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Form **990-EZ**Department of the Treasury  
Internal Revenue Service

# Short Form

## 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)

- 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.

OMB No 1545-1150

**2009**Open to Public  
Inspection

<b>A</b> For the 2009 calendar year, or tax year beginning <b>Oct 1</b> , 2009, and ending <b>Sep 30</b> , 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"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td><b>C</b> Name of organization <b>EVERETT FIREFIGHTERS ASSOCIATION</b></td> <td><b>D</b> Employer identification number <b>91-0909243</b></td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) <b>PO BOX 2203</b></td> <td>Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <b>EVERETT WA 98203</b></td> </tr> </table>	<b>C</b> Name of organization <b>EVERETT FIREFIGHTERS ASSOCIATION</b>	<b>D</b> Employer identification number <b>91-0909243</b>	Number and street (or P.O. box, if mail is not delivered to street address) <b>PO BOX 2203</b>	Room/suite	City or town, state or country, and ZIP + 4 <b>EVERETT WA 98203</b>	
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City or town, state or country, and ZIP + 4 <b>EVERETT WA 98203</b>							
<p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>							
<b>I</b> Website: ► <b>N/A</b>	<b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►						
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)						
<b>K</b> Check <input type="checkbox"/> 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.							
<b>L</b> 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. ► \$ <b>105,272.</b>							

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)																																																	
<b>REVENUE</b>	<table border="1"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>12,661.</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>13,885.</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>77,033.</td></tr> <tr><td>4</td><td>Investment income</td><td>16.</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td></td></tr> <tr><td>5b</td><td>Less: cost or other basis and sales expenses</td><td></td></tr> <tr><td>5c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td></td></tr> <tr><td>6</td><td>Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here</td><td></td></tr> <tr><td>6a</td><td>Gross revenue (not including \$ of contributions reported on line 1)</td><td></td></tr> <tr><td>6b</td><td>Less: direct expenses other than fundraising expenses</td><td></td></tr> <tr><td>6c</td><td>Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td><td></td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td></td></tr> <tr><td>7b</td><td>Less: cost of goods sold</td><td></td></tr> <tr><td>7c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe ► <b>EXEMPT RENTAL INCOME NET OF EXPENSES</b>)</td><td>1,677.</td></tr> <tr><td>9</td><td><b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td><td>105,272.</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	12,661.	2	Program service revenue including government fees and contracts	13,885.	3	Membership dues and assessments	77,033.	4	Investment income	16.	5a	Gross amount from sale of assets other than inventory		5b	Less: cost or other basis and sales expenses		5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		6a	Gross revenue (not including \$ of contributions reported on line 1)		6b	Less: direct expenses other than fundraising expenses		6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		7a	Gross sales of inventory, less returns and allowances		7b	Less: cost of goods sold		7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		8	Other revenue (describe ► <b>EXEMPT RENTAL INCOME NET OF EXPENSES</b> )	1,677.	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	105,272.
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<b>EXPENSES</b>	<table border="1"> <tr><td>10</td><td>Grants and similar amounts paid (attach schedule) <b>NONE OVER \$5000</b></td><td>9,080.</td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td></td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td>9,712.</td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td>1,350.</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td>34,360.</td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td>635.</td></tr> <tr><td>16</td><td>Other expenses (describe ► <b>See Other Expenses Statement</b>)</td><td>49,011.</td></tr> <tr><td>17</td><td><b>Total expenses.</b> Add lines 10 through 16</td><td>104,148.</td></tr> </table>	10	Grants and similar amounts paid (attach schedule) <b>NONE OVER \$5000</b>	9,080.	11	Benefits paid to or for members		12	Salaries, other compensation, and employee benefits	9,712.	13	Professional fees and other payments to independent contractors	1,350.	14	Occupancy, rent, utilities, and maintenance	34,360.	15	Printing, publications, postage, and shipping	635.	16	Other expenses (describe ► <b>See Other Expenses Statement</b> )	49,011.	17	<b>Total expenses.</b> Add lines 10 through 16	104,148.																								
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<b>NET ASSETS</b>	<table border="1"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>1,124.</td></tr> <tr><td>19</td><td>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)</td><td>569,210.</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (attach explanation) <b>ROUNDING</b></td><td>1.</td></tr> <tr><td>21</td><td><b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20</td><td>570,335.</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1,124.	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)	569,210.	20	Other changes in net assets or fund balances (attach explanation) <b>ROUNDING</b>	1.	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	570,335.																																				
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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	45,741.	60,995.
23 Land and buildings	139,136.	139,136.
24 Other assets (describe ► <b>See L-24 Stmt</b> )	746,311.	721,290.
25 <b>Total assets</b>	931,188.	921,421.
26 <b>Total liabilities</b> (describe ► <b>See L-26 Stmt</b> )	361,978.	351,086.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	569,210.	570,335.

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

Form 990-EZ (2009) 2U

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SCANNED JUN 09 2011

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

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

<b>28 CLOTHING - PURCHASED BY ASSOCIATION FOR RESALE AT COST AS A CONVENIENCE TO ACTIVE AND RETIRED MEMBERS</b>		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>4,409.</b>
<b>29 MUSEUM - DONATED TO MEMBERS AND OTHER ORGANIZATIONS FOR MEETINGS. IT IS ALSO OPEN TO THE PUBLIC FOR ESCORTED TOURS.</b>		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>60,009.</b>
<b>30 FIRE STATIONS - SEVEN STATIONS ARE SUPPLIED WITH VARIOUS ITEMS SUCH AS MAGAZINES, RECREATIONAL EQUIPMENT, LAUNDRY, NEWSPAPERS, TV CABLE AND SUPPLIES PAID WITH MEMBER DUES</b>		
(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>14,351.</b>
<b>31 Other program services (attach schedule) SCHEDULE 2</b>		
(Grants \$ 9,080.) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>14,618.</b>
<b>32 Total program service expenses (add lines 28a through 31a)</b>	<b>32</b>	<b>93,387.</b>

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DAVE SALVADALENA PO BOX 2161 SNOHOMISH WA 98291	PRESIDENT 10.00	3,000.	0.	
JASON BRANDVOLD 5526 93RD DR SE SNOHOMISH WA 98290	VICE PRESIDENT 10.00	0.	0.	
DAVE DEMARCO 12432 14TH AVE NE MARYSVILLE WA 98271	SECTY/TREAS 10.00	3,000.	0.	
STEVE YOUNGER 1500 E 5TH ST ARLINGTON WA 98223	DIRECTOR 0.00	0.	0.	
DAVE WILSON 4314 GRAND AVE EVERETT WA 98203	DIRECTOR 0.00	0.	0.	
RANDY UTT 719 GRAND AVE EVERETT WA 98203	DIRECTOR 0.00	0.	0.	
RANDY KING 26317 25TH AVE NE ARLINGTON WA 98223	DIRECTOR 0.00	0.	0.	
PHIL SMITHSON 4112 109TH AVE SE SNOHOMISH WA 98291	DIRECTOR 0.00	0.	0.	
CURT RIDER 2707 VIEW CREST AVE EVERETT WA 98203	DIRECTOR 0.00	0.	0.	
GARY LONG 8424 FOBES ROAD SNOHOMISH WA 98290	DIRECTOR 0.00	0.	0.	

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		<b>X</b>
<b>35</b> 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.		
<b>a</b> 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?		<b>X</b>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		<b>X</b>
<b>36</b> 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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b> 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?		<b>X</b>
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</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 <b>40b</b>		<b>X</b>
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>Washington</b>		

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

**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 **42b**

	Yes	No
<b>42b</b>		<b>X</b>
<b>42c</b>		<b>X</b>

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ?  
 If 'Yes,' enter the name of the foreign country **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**

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

**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**

	Yes	No
<b>44</b>		<b>X</b>
<b>45</b>		<b>X</b>

**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
<b>46</b>		

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

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

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
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**b** If 'Yes,' was the related organization a section 527 organization?

<b>49b</b>		
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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.'

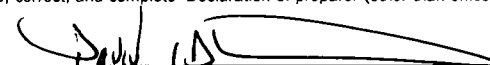
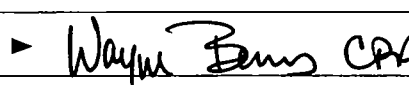
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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**f** 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
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-----		
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**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	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.		
	<div style="display: flex; justify-content: space-between;"> <div>             Signature of officer            David L. DeMarco Sec / Treas            Type or print name and title         </div> <div>           Date            5-11-11         </div> </div>		
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 3/28/11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 KAS Inc PO Box 12793 Mill Creek WA 98082		Preparer's Identifying Number (See instructions) EIN <span style="float: right;">▶</span> Phone no <span style="float: right;">▶</span>
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶ <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

BAA

Form 990-EZ (2009)

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

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

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

Name(s) shown on return

Identifying number

**EVERETT FIREFIGHTERS ASSOCIATION****91-0909243**

Business or activity to which this form relates

**Form 990 / Form 990EZ****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)** (See instructions)

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

**Part III MACRS Depreciation (Do not include listed property)** (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	25,021.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

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

**Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	25,021.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

FD120812 07/07/09

Form **4562** (2009)

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

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

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

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

**Section B – Information on Use of Vehicles**

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2009 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report.					<b>44</b>

Form 990-EZ  
Part II

Other Assets and Liabilities

2009

Name as Shown on Return

EVERETT FIREFIGHTERS ASSOCIATION

Employer Identification No

91-0909243

Line 24 - Other Assets:	Beginning of Year	End of Year
EQUIPMENT & BUILDINGS	851,823.	851,823.
LESS ACCUMULATED DEPRECIATION	-105,512.	-130,533.
Totals to Form 990-EZ, Part II, line 24	746,311.	721,290.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
PAYROLL LIABILITIES	296.	398.
MORTGAGE PAYABLE	354,330.	343,336.
BOND PAYABLE	7,352.	7,352.
Totals to Form 990-EZ, Part II, line 26	361,978.	351,086.



Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

Depreciation	25,021.
INTEREST EXPENSE	63.
DUES & SUBSCRIPTIONS	3,707.
MEMBER ACTIVITIES	8,690.
MEETINGS	364.
SUPPLIES	10,033.
ANTIQUE EXPENSES	1,133.

Total	<u>49,011.</u>
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EVERETT FIREFIGHTERS ASSOCIATION  
91-0909243  
FORM 990-EZ  
YEAR ENDED SEPTEMBER 30, 2010

**SCHEDULE 1**

PAGE 2 PART III STATEMENT OF PROGRAM SERVICE  
ACCOMPLISHMENTS

WHAT IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE?

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

**SCHEDULE 2**

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

MEMBER AND COMMUNITY ACTIVITIES	\$14,618
RECREATIONAL AND SOCIAL EVENTS FOR MEMBERS, THEIR FAMILIES AND COMMUNITY	

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\$14,618