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# Return of Organization Exempt From Income Tax

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> VIGILANT ENGINE HOOK & LADDER CO INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 83 CUTTERMILL ROAD City or town, state or country, and ZIP + 4 GREAT NECK, NY 11021	<b>D Employer identification number</b> 11-1441443	<b>E Telephone number</b> (516) 487-1087
	<b>F Name and address of principal officer</b>		<b>G Gross receipts \$</b> 2,790,849.	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach a list (see instructions)
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> N/A		
<b>K Form of organization</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other		<b>L Year of formation</b>		<b>M State of legal domicile</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities VOLUNTEER FIRE & AMBULANCE PROTECTION		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of employees (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	62,902.	156,791.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,552,561.	2,564,277.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	22,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,561.	47,781.
	12		2,636,024.	2,790,849.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	744,205.	829,258.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	68,057.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,713,672.	1,746,387.
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	2,457,877.	2,575,645.	
19	Revenue less expenses - Subtract line 18 from line 12	178,147.	215,204.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	4,932,904.	5,370,458.
	22	Net assets or fund balances - Subtract line 21 from line 20	1,676,652.	1,899,002.
			3,256,252.	3,471,456.

**Part II Signature Block**

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**  
 Signature of officer: *Stephen Goodman* Date: 9/8/10  
 Type or print name and title: Stephen Goodman, Treasurer

**Preparer's Information**  
 Preparer's signature: *John A. B...* Date: 8/20/10  
 Firm's name (or yours if self-employed): BERDON LLP  
 address, and ZIP + 4: ONE JERICHO PLAZA JERICHO, NY 11753  
 Preparer's identifying number (see instructions): 100197433  
 EIN: 13-0485070  
 Phone no: 516-931-3100

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\* Form 990 (2009)

SCANNED SEP 27 2010

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission  
VOLUNTEER FIRE & AMBULANCE PROTECTION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 2,235,038 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
TO PROVIDE FIRE PROTECTION, AMBULANCE SERVICE AND POLICE  
DISPATCH TO MUNICIPALITIES COVERED BY CONTRACT IN THE  
GREAT NECK NEW YORK AREA.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 2,235,038.

Part IV Checklist of Required Schedules

Table with columns for question number, description, Yes, and No. Rows include questions 1 through 20 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .		X
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization 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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 12a regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website, Another's website, Upon request.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DAVE WEISS 83 CUTTERMILL ROAD GREAT NECK, NY 11021 516-487-1087

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID WEISS CHAIRMAN	5.00	X		X				0.	0.	
ROBERT A. LINCOLN JR. TRUSTEE	5.00	X		X				0.	0.	
ANDREW DEMARTIN TRUSTEE	5.00	X						0.	0.	
LOU CZYNSKI TRUSTEE	5.00	X						0.	0.	
FRANK GROENE TRUSTEE	5.00	X						0.	0.	
NICK NABAVIAN TRUSTEE	5.00	X						0.	0.	
DORIS GROENE PRESIDENT	5.00	X		X				0.	0.	
KATRIN NASHELSKY RECORDING SECRETARY	10.00	X		X			5,000.		0.	
JON GAD FINANCIAL SECRETARY	10.00	X		X			1,600.		0.	
SCOTT MCDONALD CHIEF	5.00	X		X			0.		0.	
FRED W. SAGER TRUSTEE	5.00	X					0.		0.	
STEPHAN GOODMAN TREASURER	10.00	X		X			5,000.		0.	



**Part VIII Statement of Revenue**

11-1441443

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	95,000			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	61,791			
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		156,791			
<b>Program Service Revenue</b>	<b>2a</b>	MUNICIPAL CONTRACT	<b>Business Code</b>	2,564,277		2,564,277	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		2,564,277			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		0			
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
	<b>6a</b>	Gross Rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>b</b>	Less cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
<b>d</b>	Net gain or (loss) . . . . .		22,000				
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
<b>b</b>	Less direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .		0				
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	REPORTS		155				
<b>b</b>	MEMBERSHIP DEPOSITS		1,718				
<b>c</b>	INTEREST INCOME		1,951				
<b>d</b>	All other revenue . . . . .		43,957				
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		47,781				
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .		2,790,849		2,564,277		

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**  
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	11,600.	11,600.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . .	0.			
7 Other salaries and wages . . . . .	699,275.	660,426.	38,849.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . .	62,442.	62,442.		
9 Other employee benefits . . . . .	0.			
10 Payroll taxes . . . . .	55,941.	52,969.	2,972.	
11 Fees for services (non-employees)	0.			
a Management . . . . .	33,535.		33,535.	
b Legal . . . . .	47,400.		47,400.	
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	0.			
g Other . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	0.			
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . .	0.			
20 Interest . . . . .	107,744.	107,744.		
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . .	370,950.	370,950.		
23 Insurance . . . . .	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>SUBSCRIPTIONS</u> . . . . .	1,097.		1,097.	
b <u>SOCIAL &amp; RECREATIONAL</u> . . . . .	32,945.		32,945.	
c <u>TRAINING</u> . . . . .	20,708.	20,708.		
d <u>FUND RAISING &amp; MEMBER EXPENS</u> . . . . .	68,057.			68,057.
e <u>CONVENTIONS &amp; PARADES</u> . . . . .	50,288.		50,288.	
f All other expenses . . . . .	1,013,663.	948,199.	65,464.	
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>2,575,645.</b>	<b>2,235,038.</b>	<b>272,550.</b>	<b>68,057.</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing . . . . .	46,730.	1	60,154.
	2	Savings and temporary cash investments . . . . .	860,056.	2	887,765.
	3	Pledges and grants receivable, net . . . . .		3	
	4	Accounts receivable, net . . . . .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,830,908.		
		b Less accumulated depreciation . . . . .	3,417,457.		
			4,013,497.	10c	4,413,451.
	11	Investments - publicly traded securities . . . . .		11	
	12	Investments - other securities See Part IV, line 11 . . . . .		12	
	13	Investments - program-related See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
15	Other assets See Part IV, line 11 . . . . .	12,621.	15	9,088.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,932,904.	16	5,370,458.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .		17	
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .		19	
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties <b>ATCH 2</b> . . . . .	1,676,652.	23	1,889,544.
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
25	Other liabilities Complete Part X of Schedule D . . . . .	0.	25	9,458.	
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,676,652.	26	1,899,002.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets . . . . .	3,256,252.	27	3,471,456.
	28	Temporarily restricted net assets . . . . .		28	
	29	Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances</b> . . . . .	3,256,252.	33	3,471,456.	
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	4,932,904.	34	5,370,458.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2009 Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: VIGILANT ENGINE HOOK & LADDER CO. INC. Employer identification number: 11-1441443

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring...
6 Staff and volunteer hours devoted to monitoring...
7 Amount of expenses incurred in monitoring...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition...
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition...
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,790,849.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,575,645.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	215,204.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	39,510.
9	Total adjustments (net) Add lines 4 through 8	9	39,510.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	254,714.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,856,314.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	65,465.
e	Add lines 2a through 2d	2e	65,465.
3	Subtract line 2e from line 1	3	2,790,849.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,790,849.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,601,600.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	25,955.
e	Add lines 2a through 2d	2e	25,955.
3	Subtract line 2e from line 1	3	2,575,645.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,575,645.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

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SEE PAGE 5

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**Part XIV Supplemental Information (continued)**

## PART XII RECONCILIATION OF REVENUE

## PART XII, LINE 2D

2009 CONTRACT REVENUE RECEIVABLE	65,465
2008 CONTRACT REVENUE RECEIVABLE	0
TOTAL ADJUSTMENT	65,465

## PART XIII RECONCILIATION OF EXPENSES

## PART XIII, LINE 2D

2009 ACCRUED EXPENSES	48,135
2008 ACCRUED EXPENSES	(22,180)
TOTAL ADJUSTMENT	25,955

SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

VIGILANT ENGINE HOOK & LADDER CO. INC.

Employer identification number

11-1441443

ATTACHMENT 1

FORM 990 REVIEW PROCESS

FORM 990 PART VI - GOVERNANCE, MANAGEMENT, AND DISCLOSURE - SECTION A

QUESTION # 10 - FORM 990 REVIEWED BY *Stephen Gardner* TREASURER AND *David*

*Weiss*, CHAIRMAN

PART XI AUDIT OVERSIGHT

PART XI LINE 2C

THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT PROCESS LIES WITH THE  
BOARD OF DIRECTORS

ATTACHMENT 2

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: OLD NATIONAL BANK

ORIGINAL AMOUNT: 884,570.

INTEREST RATE: 4.700000

DATE OF NOTE: 08/08/2003

MATURITY DATE: 11/01/2011

REPAYMENT TERMS: PAID ANNUALLY

SECURITY PROVIDED: VEHICLES

PURPOSE OF LOAN: REFINANCE OF ALL OUTSTANDING LOANS

BEGINNING BALANCE DUE .....	145,367.
ENDING BALANCE DUE .....	101,669.

LENDER: MORTGAGE PAYABLE - CHASE

BEGINNING BALANCE DUE .....	266,558.
ENDING BALANCE DUE .....	216,558.

Name of the organization VIGILANT ENGINE HOOK & LADDER CO. INC.	Employer identification number 11-1441443
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ATTACHMENT 2 (CONT'D)

LENDER: CHASE EQUIPMENT LOAN

BEGINNING BALANCE DUE .....	301,374.
ENDING BALANCE DUE .....	<u>230,139.</u>

LENDER: COMMUNITY NATIONAL BANK

BEGINNING BALANCE DUE .....	591,630.
ENDING BALANCE DUE .....	<u>584,380.</u>

Name of the organization VIGILANT ENGINE HOOK & LADDER CO. INC.	Employer identification number 11-1441443
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ATTACHMENT 2 (CONT'D)

LENDER: BANCO POPULAR

BEGINNING BALANCE DUE .....	281,970.
ENDING BALANCE DUE .....	<u>234,192.</u>

LENDER: CHASE LINE OF CREDIT LOAN

BEGINNING BALANCE DUE .....	89,753.
ENDING BALANCE DUE .....	<u>71,326.</u>

Name of the organization

Employer identification number

VIGILANT ENGINE HOOK & LADDER CO. INC.

11-1441443

ATTACHMENT 2 (CONT'D)

LENDER: OLD NATIONAL BANK  
ORIGINAL AMOUNT: 500,000.  
DATE OF NOTE: 01/15/2009

BEGINNING BALANCE DUE .....	0.
ENDING BALANCE DUE .....	<u>451,280.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>1,676,652.</u>
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>1,889,544.</u>
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Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
BLDG IMPR - SECURI	06/30/2008	2,500	100.000			2,500	63	188	SL		20.000				125
BLDG IMPR - FENCE	07/15/2008	20,600	100.000			20,600	515	1,545	SL		20.000				1,030
BLDG IMPR - BOILER	12/04/2008	57,950	100.000			57,950	241	3,139	SL		20.000				2,898
BLDG IMPR - SECURI	10/27/2008	9,850	100.000			9,850	82	575	SL		20.000				493
SNOW BLOWER	11/08/1994	1,059	100.000			1,059	1,059	1,059	SL		7.000				
JACKS	09/15/1995	30,400	100.000			30,400	30,400	30,400	SL		5.000				
SIRENS	10/05/1995	3,325	100.000			3,325	3,325	3,325	SL		5.000				
COMPRESSOR	02/10/1997	2,644	100.000			2,644	2,644	2,644	SL		5.000				
CUBER HEAD	07/01/1997	1,625	100.000			1,625	1,625	1,625	SL		5.000				
AIR COMPRESSOR	04/16/1997	1,295	100.000			1,295	1,295	1,295	SL		5.000				
FIRE HOSE	05/01/1997	7,528	100.000			7,528	7,528	7,528	SL		7.000				
RAM HIRSCH TOOL	08/01/1997	2,288	100.000			2,288	2,288	2,288	SL		5.000				
RAM HIRSCH TOOL	11/01/1997	2,657	100.000			2,657	2,657	2,657	SL		5.000				
EQUIPMENT	01/01/1998	3,291	100.000			3,291	3,291	3,291	SL		5.000				
RADIO EQUIPMENT	01/01/1999	20,274	100.000			20,274	20,274	20,274	SL		5.000				
DEFIBULATORS	01/19/1999	8,364	100.000			8,364	8,364	8,364	SL		5.000				
FIRE HOSE - NEW TRU	11/22/1999	18,854	100.000			18,854	18,854	18,854	SL		7.000				
INFRARED COMPONENT	10/28/1999	19,250	100.000			19,250	19,250	19,250	SL		5.000				
MAYDAY COMMUNICATI	11/01/2000	11,945	100.000			11,945	11,945	11,945	SL		5.000				
Less Retired Assets															
Subtotals															

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

\*Assets Retired  
JSA  
9X9024 1.000











Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
AMBULANCE - FORD #	01/14/1999	116,747.	100 000			116,747	115,778	116,747	SL		10 000				969
PUMPER TRUCK- AMER	01/01/1989	234,801	100 000			234,801	156,536	164,363	SL		30 000				7,827.
PRECISION LETTER	08/19/1996	1,645	100 000			1,645	1,645	1,645.	SL		5 000				
PRECISION LETTER	10/10/1996	1,850	100 000			1,850	1,850	1,850	SL		5 000				
GALLIS INC	05/22/1996	2,500	100 000			2,500.	2,500	2,500	SL		5 000				
GMAC-2002 TRUCK 15	10/25/2001	39,410	100 000			39,410.	47,292.	47,292.	SL		5,000				
GMAC-2002 TRUCK 25	10/25/2001	38,035.	100 000			38,035	45,642.	45,642	SL		5 000				
CAR LIGHTING	12/14/2002	7,270	100 000			7,270	7,331	7,331.	SL		5 000				3,822.
CHEIFS CAR	05/27/2004	38,225	100 000			38,225	34,403	38,225	SL		5 000				
2006 GMC TK25903	12/29/2005	33,325	100 000			33,325	19,995	26,660	SL		5,000				6,665
2006 GMC TK33706	10/19/2006	30,000	100 000			30,000	15,000	21,000	SL		5,000				6,000
2006 GMC TK10706	10/05/2006	39,993	100 000			39,993	19,997.	27,996.	SL		5,000				7,999.
FITNESS EQUIPMENT	05/03/1993	2,724.	100 000			2,724	2,724.	2,724.	SL		5,000				
AT & T PHONE SYSTE	01/01/1996	7,490	100 000			7,490	7,490.	7,490.	SL		5,000				
PC RICHARDS & SON	05/15/2000	2,410	100 000			2,410	2,410	2,410.	SL		5 000				
ALPINE SOFTWARE	12/19/2000	2,420	100 000			2,420	2,420	2,420	SL		5 000				
GREAT NECK COMPUTE	03/07/2000	1,720	100 000			1,720	1,720	1,720	SL		5 000				
DELL COMPUTERS	12/01/2000	12,399	100 000			12,399	12,399	12,399	SL		5 000				
ELEMCO BLDG CONTRO	02/17/2000	4,246	100 000			4,246	4,246.	4,246.	SL		5 000				
Less: Retired Assets															
<b>Subtotals</b>															

Listed Property

Asset description	Date placed in service	Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Less: Retired Assets															
<b>Subtotals</b>															
<b>TOTALS</b>															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
Asset description															
<b>TOTALS</b>															

\*Assets Retired











Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-Invad	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
BUILDING IMPROVEMEN	06/01/2004	2,500.	100 000			2,500	288	352	SL		39 000				64
BUILDING IMPROVEMEN	06/18/2004	1,600	100 000			1,600	195	226	SL		39 000				41
BUILDING IMPROVEMEN	06/23/2004	2,479	100 000			2,479	287	351.	SL		39 000				64
BUILDING IMPROVEMEN	06/30/2004	2,607	100 000			2,607	301	368	SL		39 000				67
BUILDING IMPROVEMEN	01/17/2004	2,586	100 000			2,586	298	364	SL		39 000				66
BUILDING IMPROVEMEN	02/03/2004	30,900	100 000			30,900	3,565	4,357	SL		39 000				792
BUILDING IMPROVEMEN	07/01/2004	7,737	100 000			7,737	892	1,090	SL		39 000				198
BUILDING IMPROVEMEN	07/01/2004	10,283	100 000			10,283.	1,187	1,451	SL		39 000				264
BUILDING IMPROVEMEN	07/01/2006	7,050	100 000			7,050	452	633	SL		39 000				181
BLDG IMP - VARIO	07/01/2007	74,339	100 000			74,339	2,859	4,765	SL		39 000				1,906
DEPOSIT ON NEW AMB	07/01/2004	7,500	100 000			7,500	3,375	4,125	SL		10 000				750
AMBULANCE	01/06/2004	120,792	100 000			120,792	55,606	67,685.	SL		10 000				12,079.
CHAINS	12/19/2005	2,722	100 000			2,722	952	1,224	SL		10 000				272
VCI EMERGENCY VEHI	05/29/2007	142,166	100 000			142,166	21,325	35,542	SL		10 000				14,217
PUMPER TRUCK- AMER	01/01/1999	405,651	100 000			405,651.	121,698	135,220	SL		30 000				13,522
LAND	VAR	720,525	100 000												
BLDG IMPROVEMENT	07/01/2009	36,900	100.000			36,900		473	SL		39 000				473
BLDG IMPROVEMENT	07/01/2009	1,851	100.000			1,851		24	SL		39 000				24.
BLDG IMPROVEMENT	12/31/2009	14,984	100 000			14,984			SL		39.000				
Less Retired Assets															
Subtotals															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

Listed Property

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Less Retired Assets							
Subtotals							
TOTALS							

\* Assets Retired  
JSA  
9X9024 1 000



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)**

<b>Type or print</b>  File by the extended due date for filing the return See instructions	Name of Exempt Organization VIGILANT ENGINE HOOK & LADDER CO. INC.	Employer identification number 11-1441443
	Number, street, and room or suite no. If a P O box, see instructions. 83 CUTTERMILL ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREAT NECK, NY 11021	

**Check type of return to be filed (File a separate application for each return)**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **DAVE WEISS**  
Telephone No **516 487-1087** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15/2010
- For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER AND COMPILE INFORMATION, INCLUDING INFORMATION FROM THIRD PARTIES, NECESSARY TO PREPARE AND FILE A COMPLETE AND ACCURATE TAX RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$
<b>c</b> <b>Balance Due.</b> Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶	Title ▶	Date ▶
BERDON LLP ONE JERICHO PLAZA JERICHO, NY 11753		

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization VIGILANT ENGINE HOOK & LADDER CO. INC.	Employer identification number 11-1441443
	Number, street, and room or suite no. If a P O box, see instructions 83 CUTTERMILL ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions GREAT NECK, NY 11021	

#### Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ DAVE WEISS

Telephone No ▶ 516 487-1087 FAX No ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2009 or  
▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.