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# Form **990-EZ**

2009

OMB No 1545 1150

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 to use a copy of this return to satisfy state reporting requirements.

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

Open to Public Inspection

Complete the process of the proces	А	For the 2009 calendar year, or tax year beginning , 2009, and ending	· · · · · · · · · · · · · · · · · · ·
New Conting   State	B_		mployer identification number
Section 501(x/3) organizations and 4847(x/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-E2).   G Accounting method.		Address change   Please   BULL SHOALS VOLUNTEER FIRE DEPT. AUX.	710697954
Termination pending   Force		Name change   label or   D   O   ROY   712	
Permitter of the properties   September   Permitter of the properties   Permitter of the prope		Initial return type: BULL SHOALS. AR 72619	
**Section 501(c/3) organizations and 4947(x/1) nonexempt charitable trusts mast attach a completed Schedule A Crorm 990 or 990-E2.  **Website: **N/A*    Tax-exempt lattac Criston (resp. 1)   Tax exempt lattac (resp.			
**Section 501(c/3) organizations and 4947(x/1) nonexempt charitable trusts must affatch a completed Schedule A (Form 399 or 999-EZ).    Website: * N/A			roup Exemption
Website: * N/A   Tax-exempt satus (check only one)   X   S01(c)   3   * (neart no.)   494(a)(1) or   597     K   Check *   If the organization are not a section 599(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A from 990-E2 or 50 polo-E2, or 990-E2, o			umber 🟲
Website: N/A   Invasement status (robe konin kone)   X  501(c) (3)   (insert no.)   4947(a/N) or   527   590-EZ, or 990-FZ)		• 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 meth Other (specify) ▶	od. X Cash Accrual
Website: \ N/A   NA   Solicio   X   Solici			the organization is <b>not</b>
Tan-exempt status (relex only one)	1		
X Check   If the organization is not a section 59(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 9901E or	Л		'F).
\$25,000 Å 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.    Add lines \$56, 65, and 75, but his 9 to determine gross receipts, if \$500,000 or more, file Form 990	ĸ		nally not more than
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1)   1   2   2   4   11   4   11   2   4   11   4   11   2   4   11   4   11   4   11   2   4   11   4   4		\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be si	
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2   Program service revenue including government fees and contracts   3   3   2, 61.0.	ГС	<del>                                     </del>	
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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 contract ors   14   12   36,308.   14   36,308.   15   16   7,672.   16   7,672.   17   Total expenses (describe		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 46,538.
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12   36,308.   13   Professional fees and other payments to independent contract ors   13   435.   14   Occupancy, rent, utilities, and maintenance   15   Printing, publications, postage, and shipping   15   16   0ther expenses (describe   See Statement 2   16   7,672.   17   Total expenses. Add lines 10 through 16   17   44,415.   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   2,123.   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)   20   Other changes in net assets or fund balances (attach explanation)   See Statement 3   20   2,303.   21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   64,989.   22   Cash, savings, and investments   (A) Beginning of year   (B) End of year   24   25   Total assets   24   Other assets (describe   )   24   25   Total assets   27   Total liabilities (describe   )   26   0.   26   0.   27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   60,563.   27   64,989.   28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   60,563.   27   64,989.   28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   60,563.   27   64,989.   28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   60,563.   27   64,989.   28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   60,563.   27   64,989.   28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   60,563.   27   64,989.   28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   60,563.   27   64,989.   28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   60,563.   27   64,989.   28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   60,563.   27   64,989.   28   Other assets or fund balances (line 27 of column (B) must		11 Benefits paid to or for members   0   MAY   / 2010	11
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17 Total expenses. Add lines 10 through 16	S		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (attach explanation). See Statement 3  21 Net assets or fund balances at end of year. Combine lines 18 through 20  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  22 Cash, savings, and investments  23 Cash assets (describe ► )  24 Other assets (describe ► )  25 Total assets  7 Total liabilities (describe ► )  7 Net assets or fund balances (line 27 of column (B) must agree with line 21)  8 Cash assets or fund balances (line 27 of column (B) must agree with line 21)			
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)   20 Other changes in net assets or fund balances (attach explanation). See Statement 3   20   2, 303.     21 Net assets or fund balances at end of year. Combine lines 18 through 20   21   64, 989.     22 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   60, 563.   22   64, 989.     23 Cash assets (describe   )   24     25 Total assets   60, 563.   25   64, 989.     26 Total liabilities (describe   )   0.   26   0.     27 Net assets or fund balances (line 27 of column (B) must agree with line 21)   60, 563.   27   64, 989.		77 Total expenses. And miles to unough to	
Figure reported on prior year's return   19   60,563.   20   2,303.   21   Net assets or fund balances at end of year. Combine lines 18 through 20   21   64,989.   21   64,989.   21   64,989.   22   64,989.   23   23   24   24   25   26   26   26   26   27   27   28   28   29   27   28   29   29   29   29   29   29   29	A		18 2,123.
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.    Cash, savings, and investments   Cash, savings and and buildings   Cash	N S		60.563
21 Net assets or fund balances at end of year. Combine lines 18 through 20  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  (B) End of year  (Cash, savings, and investments  (	ŤE	20 Other changes in net assets or fund balances (attach explanation). See Statement 3	
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         60,563. 22         64,989.           23 Land and buildings         23           24 Other assets (describe ►         )         24           25 Total assets         60,563. 25         64,989.           26 Total liabilities (describe ►         )         0.26         0.           27 Net assets or fund balances (line 27 of column (B) must agree with line 21)         60,563. 27         64,989.	S	1 ' ' '	
(See the instructions for Part II )       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       60, 563. 22       64, 989.         23 Land and buildings       23         24 Other assets (describe ►       )       24         25 Total assets       60, 563. 25       64, 989.         26 Total liabilities (describe ►       )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       60, 563. 27       64, 989.	D:	<del></del>	
22 Cash, savings, and investments       60, 563. 22       64, 989.         23 Land and buildings       23         24 Other assets (describe ►       )       24         25 Total assets       60, 563. 25       64, 989.         26 Total liabilities (describe ►       )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       60, 563. 27       64, 989.			
23       23         24       Other assets (describe ► )       24         25       Total assets       60, 563. 25       64, 989.         26       Total liabilities (describe ► )       0. 26       0.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       60, 563. 27       64, 989.	20	· · · · · · · · · · · · · · · · · · ·	
24       Other assets (describe ►       )       24         25       Total assets       60,563.25       64,989.         26       Total liabilities (describe ►       )       0.26       0.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       60,563.27       64,989.			
25 Total assets       60,563.25       64,989.         26 Total liabilities (describe ►       )       0.26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       60,563.27       64,989.		<u> </u>	
26 Total liabilities (describe ►       )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       60, 563. 27       64, 989.			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 60,563. 27 64,989.			
	27		

	330-FX (5003) POTT 2HOVT2 AO				0697		Page 2
Parl	III Statement of Program Se	ervice Accomplishment	<b>s</b> (See the instructi	ons.)	/Daa	Expenses	
	s the organization's primary exempt purpose? Se				5016	uired for section ()(3) and (4) nizations and sec (a)(1) trusts, opti	
Desci	tibe what was achieved in carrying out to tibe the services provided, the number of	ne organization's exempt purpo	oses In a clear and con	icise manner,	orgár	niżations and sec	ction
progr	am title	persons benefited, or other r	elevant imorniation for t	each	for of	thers)	onai
28			<del> </del>				
20	<b></b>						
				<b></b>			
		<del>.</del> <del></del>					
	(Grants \$ ) If t	his amount includes foreign gr	ants, check here		28a		
29			- <b></b>	<b>-</b>			
					ŀ		
	(Grants \$ ) If t	his amount includes foreign gr	ants, check here		29 a		
30		<u> </u>		<del></del>			
50					1		
			- <b></b>	<del></del>	{		
	(Create 6				20-		
	<del></del>	his amount includes foreign gr	ants, check here		30 a		
	Other program services (attach schedul						
		his amount includes foreign gr	ants, cneck here		31 a		
	Total program service expenses (add II				32		
Par	LIV List of Officers, Director						
	(a) Nama and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan		(e) Expense ac and other allow	count
	(a) Name and address	to position	not paid, enter -u)	deferred compensa		and other allow	ances
<b>BOM</b>	RICHTER	President	0.	doising company	0.		0.
101	KICHILK				٥.		0.
		-  °					
	L SHOALS, AR 72619						
DOU	G_VANDEMARK	<pre>Vice President</pre>	0.		0.		0.
		0					
BUL	L SHOALS, AR 72619	7					
JEA	N CULVER	Treasurer	0.		0.		0.
	<u></u>	T 0000000	1				•
DIII	L SHOALS, AR 72619	-  ~					
JE2	SICA MITCHELL	Secretary			0.	•	0.
		_] 0					
BUL	L SHOALS, AR 72619						
DEA	N FRANKLIN	Director	0.		0.		0.
		7 o					
BUT.	L SHOALS, AR 72619	1					
	IE & HEIDI RECKWEG	Director	0.		0.		0.
1100	IL G IMIDI MERMEG	- Director	0.		٠.		٥.
	T CUONT C ND 72610	۰ ۲					
	L SHOALS, AR 72619	<u> </u>					
MAR	GE_SPRAITZ	Director	0.		0.		0.
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BUL	L SHOALS, AR 72619						
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		4					
BAA		TEEA0812L 0	01/30/10			Form <b>990-EZ</b>	(2009)

Form 990-EZ (2009) BULL SHOALS VOLUNTEER FIRE DEPT. AUX.

Part V Other Information (Note the statement requirements in the instrs for Part V.)

			res	140
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), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	a 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?	35a		Х
b	olf 'Yes,' has it filed a tax return on Form 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	j	Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file Form 1120-POL for this year?	37 b		<u>X</u>
38 a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Χ
b	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			
а	a Initiation fees and capital contributions included on line 9  N/A	•		
b	Gross receipts, included on line 9, for public use of club facilities.  39b N/A			
<b>40</b> a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	}		
b	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		х
c	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		X
41	List the states with which a copy of this return is filed None			
<b>42</b> a	The organization's books are in care of ► RON RICHTER Telephone no ► 870-44 Located at ► 1017 CENTRAL BLVD BULL SHOALS AR ZIP + 4 ► 72619	<u>45-41</u>	<u>041</u> 	<b>-</b>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:	42b	Yes	No_X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  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:	42c		<u>x</u>
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	<b>,</b> 		N/A N/A No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		x

Form 990-EZ (2009)	BULL	SHOALS	VOLUNTEER	FIRE	DEPT.	AUX.
1 01111 330 44 (2003)	~~~	0				

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Page 4

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and set 46-49b and complete the tables	s and section 4947(a)( ction 4947(a)(1) nonex	1) nonexemplempt charita	ot charitable trusts on ble trusts must answe	ly. All se	ectio	n
	46-49b and complete the table	s for lines 50 and 51.		See St	atemen	t 5	
46 Did th	ne organization engage in direct or indirec	t political campaign activities	on behalf of or	in opposition to candidates		Yes	No
	ublic office? If 'Yes,' complete Schedule C ne organization engage in lobbying activiti		lula C. Part II		46		<u>X</u>
	e organization a school as described in sec	•		edule E	48		X
	ne organization make any transfers to an			50010 E	49a		X
	es,' was the related organization a section	·	J		49 Ь		
	olete this table for the organization's five houses) who each received more than \$100						
(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) Exp accour other allo	it and	3
None			<del>"</del>			•	
							<del></del>
					· · · · · · · · · · · · · · · · · · ·		
f Total	number of other employees paid over \$10	00,000	<u>-</u> .		·		
		· · · · · · · · · · · · · · · · · · ·		-			
51 Comp	plete this table for the organization's five hoensation from the organization. If there is	nighest compensated indepe	ndent contractor	s who each received more t	han \$100,0	000 of	f
None	(a) Name and address of each independent contr	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	<u> </u>
None							
							<del> </del>
		- <b></b>					
					<del> </del>		
_ <b></b>		- <b></b>					
<b>d</b> Total	number of other independent contractors	each receiving over \$100,00		<b>&gt;</b>			
	To a second seco		<del> </del>		<del> </del>		
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (	nined this return, including accompan- other than officer) is based on all info	ying schedules and si ormation of which pre	ratements, and to the best of my kno parer has any knowledge	owledge and b	eliet, it	IS
6:	(1) 200 200 201)	1 who a		5/10/	10		
Sign Here	Signature of officer	O or known	<del></del>	Date 7/07	<i>'</i>		
11010	Douglas L. VAN	DEMACK	VICE P	resident			
	Type or print name and title						
Paid	Preparer's	. 021	Date	Check if See	parer's Identify e instructions)	ring Nu	mber
Pre-	signature The Signature	A-C/W	4/21/1	.0 employed >			
parer's	yours if self-	CPA			11 _ 0730	201	
Use Only	employed), address, and ZIP + 4  1616 Hwy 62 W  Mountain Home, A	AR 72653		EIN ► /	1-0728. ) 424-2		
<u> </u>	S discuss this return with the preparer sho				/ 424-2 ►X Yes		No
BAA		and the second s		<del></del>	Form 990		

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

# **Public Charity Status and Public Support**

OMB No 1545 0047 **2009** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

\_\_\_\_\_

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		e organization									lion number		
			TEER FIRE DEPT						71069				
Parl		<del>*</del>	· · · · · · · · · · · · · · · · · · ·	us (All organizations				-	<u>.) See</u>	instruc	ctions		
The o	rga	•		se it is. (For lines 1 throu	•		•	•					
1	Ц	·		ociation of churches desc		section	1 <b>70(b)(</b> 1	ΙχΑχί).					
2	Ц			A)(ii). (Attach Schedule E	-								
3	Щ		•	e organization described i				•					
4	Ш	A medical research	n organization operate	d in conjunction with a ho	ospital d	escribed	ın secti	ion 170(	<b>(Ь)(1)(А)</b>	(iii) Ente	er the hosp	ıtal's	
_	_	name, city, and sta		-,,									
5	Ц	<b>170(b)(1)(A)(iv).</b> (C	Complete Part II.)	of a college or university		•	-	_	imental i	unit desc	cribed in se	ction	
6	Ц			governmental unit describ									
7	Ц	in section 170(b)(1)	<b>(A)(vi).</b> (Complete Pa	•	-	_	ernmen	tai unit	or from t	ne gene	rai public d	iescrib	ea
8	닖	1		<b>70(b)(1)(A)(vi).</b> (Complete		•							
9	X  	from activities relat investment income	ed to its éxempt funct	(1) more than 33-1/3 % of tions — subject to certain ss taxable income (less s omplete Part III.)	exception	ons, and	(2) no r	nore th	an 33-1/3	3 % of⊪t	s suppört f	rom gr	ross
10		An organization org	ganized and operated	exclusively to test for put	blic safe	ty. See	section !	5 <mark>09(a)(</mark> 4	l).				
11		more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	)(1) or s	ection 5	09(a)(2)	tions of . See <b>s</b> e	, or carr ection 50	y out the <b>19(a)(3).</b>	purposes Check the	of one box t	or hat
		a Type I	<b>b</b> Type II	c Type II	l — Fund	ctionally	integrate	ed		d 🗌	Type III-	Other	
е		By checking this both than foundation ma 509(a)(2)	ox, I certify that the organizers and other than	ganization is not controlle n one or more publicly su	ed direct ipported	ly or ind organiz	irectly b ations d	y one o escribed	r more o d in sect	lisqualificion 509(a	ed person a)(1) or se	s othei ction	r
f			received a written dete	ermination from the IRS t	that is a	Type I,	Type II o	or Type	III supp	orting or	ganization,		
g			006, has the organizat	tion accepted any gift or	contribu	ution froi	n anv of	f the fol	lowina p	ersons?			
,		- · · · · · · · · · · · · · · · · · · ·	<b>, ,</b>	p y g					5			Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	. 11 g (i)		
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab-	ove?						11 g (iii)		
h		Provide the following	ng information about tl	he supported organizatioi	ns								
	(i)	) Name of Supported Organization	(i) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	ls the tion in cold in your erning ment?	(v) Did yo the organ col ( your su	ızatıon in (i) of	(vi) li organizati (i) organiz U S	on in col	(vii) Amour	it of Sup	port
					Yes	No	Yes	No	Yes	No			
		,											
_													_
otal			l	<b>!</b>	1	<u> </u>							

	dule A (Form 990 or 990-EZ) 2009		ALS VOLUNTE			710697			Page <b>2</b>
Par	t II Support Schedule for	<del>-</del>			J(b)(1)(A)(IV) a	na 170(b)(	1)(A)(	(VI)	
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, /, or 8 of Part	1)				· <del></del>	
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Tota	al
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	<b>Public support.</b> Subtract line 5 from line 4					<del>-</del>			
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Tota	al
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				12	· <del></del>	
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501	(c)(3)		►
	tion C. Computation of Pu								
	Public support percentage for 20			e 11, column (f)			14		<u>%</u>
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			Ĺ	15		<u>%</u>
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and ganization.	the line 14 is 33-1.	/3 % or more	, checl	k this box	<b>►</b> □
t	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	1/3% or more	e, chec	k this box	<b>►</b> □
17 a	10%-facts-and-circumstances termore, and if the organization in the organization meets the 'facts'	meets the 'facts-a	nd-circumstances	test, check this	box and stop here	. Explain in F	Part IV	how	<b>-</b>
t	o 10%-facts-and-circumstances te or more, and if the organization in organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	test, check this	box and stop here	. Explain in f	Part IV		►
18	Private foundation. If the organiz							uctions	▶ □

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

	(Complete only if you ched	Red the box off in	ie 5 Of Falt 1.)	<del> </del>			
	tion A. Public Support				<del>"</del>	· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal yr beginning ın) 🟲	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						0.
3	purpose Gross receipts from activities that are not an unrelated trade or business		-				0.
4	under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	.0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						0
	7c from line 6.)			<u>l</u>	<u></u> †		0.
~ A^	tion B. Total Support						
				4 1 0000	4 10 0000	4 > 0000	40 T L L
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9	ndar year (or fiscal yr beginning in) ► Amounts from line 6	(a) 2005 0.	<b>(b)</b> 2006	(c) 2007	(d) 2008 0.	<b>(e)</b> 2009	(f) Total0.
Cale 9	ndar year (or fiscal yr beginning in)						0.
Cale 9 10a	ndar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	0.	0.	0.	0.	0.	0.
Cale 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b,	0.	0.	0.	0.	0.	0. 0. 0.
Cale: 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in	0.	0.	0.	0.	0.	0. 0. 0.
Cale: 9 10 a 10 a 11 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	0. 0. s for the organiza stop here.	0.  0.  tion's first, second	0.	0.	0.	0. 0. 0. 0.
Cale: 9 10 a 10 a 11 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lins 9, 10c, 11, and 12)	0. 0. s for the organiza stop here.	0.  0.  tion's first, second	0.	0.	0.	0. 0. 0. 0.
Cale 9 10 a 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage for 20	o.  o.  s for the organiza stop here.  blic Support I	0.  0.  tion's first, second  Percentage  (f) divided by line	0.	0.	0.	0. 0. 0. 0.
11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 20 Public support percentage from 2	o.  s for the organiza stop here.  blic Support I 09 (line 8, column 2008 Schedule A,	tion's first, second  Percentage  (f) divided by line  Part III, line 15	0.  0.  third, fourth, or	0.	0. 0. section 501(c)(3)	0. 0. 0. 0. 0. 0.
Cale 9 10 a 11 12 13 14 Sec 5 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation of Inventorial support percentage from 2 tion D. Computation and D. Computation an	o.  s for the organiza stop here.  blic Support I 09 (line 8, column 2008 Schedule A, vestment Inco	0.  0.  tion's first, second  Percentage  (f) divided by line  Part III, line 15  me Percentage	0. 0. third, fourth, or	0.	0. 0. section 501(c)(3)	0. 0. 0. 0. 0.   X  %
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11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investment income percentage fill investment income percentage fill	o.  s for the organiza stop here.  blic Support I og (line 8, column 2008 Schedule A, vestment Inco or 2009 (line 10c, rom 2008 Schedul	0.  0.  0.  1.  1.  1.  1.  1.  1.  1.	0.  0.  third, fourth, or  13, column (f))  by line 13, column	0.  0.  fifth tax year as a	0. 0. section 501(c)(3) 15 16	0. 0. 0. 0. 0.   X  % %
Cale 9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage from 2 tion D. Computation of Investment income percentage fill investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this bid.	o.  o.  o.  s for the organiza stop here.  blic Support I og (line 8, column 2008 Schedule A, restment Inco or 2009 (line 10c, rom 2008 Schedul e organization dictox and stop here.	0.  0.  0.  1.  1.  1.  1.  1.  1.  1.	0.  0.  third, fourth, or  13, column (f))  by line 13, column  con line 14, and qualifies as a publ	0.  0.  fifth tax year as a	0. 0. section 501(c)(3) 15 16 17 18 an 33-1/3%, and liganization	0. 0. 0. 0. 0.   X  % % %
Cale 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage for 20 Public support percentage from 2 Investment income percentage from 33-1/3 support tests — 2009. If the	s for the organiza stop here.  blic Support I 09 (line 8, column 2008 Schedule A, restment Inco or 2009 (line 10c, rom 2008 Schedul e organization diction and stop here. e organization diction this box and stop this box and stop there.	0.  0.  0.  1.  1.  1.  1.  1.  1.  1.	0.  0.  third, fourth, or  13, column (f))  by line 13, column  con line 14, and qualifies as a public public in the second control of the second control	fifth tax year as a fifth	0. 0. 15 16 17 18 an 33-1/3%, and liganization re than 33-1/3%, aed organization	0. 0. 0. 0. 0.   X  % % %

Schedule A	(Form 990 or 9	990-EZ) 2009	BULL S	SHOALS	VOLUNT	EER FIR	E DEPT.	AUX.	710697954	Page <b>4</b>
Part IV	Supplemer Part II, line	n <b>tal Informa</b> 17a or 17b:	<b>tion.</b> Cor : and Pai	nplete th rt III. line	nis part t e 12. Pro	o provide vide anv	the expla	nations i	required by Pa formation. See	rt II, line 10;
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2009	Federal Statements		Page 1
Client BSVFD	BULL SHOALS VOLUNTEER FIRE DEPT. AUX.		710697954
4/21/10		_	05.34PN
Statement 1 Form 990-EZ, Part I, Li Other Revenue	ne 8		
MEM	To	otal <u>\$</u>	250. 250.
Statement 2 Form 990-EZ, Part I, Li Other Expenses	ne 16		
Administrative Advertising and Pr Bull Shoals Theate Donations Firemens Fund Food Pantry Insurance Int. Rev. Service Member Names Membership Fees	comotion	\$	103. 193. 800. 206. 1,500. 1,050. 951. 2,005. 108. 454.
Misc - Vandermark Misc Expense R&M - Fire Protect Scholarship - MEM		otal \$	6. 31. 15. 250. 7,672.
Statement 3 Form 990-EZ, Part I, Li Other Changes In Net	ne 20 Assets Or Fund Balances		
Bookkeeping Adjust	ment T	otal <u>\$</u>	2,303. 2,303.
Statement 4 Form 990-EZ, Part III Organization's Primar	y Exempt Purpose		
RESPOND TO FIRE DE	PT & COMMUNITY NEEDS. PROVIDE ADDITIONAL FINANC	IAL SUPPOR	r
Statement 5 Form 990-EZ, Part VI Regarding Transfers A	Associated with Personal Benefit Contracts		
indirectly, to pay (b) Did the organ	nization, during the year, receive any funds, dir y premiums on a personal benefit contract? nization, during the year, pay premiums, directly personal benefit contract?		No No

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2009	Federal Worksheets	Page 1
Client BSVFD	BULL SHOALS VOLUNTEER FIRE DEPT. AUX.	710697954
4/21/10		05 34PM
Computation of Cost	of Goods Sold (Form 990-EZ)	
<ol> <li>Inventory at s</li> <li>Purchases</li> </ol>	start of year	0. 5,225.
3. Cost of labor 4. Additional 26	BA costs	0. 0.
5. Other costs 6. Total (Add li		<u> </u>
<ol><li>Inventory at e</li></ol>		5,225.

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2009	Supporting Detail		Page 1
Client BSVFD	BULL SHOALS VOLUNTEER FIRE DEPT. AUX	⟨.	710697954
4/21/10 Stmt. of Functional Expe	enses (990)		05.34PM
Stmt. of Functional Expe Other salaries and wage	s		
Salaries - LBUS Salaries - Firemen		\$ Total <u>\$</u>	12,101. 24,000. 36,101.
Balance Sheet Cash-non-interest-bearin	ıg		
P/Y - Scholarship Ac P/Y - Checking Accou	ccount unt	\$ Total \$	2,008. 6,333. 8,341.
Balance Sheet Cash-non-interest-bearin	ng		
C/Y - Scholarship Accou	ccount unt	\$ Total <u>\$</u>	2,368. 8,456. 10,824.