support tests—2008. If the orga						
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did						₹ -
	Tivate roundation. If the organization did	HOLCHECK A DOX OF	inne 14, 19a, or 1	SO, CHECK THIS DOX	and see instruction	ns	<u>P</u> .L.

Schedule A (Form 990 or 990-EZ) 2009 Creston Firefighters Association 81-0457369

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Page 4

Part II, line 17a or 17b; and Part III, line 12 Provide any other additional information. See instructions.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization Creston Firefighters Association

Employer identil

Szabo		_			81-04	4573
Part I General Information on Grants and	l Assistance					
Does the organization maintain records to substantiate the selection criteria used to award the grants or assistate. Describe in Part IV the organization's procedures for mo	nce?		. •	eligibility for the grants	s or assistance, ar	nd
Part II Grants and Other Assistance to Go Form 990, Part IV, line 21, for any re Part IV and Schedule I-1 (Form 990	ecipient that re	eceived n	nore than \$5,000.	nited States. Com Check this box if	plete if the or no one recipie	ganız. ent re
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) (non-c.
Creston Rural Fire Department 4498 Hwy 35						
Kalispell MT 59901		3	24,744		<u> </u>	<u> </u>
						<u> </u>
					<u></u>	\vdash
	E .					

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Use Part IV and Schedule I-1	e to Individuals in the 1 (Form 990) if addition			tion answered "Yes"	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation FMV, appraisal, other	
	, coperation			mr, appreion, our	
	-				
art IV Supplemental Information.	complete this part to p	provide the informa	ion required in Part I,	line ∠, and any other	

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009 Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Inspection - Employer identification number

Name of the organization

Creston Firefighters Association

81-0457369

Szabo

Jenet Szabo

Thomas Schuster

Sec/Treas

President

Husband/Wife

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

		Special Events Schedule						
Form 990		For calendar year 2009, o	r tax year beginning	07/01/0	9 , and ending	06/30/10	2009	
^{me} Creston F Szabo	rire	fighters Asso	ciation			Employer Ide 81-045 7	ntification Num	
Gross receipts Less contribution Gross revenue Less direct expe Net income (loss)		(A) 232,393 0 232,393 192,628 39,765	(B) 0 0 0 0 0	(C)	0 0 0 0 0	0 0 0 0 0	Total 232,3 232,3 192,6 39,7	
Description (A (B	3)	Creston Auc	tion					
Of	thers							