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Short Form
Return of Organization Exempt From Income Tax

2009

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

A For the 2009 calendar year, or tax year beginning Oct 1, 2009, and ending Sep 30, 2010

B Check if applicable	C Name of organization EVERETT FIREFIGHTERS ASSOCIATION	D Employer identification number 91-0909243
<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	PO BOX 2203 Number and street (or P O box, if mail is not delivered to street address)	E Room/suite City or town, state or country, and ZIP + 4 EVERETT WA 98203
Please use IRS label or print or type. See Specific Instructions		F 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) ►

I Website: ► N/A	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J 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	K 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
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	► \$ 105,272.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)				
REVENUE 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c 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 a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ► EXEMPT RENTAL INCOME NET OF EXPENSES) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	1 12,661. 2 13,885. 3 77,033. 4 16. 5a 5b 6a 6b 7a 7b 8 9 105,272.			
	EXPENSES 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Other Expenses Statement) 17 Total expenses. Add lines 10 through 16	NONE OVER \$5000 10 9,080. 11 12 9,712. 13 1,350. 14 34,360. 15 635. 16 49,011. 17 104,148.		
		ASSETS 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20	18 1,124. 19 569,210. 20 1. 21 570,335.	
			ROUNDING	

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. 22 60,995.
23 Land and buildings	139,136. 23 139,136.
24 Other assets (describe ► See L-24 Stmt)	746,311. 24 721,290.
25 Total assets	931,188. 25 921,421.
26 Total liabilities (describe ► See L-26 Stmt)	361,978. 26 351,086.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	569,210. 27 570,335.

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

Form 990-EZ (2009) ZD

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

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

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			
28 CLOTHING - PURCHASED BY ASSOCIATION FOR RESALE AT COST AS A CONVENIENCE TO ACTIVE AND RETIRED MEMBERS	<input checked="" type="checkbox"/>	28a	4,409.
(Grants \$ 0.) If this amount includes foreign grants, check here			
29 MUSEUM - DONATED TO MEMBERS AND OTHER ORGANIZATIONS FOR MEETINGS. IT IS ALSO OPEN TO THE PUBLIC FOR ESCORTED TOURS.	<input type="checkbox"/>	29a	60,009.
(Grants \$ 0.) If this amount includes foreign grants, check here			
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	<input type="checkbox"/>	30a	14,351.
(Grants \$ 0.) If this amount includes foreign grants, check here			
31 Other program services (attach schedule) SCHEDULE 2	<input type="checkbox"/>	31a	14,618.
(Grants \$ 9,080.) If this amount includes foreign grants, check here			
32 Total program service expenses (add lines 28a through 31a)	<input checked="" type="checkbox"/>	32	93,387.

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.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. Yes No

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? Yes No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes No

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 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. Yes No

b Did the organization file **Form 1120-POL** for this year? Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No

39 Section 501(c)(7) organizations Enter Yes No

a Initiation fees and capital contributions included on line 9 Yes No

b Gross receipts, included on line 9, for public use of club facilities Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ Yes No

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 Yes 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 Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No

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 Yes No

41 List the states with which a copy of this return is filed ► Washington Yes No

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 Yes No

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)? Yes No

If 'Yes,' enter the name of the foreign country ► _____ Yes No

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.? Yes No

If 'Yes,' enter the name of the foreign country ► _____ Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 Yes No

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes 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 Yes 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
46		
47		
48		
49a		
49b		

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

48 Is the organization a school as 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?

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

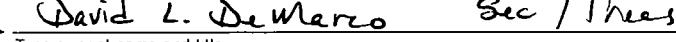
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----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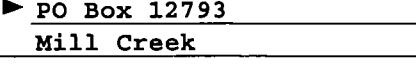
f Total number of other employees paid over \$100,000 ► _____

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
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

d Total number of other independent contractors each receiving over \$100,000 ► _____

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	
	► 	► 5-11-11 Date
	► 	► Sec /Trees
	► Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► 	Date 3/28/11	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► 	EIN	► <input type="checkbox"/>	
	► KAS Inc	WA 98082	Phone no ► <input type="checkbox"/>	
	► PO Box 12793			
	► Mill Creek			

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

BAA

► Yes No

Form 990-EZ (2009)

Depreciation and Amortization
(Including Information on Listed Property)

2009

Name(s) shown on return

EVERETT FIREFIGHTERS ASSOCIATION

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 smaller 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	
i Nonresidential real property			27.5 yrs	MM	S/L	
			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	

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)

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b 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		
25 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)							25			
26 Property used more than 50% in a qualified business use										
27 Property used 50% or less in a qualified business use										
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29			

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.

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>		

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
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Name as Shown on Return

EVERETT FIREFIGHTERS ASSOCIATIONEmployer 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)

<u>Depreciation</u>	25,021.
<u>INTEREST EXPENSE</u>	63.
<u>DUES & SUBSCRIPTIONS</u>	3,707.
<u>MEMBER ACTIVITIES</u>	8,690.
<u>MEETINGS</u>	364.
<u>SUPPLIES</u>	10,033.
<u>ANTIQUE EXPENSES</u>	1,133.
Total	<u>49,011.</u>

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	<hr/> <u>\$14,618</u>