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CISWFS NIML

200412

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 (except black lung benefit trust or private foundation)

OMB No. 1545-1150 2004 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 2004 calendar year, or tax year beginning 2004, 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

G Accounting method: [X] Cash [] Accrual Other (specify) H Check [X] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

I Website: J Organization type (check only one): [X] 501(c)(1) (insert no.) 4947(a)(1) or 527 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. \$ 40,394.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue: 1 Contributions, 2 Program service revenue, 3 Membership dues, 4 Investment income, 5a Gross amount from sale of assets, 6 Special events, 7a Gross sales of inventory, 8 Other revenue, 9 Total revenue (40,394). Expenses: 10 Grants, 11 Benefits, 12 Salaries, 13 Professional fees, 14 Occupancy, 15 Printing, 16 Other expenses (FIRE RUNS AND OTHER), 17 Total expenses (53,304). Net Assets: 18 Excess or deficit (12,910), 19 Net assets at beginning (40,393), 20 Other changes, 21 Net assets at end (27,483).

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 (See instructions.)

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. 22 Cash, savings, and investments: 40,393 / 27,483. 23 Land and buildings. 24 Other assets. 25 Total assets: 40,393 / 27,483. 26 Total liabilities. 27 Net assets or fund balances: 40,393 / 27,483.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2004)

STATUTE UNIT RECEIVED AUG 2 2 2009 8 DEC 1 0 10 04 3 6 2 9 2009 TC 000 018 SCANNED JAN 05 2010 SCANNED SEP 24 2009 320 AUG 1 1 2009

P 24 me

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

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.

		Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)
28	FIRE AND RESCUE	
	(Grants \$)	28a
29		
	(Grants \$)	29a
30		
	(Grants \$)	30a
31	Other program services (attach schedule)	(Grants \$) 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 instr.)

(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), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		X
a Did the organization have unrelated business gross income of \$1,000 or more or 8033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		X
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 an explanation.		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 9	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, & 4958 ▶		
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 ▶ MARGERET 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: *Jimmy 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: <i>Wynne Grant</i>	Date: 05/15/2009	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W): 403-92-8854
Firm's name (or yours if self-employed): JONES AND GRAVIL TAX SERVICE	EIN: ▶	Phone no. ▶	
address, and ZIP + 4: PO BOX 220 BEE SPRING KY 42207-			