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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C KEMPTON FIRE & RESCUE, INC. 103 W. COLLEGE KEMPTON, IN 46049	D Employer identification number 35-1838890
		E Telephone number (765) 947-5511	
		F Group Exemption Number	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

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

J Tax-exempt status (check only one) — 501(c) (4) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 59,544.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received															3,915.											
	2	Program service revenue including government fees and contracts															51,199.											
	3	Membership dues and assessments																										
	4	Investment income															236.											
	5a	Gross amount from sale of assets other than inventory															2,200.											
		b Less. cost or other basis and sales expenses																										
		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															2,200.											
	6	Special events and activities (complete applicable parts of Schedule B) If any amount is reported, check here <input type="checkbox"/>																										
		a Gross revenue (not including \$ 3,915. of contributions reported on line 1)															1,994.											
		b Less. direct expenses other than fundraising expenses																										
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)															1,994.												
	7a Gross sales of inventory, less returns and allowances																											
	b Less. cost of goods sold																											
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
	8 Other revenue (describe ▶)																											
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															59,544.												
EXPENSES	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors															1,310.											
	14	Occupancy, rent, utilities, and maintenance															5,331.											
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶ SEE STATEMENT 2)															81,317.											
	17 Total expenses. Add lines 10 through 16															87,958.												
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-28,414.											
	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)															209,573.											
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3															3.											
	21	Net assets or fund balances at end of year Combine lines 18 through 20															181,162.											

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	46,553.	22	32,913.	
23	Land and buildings	33,008.	23	35,395.	
24	Other assets (describe ▶ SEE STATEMENT 4)	130,012.	24	150,444.	
25	Total assets	209,573.	25	218,752.	
26	Total liabilities (describe ▶ SEE STATEMENT 5)	0.	26	37,590.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	209,573.	27	181,162.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SCANNED DEC 14 2010

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

What is the organization's primary exempt purpose? **FIRE PROTECTION AND EMERGENCY RESCUE**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)

28	ORGANIZATION CREATED AND MAINTAINED FOR FIRE PROTECTION AND RESCUE OPERATIONS FOR THE CITIZENS OF THE TOWN OF KEMPTON AND THE TOWNSHIPS OF PRAIRIE AND JEFFERSON IN TIPTON COUNTY, INDIANA. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	77,771.
29	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	77,771.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DONALD KENDALL PO BOX 147 KEMPTON, IN 46049	CHIEF 20.00	0.	0.	0.
TROY BITNER 103 W COLLEGE KEMPTON, IN 46049	1ST ASST CHIEF 10.00	0.	0.	0.
BARB LEACH 405 S. ELM ST. KEMPTON, IN 46049	2ND ASST CHIEF 10.00	0.	0.	0.
DAVE WHITWORTH 2514 S 1150 W KEMPTON, IN 46049	LIETENANT 10.00	0.	0.	0.
BRIAN STAKELBECK 103 W. COLLEGE KEMPTON, IN 46049	CAPTAIN 10.00	0.	0.	0.
STEPHANIE FLOYD 103 W. COLLEGE KEMPTON, IN 46049	SECRETARY 10.00	0.	0.	0.
AMANDA WHITWORTH 2514 S 1150 W KEMPTON, IN 46049	TREASURER 15.00	0.	0.	0.

Part 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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	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?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/> 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/> N/A		
39	Section 501(c)(7) organizations Enter:		
39a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/> N/A		
39b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/> N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="N/A"/> ; section 4912 <input type="text" value="N/A"/> ; section 4955 <input type="text" value="N/A"/>		
40b	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		X
40c	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 <input type="text" value="0"/> .		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/> .		
40e	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		X
41	List the states with which a copy of this return is filed <input type="text" value="IN"/>		

42a The organization's books are in care of Telephone no.
 Located at ZIP + 4

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <input type="text"/>		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country. <input type="text"/>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Donald Kendall Date: 11-15-10
 Type or print name and title: Donald Kendall - Chief

Paid Preparer's Use Only

Preparer's signature: Brian Clark CPA Date: 11/11/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: BERGSTROM, LENON & CLARK, P.C.
924 SOUTH MAIN STREET
KOKOMO, IN 46901
 Preparer's Identifying Number (See instructions): P00370447
 EIN: 35-1334146
 Phone no.: (765) 452-6029

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

BAA

CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

11/11/10

11.04AM

STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES

OTHER ASSETS

DESCRIPTION:	84 CHEVY STEP VAN (#36)		
DATE ACQUIRED:	8/09/1997		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	11/06/2009		
TO WHOM SOLD:			
GROSS SALES PRICE:		2,200.	
COST OR OTHER BASIS:		9,124.	
BASIS METHOD:	COST		
DEPRECIATION:		9,124.	
			GAIN (LOSS) 2,200.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 2,200.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 2,200.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BLDG & GROUNDS MAINT	\$	1,244.
CLOTHING ALLOWANCE		1,650.
DEPRECIATION		44,797.
EQUIP MAINTENANCE		7.
FUEL & TRUCK MAINT		9,003.
FUNDRAISING		1,213.
INSURANCE		11,329.
INTEREST		619.
MEDICAL SUPPLIES		2,189.
MISCELLANEOUS		139.
OFFICE EXPENSES		913.
PROMOTIONS/AWARDS		1,561.
RADIO MAINT & SUPPLIES		1,179.
SUPPLIES		1,849.
TRAINING		900.
TRAVEL		860.
UNIFORMS/TURNOUT GEAR		1,865.
TOTAL	\$	<u>81,317.</u>

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING		\$ 3.
TOTAL	\$	<u>3.</u>

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STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES	\$ 88,617.	\$ 114,559.
MACHINERY AND EQUIPMENT	41,395.	35,885.
TOTAL	<u>\$ 130,012.</u>	<u>\$ 150,444.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
SECURED MORTGAGES AND NOTES PAYABLE	\$ 0.	\$ 37,590.
TOTAL	<u>\$ 0.</u>	<u>\$ 37,590.</u>

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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FORM 990/990-PF

AUTO / TRANSPORT EQUIPMENT

5	NEW TANKER(#33)	1/08/95		15,000							15,000	15,000	S/L	10		0
9	TRUCK #33 (WARNER BODIES)	5/03/95		3,740							3,740	3,740	S/L	10		0
17	84 CHEVY STEP VAN (#36)	8/09/97	11/06/09	9,124							9,124	9,124	S/L	10		0
28	ENGINE 31	6/27/00		129,694							129,694	110,237	S/L	10		12,969
29	ENGINE 31 MODIFICATIONS	7/01/00		3,879							3,879	3,298	S/L	10		388
66	RESCUE SQUAD (# 35)	6/25/02		98,821							98,821	64,233	S/L	10		9,882
73	99 STERLING FORD TANKER	5/03/03		75,000							75,000	42,500	S/L	10		7,500
78	REARVIEW CAM SYS-STERLING	8/28/03		3,192							3,192	1,701	S/L	10		319
94	ENGINE 32	7/15/09		60,000							60,000		S/L	10		3,000
TOTAL AUTO / TRANSPORT EQUIP												249,833				34,058

BUILDINGS

3	24' X 40' EAST BAY	11/01/91		11,332							11,332	6,283	S/L	31		366
25	GARAGE DOORS	3/25/99		5,200							5,200	2,535	S/L	20		260
30	KITCHEN & SHOWER ADDITION	7/01/00		6,026							6,026	2,559	S/L	20		301
31	48' X 40' BUILDING	1/01/74		6,500							6,500	6,500	S/L	20		0
40	22' X 18' LEAN-TO	11/21/99		4,100							4,100	1,862	S/L	20		205
41	FURNACE	11/08/00		1,286							1,286	523	S/L	20		64
65	GARAGE DOOR OPENERS	8/04/02		670							670	430	S/L	10		67
TOTAL BUILDINGS												20,692				1,263

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IMPROVEMENTS																
11	WEST OFFICE & MTG ROOM	7/01/96		2,358							2,358	1,475	S/L	20		118
33	WELL	10/30/00		3,076							3,076	1,258	S/L	20		154
71	NEW ROOF	12/13/02		8,100							8,100	2,464	S/L	20		405
89	WELL PUMP & INSTALLATION	8/26/08		8,592							8,592	143	S/L	20		430
92	26' X 33' CONCRETE SLAB	6/05/09		4,900							4,900		S/L	20		143
TOTAL IMPROVEMENTS				27,026	0	0	0	0	0	0	27,026	5,340				1,250
LAND																
32	(2) DONATED LOTS	1/01/74		1,800							1,800					0
TOTAL LAND				1,800	0	0	0	0	0	0	1,800	0				0
MACHINERY AND EQUIPMENT																
1	ORIGINAL EQUIPMENT	1/23/71		96,833						4,842	91,991	91,991	S/L	10		0
2	RADIO TOWER & EQUIPMENT	11/13/93		628						68	560	560	S/L	10		0
4	NEW RADIO	9/03/94		1,034							1,034	1,034	S/L	10		0
6	DEFIBULATOR	2/11/95		6,490							6,490	6,490	S/L	10		0
7	PRESSURE FAN	3/04/95		1,426							1,426	1,426	S/L	10		0
8	NEW EQUIPMENT	5/03/95		3,241							3,241	3,241	S/L	10		0
10	1500 GALLON TANK	8/10/95		6,865							6,865	6,865	S/L	10		0
12	PENTIUM 166 & PRINTER	7/01/96		2,036							2,036	2,036	S/L	10		0
14	HOSE WASHER	2/21/97		384							384	384	S/L	10		0
15	3 AIR TANKS	6/05/97		1,030							1,030	1,030	S/L	10		0
16	MOTOROLA 5W & CH SCANNER	5/19/97		524							524	524	S/L	5		0
18	MINI CO RESPONDER KIT	7/06/98		530							530	530	S/L	5		0

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26	REFRIGERATOR	10/30/00		360							360		S/L	7		0
34	10000 GAL WATER TANK	1/01/90		4,000							4,000		S/L	10		0
35	HOSES,VALVES,CLAMPS,ETC	7/01/94		1,883							1,883		S/L	5		0
36	TV/VCR	8/08/94		458							458		S/L	5		0
37	FIREFINDER	3/28/95		780							780		S/L	5		0
38	(4) MOTOROLA RADIOS & SCN	7/01/96		1,808							1,808		S/L	5		0
39	(5) USED TURNOUT GEAR	3/26/98		600							600		S/L	5		0
42	MINITOR III PAGER	4/26/00		404							404		S/L	5		0
43	FURNACE	4/24/00		422							422		S/L	5		0
44	TANK,PUMP,HEATER	5/12/00		577							577		S/L	5		0
45	WATER SOFTENER	5/29/00		500							500		S/L	5		0
56	(3) TURNOUT GEAR	11/24/01		2,861							2,861		S/L	5		0
57	(3) TURNOUT GEAR	11/11/01		2,441							2,441		S/L	5		0
58	1 1/2" PISTOL GRIP NOZZLE	8/08/01		311							311		S/L	5		0
59	MINITOR III PAGER	6/01/01		445							445		S/L	5		0
60	PORTABLE FILL STATION	5/14/01		672							672		S/L	5		0
62	HP PAVILION XT846 COMP	5/13/01		800							800		S/L	5		0
63	FLAGPOLE	9/18/01		1,317							1,317		S/L	5		0
67	HURST COMB/RAM/JAW TIPS	2/10/02		7,351							7,351		S/L	10		735
68	VALVE	4/03/02		687							687		S/L	10		69
69	CHAIN SAW	4/23/02		500							500		S/L	10		50
70	RADIO FOR SQUAD # 35	7/08/02		2,264							2,264		S/L	10		226
72	FOLD-A-TANK LINER	5/23/03		507							507		S/L	10		51
74	TANKER LIGHTING - STERLING	7/08/03		1,117							1,117		S/L	10		112
75	HOSE (STERLING)	10/02/03		925							925		S/L	10		93
76	LADDER RACK (STERLING)	10/28/03		3,939							3,939		S/L	10		394
77	HOSE (STERLING)	10/28/03		786							786		S/L	10		79

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11:04AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179 BONUS/SP-DEPR	PRIOR DEC BAL DEPR	SALVAGE/BASIS/REDUCT	DEPR BASIS	PRIOR DEPR	METHOD	LIFE	RATE	CURRENT DEPR			
79	ZOLL-AUTO EXT DEFIB (AED)	7/27/04		8,153							8,153	3,600	S/L	10		815			
80	BACKDRAFT PAGER	1/26/04		517							517	507	S/L	5		10			
81	BACKDRAFT PAGER	3/18/04		524							524	499	S/L	5		25			
82	BACKDRAFT PAGER	6/21/04		642							642	576	S/L	5		66			
84	PAGERS (6)	2/16/06		2,839							2,839	1,609	S/L	5		568			
85	AIRPACKS (6)	5/30/06		21,426							21,426	5,536	S/L	10		2,143			
86	TURNOUT GEAR (4)	4/11/06		8,194							8,194	4,507	S/L	5		1,639			
88	TV & DVD PLAYER	10/05/07		1,288							1,288	322	S/L	5		258			
90	(3) CM300 RADIOS	7/18/08		1,818							1,818	152	S/L	5		364			
91	PORTABLE WATER TANK	1/10/08		1,668							1,668	167	S/L	10		167			
93	VHF VEHICLE REPEATER	4/22/09		2,716							2,716		S/L	5		362			
TOTAL MACHINERY AND EQUIPME											209,521	0	0	0	4,910	204,611	165,410		8,226
TOTAL DEPRECIATION											671,911	0	0	0	4,910	667,001	441,275		44,797
DEPR SCHEDULE ONLY																			
CAPITAL OUTLAY-JEFF TWINSHIP OWNS																			
13	DONATED EQUIP-JEFF TWINSHIP	7/01/96		4,011							0	0	S/L	10		0			
19	3 CYL CASCADE SYSTEM	3/02/98		2,270							0	0	S/L			0			
20	1.5" NOZZLE	12/09/98		814							0	0	S/L			0			
21	SCBA - 30 MIN	12/14/98		2,417							0	0	S/L			0			
22	HP OFFICE JET R40XI	11/12/99		470							0	0	S/L			0			
23	CAMERA	12/26/99		76							0	0	S/L			0			
24	VACUUM BOARD	1/06/99		389							0	0	S/L			0			
27	GENERATOR	3/20/00		2,290							0	0	S/L	7		0			

12/31/09

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

11/11/10

11:04AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
46	TRUCK RADIO (# 31)	7/22/00		1,840						1,840	0	0	S/L	5		0	
47	(1) TURNOUT GEAR	7/01/99		619						619	0	0	S/L	5		0	
48	LIFELINE SET	7/01/99		296						296	0	0	S/L	5		0	
50	PORTABLE MONITOR	7/01/99		2,600						2,600	0	0	S/L	5		0	
51	NOZZLE	7/01/99		400						400	0	0	S/L	5		0	
52	INLINE FOAM INDUCTOR	7/01/99		370						370	0	0	S/L	5		0	
53	ALARM 5 FIRE & SAFETY EQ	4/26/97		5,500						5,500	0	0	S/L	5		0	
54	STROBE LIGHTS (# 31)	7/01/00		220						220	0	0	S/L	5		0	
55	EMERGENCY LIGHTS-TRK # 31	7/01/00		1,136						1,136	0	0	S/L	5		0	
61	83 TON MAT JACK	7/01/01		2,862						2,862	0	0	S/L	5		0	
64	(6) MINITOR III PAGERS	7/01/01		2,638						2,638	0	0	S/L	5		0	
87	STOKES BASKET	7/01/99		275						275	0	0	S/L	5		0	
TOTAL CAPITAL OUTLAY-JEFF TW																	
TIPTON CO CIVIL DEFENSE CONTROLLED																	
83	THERMAL IMAGING CAMERA	3/01/04		10,400						10,400	0	0	S/L			0	
TOTAL TIPTON CO CIVIL DEFENSE																	
TOTAL DEPRECIATION																	
GRAND TOTAL DEPRECIATION																	
DEPRECIATION ASSETS SOLD																	
DEPR REMAINING ASSETS																	
															44,797		
															441,275	667,001	44,797
															9,124	9,124	9,124
															704,680	657,877	432,151
															44,797		44,797

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 and click on *e-file for Charities & Nonprofits*

Type or print <small>File by the due date for filing your return See instructions</small>	Name of Exempt Organization KEMPTON FIRE & RESCUE, INC.	Employer identification number 35-1838890
	Number, street, and room or suite number If a P O box, see instructions 103 W. COLLEGE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions KEMPTON, IN 46049	

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

- | | | |
|---|--|------------------------------------|
| <input 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 (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 ▶ DONALD KENDALL -----

Telephone No. ▶ (765) 963-6523 ----- 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 8/15, 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 _____, 20____, and ending _____, 20____

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	\$	0.
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	\$	0.
c Balance Due. 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	\$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

- 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).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization KEMPTON FIRE & RESCUE, INC.		Employer identification number 35-1838890
	Number, street, and room or suite number. If a P O box, see instructions BERGSTROM, LENON & CLARK, P.C. 924 SOUTH MAIN STREET		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions KOKOMO, IN 46901		

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

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| <input 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 (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" 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 care of **DONALD KENDALL**
Telephone No **(765) 963-6523** 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 _____, 20____, and ending _____, 20____
- 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 ENTITY RESPECTFULLY REQUESTS ADDITIONAL TIME NECESSARY IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a \$
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.	8b \$
c Balance Due. 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 instrs.	8c \$

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 *Donald Kendall* Title PA Date 8/13/10