



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

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 \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning

, 2008, and ending

## B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type.  
See Specific Instructions

C Summersville Fire Department, Inc.  
PO Box 146  
Summersville, WV 26651

## D Employer identification number

55-6024133

## E Telephone number

304-872-1350

## 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 ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) —  501(c) ( 3 ) ▶ (insert no)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ

► \$ 189,354.

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

1 Contributions, gifts, grants, and similar amounts received	1	59,915.
2 Program service revenue including government fees and contracts	2	129,259.
3 Membership dues and assessments	3	
4 Investment income	4	180.
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	1,859.
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)		See Statement 1
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	5c	-1,859.
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
8 Other revenue (describe ► <input type="checkbox"/> )	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	187,495.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► <input type="checkbox"/> See Statement 2)	16	201,987.
17 Total expenses (add lines 10 through 16)	17	201,987.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,492.
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)	19	172,214.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	157,722.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	62,165.	22 71,689.
23 Land and buildings		23
24 Other assets (describe ► <input type="checkbox"/> See Statement 3)	690,096.	24 621,743.
25 Total assets	752,261.	25 693,432.
26 Total liabilities (describe ► <input type="checkbox"/> See Statement 4)	580,047.	26 535,710.
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)	172,214.	27 157,722.

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

P3

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

## Expenses

What is the organization's primary exempt purpose? See Statement 5

What is the organization's primary exempt purpose. See Attachment 3  
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 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts, optional  
for others )

28 Provide fire and emergency services the town of Summersville, WV and surrounding areas, serving over 5,000 people.

(Grants \$  ) If this amount includes foreign grants, check here

► 28a

29

(Grants \$  ) If this amount includes foreign grants, check here

29a

(Grants \$  ) If this amount includes foreign grants, check here

30 a

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here

31 a

**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 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
Rodney Sondgress	0	0.	0.	0.
Brian Bell	0	0.	0.	0.
Chris Seabolt	0	0.	0.	0.
Jared Cruse	0	0.	0.	0.
Charlie Aldeman	0	0.	0.	0.
Rick McCutcheon	0	0.	0.	0.
Tommy Cole	0	0.	0.	0.

**Part V Other Information** (Note the statement 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	33	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	34	X
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 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(e) notice, reporting, and proxy tax requirements?	35a	X
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	501(c)(7) organizations Enter:	39a	N/A
a	Initiation fees and capital contributions included on line 9	39b	N/A
b	Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0.		
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,' complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter amount of tax on line 40c reimbursed by the organization		0.
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	40e	X
41	List the states with which a copy of this return is filed ► None		

42a The books are in care of ►	Telephone no ►						
Located at ►	ZIP + 4 ►						
<p><b>b</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)?</p> <p>If 'Yes,' enter the name of the foreign country. ►</p>							
<table border="1" style="float: right; margin-right: 20px;"> <tr> <td style="text-align: center; padding: 2px;">Yes</td> <td style="text-align: center; padding: 2px;">No</td> </tr> <tr> <td style="text-align: center; padding: 2px;">42b</td> <td style="text-align: center; padding: 2px;">X</td> </tr> <tr> <td style="text-align: center; padding: 2px;"> </td> <td style="text-align: center; padding: 2px;"> </td> </tr> </table>		Yes	No	42b	X		
Yes	No						
42b	X						
<p>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</p> <p><b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S. ?</p>							
<table border="1" style="float: right; margin-right: 20px;"> <tr> <td style="text-align: center; padding: 2px;">Yes</td> <td style="text-align: center; padding: 2px;">No</td> </tr> <tr> <td style="text-align: center; padding: 2px;">42c</td> <td style="text-align: center; padding: 2px;">X</td> </tr> <tr> <td style="text-align: center; padding: 2px;"> </td> <td style="text-align: center; padding: 2px;"> </td> </tr> </table>		Yes	No	42c	X		
Yes	No						
42c	X						

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

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

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

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

See Statement 6

**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	X	
47	X	
48	X	
49a	X	
49b		

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

**48** Is the organization operating 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(s) a section 527 organization?

**50** Complete this table for the 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
None				
Total number of other employees paid over \$100,000 ►				

**51** Complete this table for the 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
None		
Total number of other independent contractors receiving over \$100,000 ►		

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.

<b>Sign Here</b>	► <i>Jared K. Cruse</i> Signature of officer	► <i>5-16-12</i> Date		
	► <i>Jared K. Cruse Asst. Chief</i> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>LAWRENCE J. ICKES</i>	Date <i>5/15/2012</i>	Check if self employed ► <input type="checkbox"/> N/A	Preparer's Identifying Number (See Instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>Lawrence J. Ickes, CPA AC</i>		EIN ► N/A	
	► <i>201 S Jefferson Street Lewisburg, WV 24901-1316</i>		Phone no ► (304) 645-5914	

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

BAA

►  Yes  No

Form 990-EZ (2008)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number  
55-6024133

Name of the organization <b>Summersville Fire Department, Inc.</b>	Employer identification number <b>55-6024133</b>
---	---

The organization is not a private foundation because it is. (Please check only **one** organization.)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )  
3  A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
9  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 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  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the 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  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  
g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
h

**b** Provide the following information about the organizations the organization supports.

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total			*						

BAA

**EEA 104: Privacy Act and Paperwork Reduction Act Notice:** See the instructions for Form 350.

Schedule A (Form 5500 or 5500-ZZ, 2008)

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')				58,933.		58,933.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
<b>4 Total.</b> Add lines 1-3	0.	0.	0.	58,933.	0.	58,933.
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)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						58,933.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0.	0.	0.	58,933.	0.	58,933.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV				217.		217.
<b>11 Total support.</b> Add lines 7 through 10						59,150.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► 17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a <b>33-1/3 support tests – 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**2008****Schedule A, Part IV - Supplemental Information****Page 5****Client 3066****Summersville Fire Department, Inc.****55-6024133**

5/14/12

08.50AM

**Part II, Line 10 - Other Income**

<u>Nature and Source</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>
Total	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

2008

## Federal Statements

Page 1

Client 3066

Summersville Fire Department, Inc.

55-6024133

5/14/12

08 50AM

**Statement 1**  
**Form 990-EZ, Part I, Line 5c**  
**Net Gain (Loss) from Noninventory Sales**

Other Assets

Description:	1997 Ford Crown Vic
Date Acquired:	10/21/1997
How Acquired:	Purchase
Date Sold:	1/01/2008
To Whom Sold:	
Gross Sales Price:	0.
Cost or Other Basis:	20,164.
Basis Method:	Cost
Depreciation:	18,305.
	Gain (Loss)      -1,859.

Description:	1991 GMC Suburban
Date Acquired:	6/22/2000
How Acquired:	Purchase
Date Sold:	1/01/2008
To Whom Sold:	
Gross Sales Price:	0.
Cost or Other Basis:	7,800.
Basis Method:	Cost
Depreciation:	7,800.
	Gain (Loss)      0.

Total Gain (Loss) Other Assets \$ -1,859.

Total Net Gain (Loss) From Noninventory Sales \$ -1,859.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Advertising	\$ 659.
Contract services	11,483.
Depreciation	87,961.
Dues and Subscriptions	263.
Equipment Rental	634.
Fuel, oil & tires	4,615.
Insurance	15,215.
Interest	22,908.
Licenses	40.
Meals	4,631.
Office Expenses	2,869.
Repair - Auto	4,389.
Repair - Equipment	15,995.
Repairs - Building & grounds	1,330.
Supplies	14,105.
Telephone	2,746.
Training	1,446.
Utilities	10,698.
Total	<u>\$ 201,987.</u>

2008

## Federal Statements

Page 2

Client 3066

Summersville Fire Department, Inc.

55-6024133

5/14/12

08:50AM

**Statement 3**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Automobiles	\$ 653,350.	\$ 574,658.
Furniture and Fixtures	2,169.	1,687.
Machinery and Equipment	34,577.	45,398.
<b>Total</b>	<b><u>\$ 690,096.</u></b>	<b><u>\$ 621,743.</u></b>

**Statement 4**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Secured Mortgages and Notes Payable	\$ 580,047.	\$ 535,710.
<b>Total</b>	<b><u>\$ 580,047.</u></b>	<b><u>\$ 535,710.</u></b>

**Statement 5**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

To protect lives, property, and the environment against hazards, natural and manmade. This is achieved by identifying and preparing for the needs of the community, cost-effective allocation of resources, and promoting cooperative relationships. Excellence in training and education is utilized to create a dedicated volunteer and professional workforce through prudent fiscal management. These attributes work together to provide a high level of fire prevention, fire suppression, rescue, emergency medical care, and related services to all the citizens, businesses and visitors, and provide mutual aid as available to surrounding fire districts through continuous improvement, timely risk assessment, professional development, robust training and dedication to the community.

**Statement 6**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No