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CISWFSNIML

200912

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

OMB No. 1545-1150 2003 Open to Public Inspection

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2003 calendar year, or tax year beginning 2003, and ending 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization, number and street, city, town, street, and ZIP code ANNETTA FIRE AND RESCUE 11700 ANNETTA ROAD Leitchfield KY 42754-

D Employer identification number 52-1476976 E Telephone number 270-242-7248 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: J Organization type (check only one) 501(c)(1) 4947(a)(1) or 527

H Check if the organization is not require to attach Sch. B (Form 990, 990-EZ, or 990-PF)

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more. File Form 990 instead of Form 990-EZ. \$ 66,001.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions.)

Table with 21 rows for Revenue and Expenses, and 21 rows for Net Assets or Fund Balances. Includes handwritten notes like 'STATUTE UNIT RECEIVED' and 'PR BRANCH OGDEN'.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets, columns (A) Beginning of year and (B) End of year.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2003)

Vertical text on the left margin: SCANNED-SEP-24-2009, SCANNED JAN 05 2010, ENVELOPE 0438, POSTMARK DATE JUL 21 2008, STATUTE UNIT RECEIVED AUG 21 2009, D'ARLEY OASFRV:231 AUG 21 2009, 7c 200, 27-09, 32-06-372-AUG-11-2009

Handwritten signature: P 25ne

Part III: Statement of Program Service Accomplishments (See instructions.)		Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? FIRE AND RESCUE		
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	FIRE AND RESCUE	
	(Grants \$)	28a
29		
	(Grants \$)	29a
30		
	(Grants \$)	30a
31	Other program services (attach schedule)	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV: List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instructions.)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
JIMMY DECKER LEITCHFIELD KY	PRES 10	0		
MARGERAT LANGDON LEITCHFIELD KY	VP-SEC-TRE 4	0		

Part V: Other Information (Note the attachment requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others reported on Form 990-T) attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(a) notice, reporting, & proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee? If "Yes," attach a statement explaining the loan		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, & 4996		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed		
42	The books are in care of MARGERAT LANGDON Telephone no. 270-242-7248 Located at LEITCHFIELD KY ZIP + 4 42754-		
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

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

Please Sign Here: *J. B. Decker* Signature of officer, Date: **7-13-09**
JIMMY DECKER PRES
 Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: *W. Jones*, Date: **05/15/2009**, Check if self-employed: , Preparer's SSN or PTIN: **403-92-8854**
 Firm's name (for yours if self-employed), address, and ZIP + 4: **JONES AND GRAVIL TAX SERVICE**, **PO BOX 220**, **Bee Spring KY 42207-**