



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 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 \$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.

OMB No 1545-1150

2008

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization EMPIRE CASUALTY CORP.	D Employer identification number 98-0441210	
		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number (284) 494-2728
		PO BOX 129, MIRAGE BUILDING		
		City or town, state or country, and ZIP + 4 ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS		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: ▶ **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) (15) ◀ (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 ▶ \$ 187,747

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	1	
2	Program service revenue including government fees and contracts	2	102,041
3	Membership dues and assessments	3	
4	Investment income	4	81,565
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
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	0
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	0
8	Other revenue (describe _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	183,606
		Expenses	
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 ▶ SEE ATTACHED SCHEDULE _____)	16	(356,722)
17	Total expenses. Add lines 10 through 16	17	(356,722)
		Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	540,328
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	1,914,585
20	Other changes in net assets or fund balances (attach explanation)	20	(441,735)
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,013,178

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,315,174	804,485
23	Land and buildings		
24	Other assets (describe ▶ SEE ATTACHED SCHEDULE _____)	1,025,423	1,277,182
25	Total assets	2,340,597	2,081,667
26	Total liabilities (describe ▶ SEE ATTACHED SCHEDULE _____)	426,012	68,489
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,914,585	2,013,178

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

Form **990-EZ** (2008)

SCANNED JAN 26 2010

RECEIVED
JAN 26 2010
ODDEN, UT

65 25

Part V Other Information (Note the statement requirements in the instructions for Part VI)

		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, 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 section 6033(e) notice, reporting, and 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," complete applicable parts of Schedule N		X
37a	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?	37b	X
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 unpaid at the start of the period covered by this return?	38a	X
b1f	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:	39a	
a	Initiation fees and capital contributions included on line 9	39b	
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 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	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
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		
42a	The books are in care of ATLAS INSURANCE MANAGEMENT (BVI) Limited Telephone no (264) 497-6468 Located at PO BOX 129, ROAD TOWN, TORTORLA, BRITISH VIRGIN ISLANDS ZIP + 4 NONE		
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 BRITISH VIRGIN ISLANDS See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
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 BRITISH VIRGIN ISLANDS	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 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
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	X

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

- | | | Yes | No |
|--|------------|-----|----|
| 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 | 46 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
- 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 & deferred compensation	(e) Expense account and other allowances
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
Total number of other independent contractors each 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.

Sign Here	<i>Brad Leedy</i> Signature of officer	11-11-2010 Date
	Brad Leedy Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ▶	Date	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 ▶		
		Phone no ▶		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form **990-EZ** (2008)

Attached Schedule

for Line 16 - "Other expenses"
of Form 990 (2008 Tax Year)

for

Empire Casualty Corp.
EIN# 98-0441210

Other expenses:

Management fees	\$ 7,750
Accounting Fees	4,500
Legal Fees	2,350
Depreciation	800
Travel	250
Office Expenses	150
Loss Expense	<u>(372,522)</u>
Total other expenses (to line 16)	<u>\$ (356,722)</u>

Attached Schedule

for Line 20 - "Other changes in net assets"
of Form 990 (2008 Tax Year)

for

Empire Casualty Corp.
EIN# 98-0441210

Other change in net assets:

Unrealized Gain/(Loss) on Securities \$ (441,735)

Total other change in net assets (to line 20) \$ (441,735)

Attached Schedule

for Line 24 - "Other assets"
of Form 990 (2008 Tax Year)

for

Empire Casualty Corp.
EIN# 98-0441210

Other Assets:

Organization Costs	\$	733
Secured Loan Receivable		<u>1,276,449</u>
Other Assets (to line 24)		<u>\$ 1,277,182</u>

Attached Schedule

for Line 26 - "Total liabilities"
of Form 990 (2008 Tax Year)

for

Empire Casualty Corp.
EIN# 98-0441210

Total Liabilities:

Loss Reserves	\$ 38,489
Accounts Payable	<u>30,000</u>
Total Liabilities (to line 26)	<u>\$ 68,489</u>

Additional Attachments

to Form 990 (2008 Tax Year)

for

Empire Casualty Corp.

EIN# 98-0441210

- Empire Casualty Corp. has filed an IRC §953(d) Election to be treated as a domestic corporation for tax purposes. A copy of the election as approved by the Internal Revenue Service is attached.
- Also, Empire Casualty Corp. has obtained a Form 1024 Determination Letter that it is exempt from United States income tax under section 501(a) of the Code as an organization described in Section 501(c)(15) commencing with the 2004 tax year. A copy of this favorable Determination Letter is attached.
- A complete list of all U.S. Shareholders as of 12/31/08 is attached.