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## 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 \$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

OMB No 1545 1150

2009

Open to Public Inspection

Part	_	For t	he 2009 ca	alendar	year, or tax	year beginning		, 2009,	, and ei	ıdıng			1
New Control	В	Check	if applicable		C Name of o	organization					D Emp	oloyer	identification number
New Control		Addres	s change	Please use IRS	SALEM F	TREFIGHTERS	RELIEF AS	SOCIATION	N		0.2	-03	366806
Indicate team   Proceedings   Section   Core   Season Substitute   Seaso		Name	change	label or						m/suite			
Section 501(c/3) organizations and 4947(e/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 390-E2)   G Accounting method   C Cash   Accrual Number   Accounting method   C Cash   Accrual Number   Accounting method   C Cash   Accrual Number   Accounting method   C Cash   Acco		Initial d	return	lype		•						•	
Application profile   Statistic   Control   Statistic   Stat		Termin	ation								(6	03)	890-2200
SALEM   Section   SIACLY   Section   Section   Siacly   Section   S		Amend	led return	Instruc-	City or tov	vn_state or country, and Z	P + 4				F Gro	uo E	vemotion
*Section 501(ck/3) organizations and 4947(ck/1) monovempt charitable flusts must attach a completed Schedule A (Form 990 or 930-EZ)    Website * N/A		Applica	ation pending	uons	SALEM			N:	н 03	079			► ►
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Webste: N/A						oted delication ()	550 0, 550	<del>/·</del>			-		
Tax-exempt status classes device on property   Solicy   4   4   4   4   4   4   4   4   4		Waha	sitor ► N	/ <b>A</b>									
Check   Fig.   The organization is not a section 509(a)3 supporting organizationand its gross receipts are normally not more than \$25,000 A Form 900-E2 or Form 90 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 91 to determine gross receipts, if \$500,000 or more, the Form 900   \$88,139.	'.				, , ,				1507				dule B (FOITH 990,
\$25,000 A Form 990 rEZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990  * \$ 88,139.  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  2 Program service revenue including government fees and contracts  3 3 7, 647.  4 Investment income  5 a Gross amount from pale-of assets other than inventing bless of the file of the past of the than inventing bless cost or other flass and EGEW/SSD  5 b Less cost or other flass and EGEW/SSD  6 Special events and activities complete applicable part of Schelos (6) if any amount is fromgaming, check here a Call and city of the past of the than inventing contributions received on line 1)  5 b Less direct expenses other that inventing applicable part of Schelos (6) if any amount is fromgaming, check here a Call and activities of the past of the than inventing and activities of the past of the than inventing and activities of the past of the than inventing and activities of the past of the than inventing and activities of the past of the than inventing and activities of the past of the than inventing and activities and the past of the than inventing and activities and the past of the than inventing and activities and the past of the than inventing and activities and the past of the than inventing and activities and the past of the than inventing and activities and the past of the than inventing and activities and the past of the than inventing and activities and the past of the than inventing and activities and the past of the than inventing and activities and the past of the than inventing and activities and the past of th	<u>J</u>				<u> </u>	<del></del>				<u> </u>			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I   Sp. 507.	K		k ► X if	the orga	anization is	not a section 509(a)	(3) supporting	organizationar	<b>ıd</b> ıls g	ross receipts are	norm	ally <b>n</b>	ot more than
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I   1   5,507.		\$25,0	JUU A FORI	m 990-E	Z or Form S	990 return is not req	uired, but if the	organization	choose	s to tile a return	i, be st	are to	tile a complete return
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I   1	L	Add I	ines 5b, 6	b, and 7	7b, to line 9	to determine gross	receipts, if \$50	0,000 or more	, file F	orm 990			
1   Contributions, gifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   7,647.     2   Program service revenue including government fees and contracts   3   3   7,647.     4   Investment income   4   2,281.     5   5   5   5   5   5   5   5   5			ad of Form	1 990-E	Z							▶ \$	88,139.
1   Contributions, grifts, grants, and similar amounts received   2   Program service revenue including government fees and contracts   3   3   7, 647.     4   Investment income   4   2, 281.     5   3   3   7, 647.     6   4   2, 281.     7   6   5   5   5   5     8   5   5   5     9   5   5   5     1   5   5     1   5   5     2   7   6     3   7, 647.     4   2, 281.     5   6   6   6   7, 7, 704.     6   6   5   7, 704.     7   6   6   7, 7, 704.     8   6   7, 7, 704.     9   1   1   1   1   1     9   1   1   1     1   1   1   1     1   1	Pa	ırt I	Reve	enue, I	Expenses	, and Changes i	n Net Asset	s or Fund E	3aland	es (See the	ınstru	ctioi	ns for Part I)
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\$ 4   Investment income							000 0110 0011110	.013			F		7 617
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Description		•						ı			-		2,201.
c Gain or (loss) from sale of assets other than inventory (Subtract Live 5b from line 5a)  6 Special events and activities (Jornald papers) of Schedule 6) if any amount is fromgaming, check here  a Gross revenue (not including 50 10 20 0 1 0 1 0 1 0 0 0 1 0							entory						
6 Special events and activities/complete applicable parts of Schesole (s). If any amount is fromgaming, check here a Gross revenue (not includings) of contributions reported on line 1)	_							Į	ן מכ			_	
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P   Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   P   9   66, 992.	හ	b	Less dire	ect expe	nses other	harr fundkaising exp	enses		6 b			ĺ	
P   Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   P   9   66, 992.	Ö	С	Net income	or (loss) f	from special ev	ents and activities (Subtr	act lude 6b from lin	e 6a)	!	······································		60	51.557.
P   Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   P   9   66, 992.	⊉							1	7 a		-		0 2 7 0 0
P   Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   P   9   66, 992.	4					s retains and anowe	11003	}		<del></del>			
P   Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   P   9   66, 992.	m			_		los of inventory (Ci	hiradina 7h fi	<u>.</u> 	7 0			7.	
P   Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8   P   9   66, 992.	Ö					ies of inventory (Su	btract line 70 li	rom line 7a)			. +		
10   Grants and similar amounts paid (attach schedule)   10   11   12   12   12   12   12   12	_	8		•							_)	8	
11   Benefits paid to or for members   11	⊅	9	Total reve	enue. Ad	dd lines 1, 2	, 3, 4, 5c, 6c, 7c, ar	nd 8				<b>&gt;</b>	9	66,992.
11   Benefits paid to or for members   11	9	10	Grants an	nd simila	ar amounts j	oaid (attach schedul	e)					10	
16		11										11	
16	X	12	Salaries.	other co	ompensation	i, and emolovee ber	nefits					12	
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16		•		•							<u> </u>		·
17   Total expenses. Add lines 10 through 16   17   42,611     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   24,381.     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   92,944.     20   Other changes in net assets or fund balances (attach explanation)   20     21   117,325.     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 Combine lines 18 through 20   23   0     22   Cash, savings, and investments   88,377.   22   101,274.     23   Land and buildings   0.   23   0     24   Other assets (describe   See L-24 Stmt   )   4,567.   24   16,051.     25   Total assets   92,944.   25   117,325.     26   Total liabilities (describe   )   0.   26   0.     27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   92,944.   27   117,325.     28   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   92,944.   27   117,325.     29   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   92,944.   27   117,325.     20   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   92,944.   27   117,325.     20   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   92,944.   27   117,325.     21   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   92,944.   27   117,325.     22   Total sasets or fund balances (line 27 of column (B) must agree with line 21)   92,944.   27   117,325.     22   Total sasets or fund balances (line 27 of column (B) must agree with line 21   92,944.   27   117,325.     23   Total sasets or fund balances (line 27 of column (B) must agree with line 21   92,944.   27   117,325.     24   Total sasets or fund balances (line 27 of column (B) must agree with line 21	S												40 611
18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   24, 381.							ement				-		
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 92, 944.  19 92, 944.  19 92, 944.  20 21 117, 325.  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 Cash, savings, and investments  20 21 117, 325.  21 117, 325.  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe See L-24 Stmt)  25 Total assets  26 Total liabilities (describe )  Net assets or fund balances (line 27 of column (B) must agree with line 21)  19 92, 944.  20 21 117, 325.  21 117, 325.  22 101, 274.  23 101, 274.  24 16, 051.  25 Total liabilities (describe )  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 92, 944.  29 117, 325.												-	
19   92,944.		18	Excess or	r (deficit	t) for the yea	ar (Subtract line 17	from line 9)					18	24,381.
19   92,944.	N S	19	Net assets	s or fun	d balances	at beginning of year	(from line 27	column (A)) (i	must a	aree with end-of	-vear		
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)	Ë		figure rep	orted or	n prior year'	s return)	<b>(</b>			<b>,</b>	,	19	92,944.
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)	Ţ	20	Other cha	inges in	net assets	or fund balances (a	ttach explanation	on)			Γ	20	<del></del>
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 88,377.   22   101,274.   23 Land and buildings 0.   23   0   24 Other assets (describe   See L-24 Stmt   ) 4,567.   24   16,051.   25 Total assets 92,944.   25   117,325.   26 Total liabilities (describe   ) 0.   26   0.   27 Net assets or fund balances (line 27 of column (B) must agree with line 21)   92,944.   27   117,325.	5										-	21	117.325.
(See the instructions for Part II )       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       88,377.   22   101,274.         23 Land and buildings       0. 23   0         24 Other assets (describe ► See L-24 Stmt   )       4,567.   24   16,051.         25 Total assets       92,944.   25   117,325.         26 Total liabilities (describe ► )       0. 26   0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       92,944.   27   117,325.	Pa								) or mo	re file Form 990			
22 Cash, savings, and investments       88,377. 22       101,274.         23 Land and buildings       0. 23       0         24 Other assets (describe ► See L-24 Stmt )       4,567. 24       16,051.         25 Total assets       92,944. 25       117,325.         26 Total liabilities (describe ► )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       92,944. 27       117,325.	· · ·		, 34,4					μιο φτ <sub>ι</sub> Ζου,000	, 01 1110				
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										92,	944.	27	117,325.
	BA	A For	Privacy A	ct and	Paperwork	Reduction Act Notic	e, see the sep	arate instructi	ions.				Form 990-EZ (2009)

Form 990-EZ(2009) SALEM FIREFIGHT	ERS RELIEF ASSOCIA	ATION_	02-	-036	56806 Page 2
Part III Statement of Program Se	rvice Accomplishments	(See the instruction		(	Expenses
What is the organization's primary exempt purpose? CH	ARITABLE, EDUCATION	NAL & RECREATION	AL PURPOSES	(Reg 501(	uired for section c)(3) and (4)
Describe what was achieved in carrying out the describe the services provided, the number of program title	ne organization's exempt purp f persons benefited, or other	oses. In a clear and co relevant information for	ncise manner, each	orga 4947	nizations and section (a)(1) trusts, optional thers)
28 DONATIONS TO CHARITABLE	ORGANIZATIONS				
(Grants \$ 0.) If th	nis amount includes foreign gr	ants check here		28 a	13,585.
29 AWARDED TWO COLLEGE SCHO					13,303.
	nis amount includes foreign gr	ants, check here		29 a	3,000
30					
<del> </del>	nis amount includes foreign gr	ants, check here	<u> </u>	30 a	
,	e) his amount includes foreign gr	ants, check here	- □	31 a	
32 Total program service expenses (add lin			<b>&gt;</b>	32	16,585.
Part IV   List of Officers, Directors					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	is and	(e) Expense account and other allowances
DOUG DEVINE					
152 MAIN STREET	PRESIDENT	0		0	
NATHANIEL BRETON NH 03079	5.00	0.		0.	
152 MAIN STREET	VICE PRESIDENT				
SALEM NH 03079	5.00	0.		0.	
AMBER RICHARDSON					
152 MAIN ST SALEM, NH 03079	SECRETARY 5.00	0.		0.	
SALEM, NH 03079 MARY BURNETT	5.00	<u> </u>			
152 MAIN STREET	TREASURER				
SALEM NH 03079	5.00	0.		0.	
			<del>=</del>		
	•				

Page 3

Pai	t V Other Information (Note the statement requirements in the instrs for Part 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		Х
34	Were any changes made to the organizing or governing documents? 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), butnot reported on Form 990 T, attach a statement explaining why the organization did not report the income on Form 990 T			
;	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?	35 a		Х
-	olf 'Yes,' has it filed a tax return onForm 990-T for this year?	35 b		
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	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		Х
38	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		Х
ı	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  Section 501(a)(2) associations. Fates amount of tax amount of the association distributions and the association of the section 501(a)(2) associations.			
407	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		İ	
I	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	40 b		X
(	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.			
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e		Х
41	List the states with which a copy of this return is filed >			
42.	The organization's			
42 (	books are in care of ► MARY BURNETT Telephone no ► (603)	890	-220	0
	Located at ► 152 MAIN STREET, SALEM, NH ZIP + 4 ► 03079			
_		٢	Yes	No
ı	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)?	42 b	103	X
	If 'Yes,' enter the name of the foreign country►			
		ł		
		ŀ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts	1	Ì	
•	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		_X
	If 'Yes,' enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here		-	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		ı	Yes	No
	Σ		162	110
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
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-E7.	45		Х
				· · · · ·

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	501(c)(3) organizations and s 46-49b and complete the tab	section 4947(a)(1) no	nexempt charitabl	e trusts must answer	questio	าร	
for pu 47 Did th 48 Is the 49 a Did th b If 'Ye	the organization engage in direct or ind in the organization engage in lobbying act the organization engage in lobbying act the organization a school as described in the organization make any transfers to es,' was the related organization a sect	e C, Part I ivities? If 'Yes,' complete section 170(b)(1)(A)(ii)? an exempt non-charitable on 527 organization?	Schedule C, Part II If 'Yes,' complete Sche related organization?	edule E	46 47 48 49 a 49 b	Yes '	' No
emple	plete this table for the organization's five loyees) who each received more than \$	/e highest compensated 6 100,000 of compensation (b) Title and average hours per week	employees (other than from the organization (c) Compensation	If there is none, enter 'N  (d) Contributions to employee	one '		
	) Name and addiess of each employee paid more than \$100 000	devoted to position		benefit plans and deferred compensation	accour other allo	wances	
					,		
<b>51</b> Comp	I number of other employees paid over plete this table for the organization's find pensation from the organization. If there	ve highest compensated i	ndependent contractors	s who each received more	e than \$100	),000 d	of
		· · · · · · · · · · · · · · · · · · ·	,	(b) Type of service	(c) Comp	ensation	<u></u> -
	(a) Name and address of each independent co	· · · · · · · · · · · · · · · · · · ·		(b) Type of service	(c) Compi	ensation	<u></u> -
		ontractor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	<u></u> -
	(a) Name and address of each independent co	ontractor paid more than \$100,000  Ors each receiving over \$  armined this return, including according (other than officer) is based on	100,000 Impanying schedules and state all information of which prepare	menis, and to the best of my know			<u></u> -
Sign / Here Paid Pre-parer's Use Only	Under penalties of perjury, I declare that I have extrue, correct and complete Declaration of prepare	ontractor paid more than \$100,000  Ors each receiving over \$  armined this return, including according to the state of the	mpanying schedules and state all information of which prepared to 8 / 0 4 / 1 0 NH 0 3 0 7 9	ments, and to the best of my knower has any knowledge  Sle 10  Date  Check if self employed X X Pregion   X   X   X   X   X   X   X   X   X	viedge and bel parer's Identify e instructions)	ing Num	

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

OMB No 1545 0047

2009

Open to Public Inspection

ame of the organization						Employer identifica	ition number
SALEM FIREFIGHTERS RELIE	F ASSOCIA	TION				02-036680	6
Part I Fundraising Activities. Compl Form 990EZ filers are not req	ete if the organ	nzation ar	nswered 'Y	es' to Form 990, Part IV	V, line 1	•	
1 Indicate whether the organization				owing activities Check	all that	apply	
Mail solicitations		5 - 9		Solicitation of non-			
Internet and email solicitations	:			Solicitation of gove	-	•	
Phone solicitations	,			Special fundraising		grants	
<b> </b>				Special fullulaising	events		
In-person solicitations		مالىنى لىما		al (maludina afficaca di		trustana or linu	
2a Did the organization have written of employees listed in Form 990, Par	t VII) or entity	in connect	iy inaiviau tion with n	ai (including officers, di rofessional fundraising	services	trustees or key	☐Yes ☐No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en		•	•			
		1			(v) Ar	mount paid to	
(i) Name of individual or entity (fundraiser)	(II) Activity	have custoo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	` (or	retained by) aiser listed in co! (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				0.922
		162	NO				
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			]				
		<u>.                                    </u>	1				
Total			▶				
List all states in which the organize or licensing	ation is register	red or lice		licit funds or has been	notified	it is exempt fro	m registration

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other Events (d) Total Events (a) Event #1 (Add col (a) through GOLF TOURNAMENT 3 col (c)) (event type) (event type) (total number) 6,293 1 Gross receipts 5,006 11,299. 2 Less Charitable contributions 6,293 3 Gross income (line 1 minus line 2) 5,006 11,299 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages EXPENSES 8 Entertainment 9 Other direct expenses 10,040 5,513. 15,553. 10 Direct expense summary Add lines 4- through 9 in column (d) 15,553. Net income summary Combine lines 3, column (d) and line 10 -4,254. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming REVENUE (Add col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 57,205 57,205. DIRECT 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 1,683 1,683. Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 1,683. 8 Net gaming income summary Combine lines 1, column (d) and line 7 55,522. YES NO 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9 a b If 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a b if 'Yes,' explain 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12

Schedule G (Form 990 or 990-EZ) 2009 SALEM FIREFIGHTERS RELIEF ASSOCIATION 02-036680	16	Р	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	.		
b An outside facility	.		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name •			
Address			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount		- "	
of gaming revenue retained by the third party \$	i		
c If 'Yes,' enter name and address of the third party			
Name •			
Address •			
16 Ganing manager information			
Name •			
Gaming manager compensation ► \$			
Description of services provided 🛌			
Director/officer Employee Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		}	
organization's own exempt activities during the tax year ► \$			
BAA TEEA3703 02/05/10 Schedule G (Form 99	0 oi 99	90 EZ)	2009

## Other Assets and Liabilities

Form 990-EZ Part II

Name as	Shown on Return				Employer Identification	No
SALEM	FIREFIGHTERS	RELIEF	ASSOCIATION		02-0366806	

Line 24 - Other Assets:	Beginning of Year	End of Year
INVENTORY STATION EQUIPMENT (NET OF DEPRECIATION	2,294.	2,294 13,757
Totals to Form 990-EZ, Part II, line 24 Line 26 - Total Liabilities:	4,567.  Beginning of Year	16, 051 End of Year
Totals to Form 990-EZ, Part II, line 26		

TEEW1801 SCR 02/11/10

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

Other expenses (describe)	
ACCOUNTING	300.
ANNUAL REPORT	75.
BANK CHARGES	20.
Depreciation	4,007.
DONATIONS	13,585.
FLOWERS & BASKETS	500.
INSURANCE	503.
MEMBER WELFARE	105.
MEMBERSHIPS	205.
MEMORIAL MONUMENT MAINTENANCE	3,058.
MEMORIAL/SENIOR LUNCH/BREAKFAST/COOK-OUT	4,296.
OFFICE EXPENSES	132.
OPEN HOUSE EVENT	380.
RETIREMENT GIFTS	1,786.
SCHOLARSHIPS	3,000.
SUPPLIES	10,659.
Total	42,611.

### Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
SALE OF 10,000 UNITS NORTH GA NATL BK COST NET GAIN	10,000. -10,000. 0.
INTEREST, DIVIDENDS AND CAPITAL GAINS FROM INVESTMENTS	2,281.
Total	2,281.

#### Form **4562**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

 OMB No 1545 0172

2009

Atlachment Sequence No 67

Identifying number

SALEM FIREFIGHTERS RELIEF ASSOCIATION 02-0366806 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 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter 0. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property. Enter the amount from line 29 7 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 Carryovei 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 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 909 If you are electing to group any assets placed in service during the lax year into one or more general asset accounts, check here Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (a) (c) Basis for depreciation (b) Month and (e) (g) Depreciation Classification of property year placed in service (business/investment use Convention Recovery period deduction only - see instructions) 19a 3-year property 5.0 yrs **b** 5-year property 15,491 ΗY 200 DB 3,098 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 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year S/L 12 yrs c 40-year 40 yrs MM S/L Part IV | Summary (See instructions ) Listed property Enter amount from line 28 21 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 4,007. 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation or amusement.) Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenty 24a, 24b

	columns	(a) through (c)	of Section A,	all of Še	ection B,	and Se	ction C	ıf ap	plicable	<u>-</u>					
		n A – Deprecia				aution:S							lomobile		
_24 a	Do you have eviden	T	1	··········	<del> </del>	<del>,                                    </del>	Yes	╌	No 24b	<del>- 1</del>			(1-)	Yes	No
Ту	(a) be of property (list vehicles first)	(b) Date placed III service	(C) Business/ investment use percentage	( <b>d</b> Cost other b	01	(husine	(e) or depreci ss/investr ise only)		(f) Recover period	y M	(g) ethod/ ivention	Dep	(h) eciation fluction	(1) Elected Ection 179	
25	Special depiec used more than	iation allowance n 50% in a qual	e for qualified				service	duri	ng the tax	year and	25				
_26	Property used i	more than 50%	in a qualified	business	use	·	<u>.</u>								
						<del>  -</del>						ļ			
						-								<del> </del>	
27	Property used 5	1 50% or less in a T	a qualified bus	iness use	e	·				<u>_</u>				<u> </u>	
				· · · · · · · · · · · · · · · · · · ·								<del> </del>			
						-								-	
28	Add amounts in	n column (h), lir	nes 25 through	27 Ente	er here a	and on I	ine 21,	page	1		28				
29	Add amounts in	ı colamı (ı) lin	o 26 Enter he				·						, 29	<u> </u>	
_				Section								.,			
	plete this section our employees, f														cles
10 90	idi ciripioyees, i	1130 0013000 010	9403110113 111 0		a)		b)	T	(c)	<u> </u>	d)	1 .	e)	(f	
30	Total business/ during the year commuting mile	(do not include			icle l		cle 2	\	/ehicle 3	1	icle 4		icle 5	i	cle 6
31	Total commuting m		he year												
32	Total other permiles driven	sonal (noncomi	muting)												
33	Total miles driv lines 30 throug		year Add												
				Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		personal use		<u> </u>	! 									
35	Was the vehicle than 5% owner	e used primarily or related pers	y by a more son?												
36 	ls another veni personal use?	cle available fo	! 												
		Section	C-Question	s for Em	ployers	Who Pr	ovide V	ehicl	es for Us	e by Thei	r Emplo	yees			
	ver these question the street or related			an excep	otion to d	completi	ing Sec	tion E	3 for vehi	cles used	by emp	loyees	wl <b>are</b> no	t more ti	กลก
37	Do you maintain by your employ	n a written polic ees?	cy statement t	hat prohi	bits all p	personal	use of	vehic	cles, inclu	ding com	imuting,			Yes	No
38	Do you maintain employees 1 Se	n a written police the instruction	cy statement t i s foi vehicles	hat prohi s used by	bits pers	sonal us ate office	e of vel	hicles	s, except	commutir ii more ci	ng by yo wners	oui			
39	Do you treat all	use of vehicles	s by employee	5 92 5613	sonal us	e?									
40	Do you provide vehicles, and re	more than five etain the inform	vehicles to you	our emplo  ?	oyees, ol	otain inf	ormatic	n fro	m your er	nployees	about ti	he use (	of the		·
41	Do you meet th Note. If your ar														
Par	t VI Amorti	ization												·	
	Des	(a) cription of costs		Date at	(b) nortization egins		(C) Amortizat amount			(d) Code section	Amo	(e) ortization mod or centage		(f) Amortization for this year	
42	Amortization of	costs that beg	ıns during you	ı 2009 ta	ах уеаг (	see inst	ructions	5)							
43	Amortization o	of costs that beg	gan before vou	ı 2009 ta	 эх уеаг							43	<del> </del>		
44		ounts in column			-	here to	report					44			
					-	1(70812 0							F	วา. 4562	2 (2009)