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Form **990-EZ**

Department of the Treasury Internal Revenue Service

SCANNED JUN 2 8 2010,

A For the 2009 calendar year, or tax year beginning

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Short Form

, 2009, and ending

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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13)
must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than
\$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

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OMB No 1545-1150 2009

Open to Public Inspection

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Section Soft(c)(3) organizations and 4947(a)(1) on exempt charitable trusts must attach a complete Schedule (Form 990 or 990-EZ). H Check If the organization is not a section 509(a)(3) supporting organizations and 4947(a)(1) on exempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H Check If the organization is not required. H Check If	Secretary Sec	Terminated Terminated Terminated Terminated Specific	Terminated Sepectary September Sepectary September Sep	Address change use IRS															
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R Check Image: If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Additives this, and 7to, bline by determine gross receipts. (\$50,000 or more, tile From 990-£2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	If the organization is not a section 509(a)(3) supporting organizationand its gross receipts are normallynot more than \$25,000. In is not required, but if the organization chooses to file a ceturn, be sure to file a complete return set \$0.58, and 7b. to be 10 determine gross recepts. If \$0.000 cet more, life prem 900-1242	K Check	A return is not required, but if the organization stole a section 509(a)(3) supporting organizational tis gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.				 not etatue	, (che	ck only X 501(c	0/3) 4 (insert no.)	4947(a)(1) or 5							
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		23 Land and buildings 23 24 Other assets (describe ►COMPUTER) 1,037. 24 1,037. 25 Total assets 16,407. 25 9,538. 26 Total liabilities (describe ►) 26	23 Land and buildings 23 24 Other assets (describe ►COMPUTER)) 1,037. 24 1,037. 25 Total assets	22	Ca	.h .	0.0000	nd .n.	•	•							<u>:</u>	<u></u>	—
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26 Otal Habilities (Describe ▶							•			aluma (D)	.u)	 	16 407				E 2.0	—
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Form 990-EZ (2009) ELKHART FIRE LOC 338	FUNDRAISER	INC	86	-112	2485 Page 2
Part III Statement of Program Service Accomp		the instructions for Par	t III.)		Expenses
What is the organization's primary exempt purpose? CHAR			,		ured for section
			-	501(C)(3) and 501(c)(4) izations and section
Describe what was achieved in carrying out the organization's e	xempt purposes In a cle	ear and concise manne	er,		a)(1) trusts; optional
describe the services provided, the number of persons benefited	d, and other relevant info	ormation for each prog	ram title.	for oth	
28 HOOSIER BURN CAMP TO ASSIST V.					
	MICOS CHIEL	TO THE VIEW			
SUFFERED BURNS					
(Grants \$ 3,320.) If this amount includes	foreign grants, check he	ere	ightharpoonup	28a	1,301.
29 MUSCULAR DYSTROPHY ASSOCIATIO					
29 MUSCULAR DISTROPHI ASSOCIATIO	<u> </u>			Ī	
(Grants \$ 4,000.) If this amount includes	foreign grants, shock he		→ TT	29a	1,570.
	Toreign grants, check he	<u>.</u>		254	1,570.
30 VARIOUS OTHER LOCAL CHARITIES					
			_		
11 505 \ (6.00)				20-	7 260
(Grants \$ 11,585.) If this amount includes	toreign grants, check ne	ere		30a	7,269.
31 Other program services (attach schedule)					
(Grants \$) If this amount includes	foreign grants, check he	ere	▶ 🗍 }	31a	
·				32	10,140.
32 Total program service expenses (add lines 28a through 31		· · · · · · · · · · · · · · · · · · ·			
Part IV List of Officers, Directors, Trustees, and	d Key Employees.	List each one even if no	t compensa	ted (See n	nstructions for Part IV)
	(b) Title & average	(c) Compensation		tributions to	
(a) Name and address	`hours per week devoted to position	(If not paid, enter -0)	employee t	oenefit plar red comp	s account and other allowances
IITMO DATIMBO		enter -o)	a deler	reu comp	Outer allowances
VITO PALUMBO	PRESIDENT	_			j
27401 LAMP ELKHART IN 46514	5	0	l		
JERRY SLACK	VICE PRES				
			ľ		1
26897 ROSE ELKHART IN 46514	2	0			
RICK TRUEX	TREASURER				
56924 WEYM ELKHART IN 46516	2	0			
KENNETH ROTH	SECRETARY	-			
2522 STEVE ELKHART IN 46517	2	0			
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Par	Other Information (Note the statement requirements in the instructions for Part V.)		r	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	. 33		<u>X</u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			ĺ
	the changes	. 34		Х
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	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	. 35b		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	,		ı
	Did the organization file Form1120-POL for this year?	37b		J
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were		1 1	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	. 38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter	İ		
а	Initiation fees and capital contributions included on line 9	<u> </u>		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶	-		
b	Section 501(c)(3) and 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	40b		X
С	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	40e		X
41	List the states with which a copy of this return is filed			
		-59		203
	Located at ► 27401 LAMPLIGHTER LANE IN ELKHART ZIP+4 ► 465	14-		
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		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	1		
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			_
	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of orm 1041 - Check here		•	٠ _
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			,·.	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes,"			
	Form 990 must be completed instead of Form 990-EZ	45		X
	Form	990-E	Z (2	009)

46 bit the organization engage in direct or indirect political campaign achiebes on behalf of or in opposition to ward procession to candidates for public officer if "res", complete Schedule C, Part II	<u>rait vi</u>	501(c)(3) organizations and sector						the tat	oles
acandidates for public office? If "Yes," complete Schedule C, Part II 44	46 Did th	for lines 50 and 51.	direct political campaign a	ctivities on behalf	of or in opposit	ion to		Yes	No
48 Is the organization a school as described in section 170(b)(1)(4)(q)? If "res", complete Schedule E							46		Х
49a Dot the organization make any transfers to an exempt non-charitable related organization? 49b If "Yes," was the related organization a section 527 organization? 60 Complete this table for the organization of the organization of the organization of the organization of the organization of the organization. If there is none, enter "None." 61 Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 62 None 63 Name and address of each employee paid more than \$100,000 of compensation from the organization of the organization	47 Did th	ne organization engage in lobbying ac	ctivities? If "Yes," complete	e Schedule C, Par	t II		47		X
b If "Yes," was the related organization a section 527 organization? Organization is the complete this table for the organizations five hisphest compensated employees (other than officers, directors, frustees and key employees) with 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 but in the paid which is the paid which is the paid more than \$100,000 but in the organization is five highest compensated explored to position in the organization of the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is 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 NONE If Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation NONE Under penalties of penalty, locatine that I have examined the return, including accompanying scheduler and statements, and to the best of my hnowledge and best in a true, organization of preparer (other man officer) is based on all information of which preparer has any browledge in the organization of preparer (other man officer) is based on all information of which preparer has any browledge in the organization of preparer (other man officer) is based on all information of which preparer is an any browledge in the organization of preparer (other man officer) is based on all information of which preparer is undenstrying on (See institution) and officer. Preparer's Signature of officer VITO PALIUMBO Preparer's place Only of the preparer (other man officer) is seed on all information of which preparer is interesting the property of self-employed by the self-employed by the self-employed by the self-employed by the self-e	48 Is the	organization a school as described i	n section 170(b)(1)(A)(แ)?	If "Yes," complete	Schedule E		48	<u> </u>	X
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) we 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 If Total number of other employees paid over \$100,000 > 1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from 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 none. (b) Type of service (c) Compensation of the best of my browkedge and better than officer is based on at information of which prepare has any knowledge. Vitro Pallumbo Prepare's identifying no (See institute of pallur) Prepare's identifying no (See institute o				e related organizat	tion?		<u> </u>	+ -	X
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 deterred compensation of the allowances **Total number of other employees paid over \$100,000 ** **Total number of other employees paid over \$100,000 ** **Total number of other employees paid over \$100,000 ** **Total number of other employees paid over \$100,000 ** **Total number of other employees paid over \$100,000 ** **Total number of other employees paid over \$100,000 ** **Total number of other employees paid over \$100,000 ** **Total number of other employees paid over \$100,000 ** **Total number of other employees paid over \$100,000 ** **Total number of other employees paid over \$100,000 ** **Total number of other independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE **Total number of other independent contractors each receiving over \$100,000 ** **Independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$100,000 ** **Independent of other independent contractors each receiving over \$1		_							<u> </u>
(a) Name and address of each employee paid more than \$100,000 devoted to position **Propagation** **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other employees paid over \$100,000 > **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractor paid more than \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each receiving over \$100,000 **Total number of other independent contractors each received more than \$100,000 of compensation if the research independent contractors who each received more than \$100,000 of compensation in the research independent contractors who each received more than \$100,000 of compensation in the research independent contractors who each received more than \$100,000 of compensation in the research independent contractors who each rec		•	pensation from the organ	ization. If there is r	none, enter "No	ne "			
paid more than \$100,000 devoted to position deferred compensation other allowances If Total number of other employees paid over \$100,000 > Stomplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from 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 NONE Under penalties of penjury, Section than the return, including accompanying schedules and statements, and to life best of my knowledge and belef, it is true, copfed, any complete Declaration of proparer (other han officer) is based on all information of which preparer has any knowledge 05/15/2010 Oate			' '	(c) Compensat	1 ' '				
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 NONE Under penalties of penalty, if declare that if have examined this return, including accompanying schedules and statements, and to the best of my knowledge and better, it is true, coyect, and complete Declaration of preparer (other than officier) is based on all information of which preparer has any knowledge	(a) Nan		,		1	· ·			
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 NONE Under penalties of penalty, I declars that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and batel, it is true, coyect, and contractor paid more than officer) a based on all enformation of which preparer has any knowledge and batel, it is true, coyect, and contractor paid contractor paid more than officer) a based on all enformation of which preparer has any knowledge of officer VITO_PALIUMBO PRESIDENT Type or print name and title Preparer's Type or print name and title Preparer's Firm's name (or) works. Lighthouse Accounting Group PC EIN ▶26-140.5692 first Elemptoyed, address, and 2IP+4 ELKHART IN 46514 Phone no.▶574-262-4456	NONE	paid more than \$100,000	devoted to position		deterre	o compensation	otner al	iowand	ces
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Signature of officer VITO PALUMBO Type or print name and title Preparer's signature Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 Signature of officer PRESIDENT Check if self-employed of preparer's identifying no (See instructions) Preparer's Date PRESIDENT Check if self-employed of preparer's identifying no (See instructions) Preparer's Signature of officer VITO PALUMBO Preparer's identifying no (See instructions) Signature of officer VITO PALUMBO Preparer's identifying no (See instructions) Signature of officer VITO PALUMBO Type or print name and title Preparer's identifying no (See instructions) Signature of officer VITO PALUMBO Type or print name and title Preparer's identifying no (See instructions) Signature of officer VITO PALUMBO Type or print name and title Preparer's identifying no (See instructions) Signature of officer Signa		· · · · · · · · · · · · · · · · · · ·				arer has any knowledge			
Type or print name and title Preparer's signature Sign	nere								
Preparer's signature Preparer's signature Firm's name (or yours of self-employed), address, and ZIP + 4 Preparer's Date S 12 10 Preparer's identifying no (See instructions) Check if self-employed ▶ Preparer's identifying no (See instructions) Preparer's identifying no (See instructions) Check if self-employed ▶ Preparer's identifying no (See instructions) Preparer's identifying no (See instructions) S 12 10 Preparer's identifying no (See instructions) EIN ▶ 26-1405692 Phone no. ▶ 574-262-4456		VITO PALUMBO		PRES	IDENT				
Preparer's Use Only Signature Signatu		· · · · · · · · · · · · · · · · · · ·							
Use Only If self-employed), address, and ZIP + 4 810 W Bristol ST Suite F ELKHART IN 46514 Phone no.▶574-262-4456	Paid	signature		5/12/10	employed ▶]			ınstr.)
address, and ZIP + 4 ELKHART IN 46514 Phone no. ▶574 – 262 – 4456	-				p PC	EIN ▶26-	14056	92	
	ose Only			Suite F			0.00	4 4 5	_
May the tiss discuss this return with the preparer snown above? See instructions	Man, 45 - 15 -					Phone no. ▶5 74	L.F		
Form 990-EZ (2009	may the IRS	o discuss this return with the preparer	snown above? See instr	ucuons		<u> </u>			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009 Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number 86-1152485 ELKHART FIRE LOC 338 FUNDRAISER INC Reason for Public Charity Status (All organizations must complete this part) See instructions not a private foundation because it is: /For lines 1 through 11, check only one box \

		•		se it is. (For lines i unough i i,								
1	Н			ciation of churches described in	section	170(Ь)(1)(A)(i).					
2	Н			ii). (Attach Schedule E.)								
3	Ц	A hospital or a cooper	ative hospital service	organization described insecti	ion 170(t)(1)(A)(i	ii).					
4	Ц		ganızation operated ı	n conjunction with a hospital d	lescribed	Isectio	n 170(b)((1)(A)(iii	i). Enter t	he hosp	ital's name,	
_	П	city, and state	tad for the benefit of	a college or university owned	or operat	od by a	00\(0rnm	ontal ur	ut docord	200 1000		
5	Ш	-		a college of university owned to	oi opeiai	eu by a	governin	ental ul	iii desciii	Jeu siec	แอก	
_	П	170(b)(1)(A)(iv). (Com	•		470	/L.\/4\/.						
6	Н	· · · · · ·		vernmental unit described insec				6 41.				
7	Ц	_	-	ibstantial part of its support fro	m a gove	ernment	al unit or	from the	e general	public		
_	\Box	described in section 1		•								
8	Н	•		(b)(1)(A)(vi) (Complete Part II						_		
9	X	<u>-</u>	•	more than 33 1/3 % of its supp						_	SS	
		•	•	t functions - subject to certain	-		•					
				unrelated business taxable in				x) from	business	es		
	\Box			1975 Seesection 509(a)(2) (-		•					
10	Н	-	· ·	clusively to test for public safe	•							
11	Ш			clusively for the benefit of, to p								
			• • •	d organizations described in se					• •	ction		
		<u> </u>		type of supporting organization					1			
	\Box	a ∐ Type I	b ∐ Type II	c Type III - Fu				d [II - Othe	r	
е	Ш			nization is not controlled direct	•				•			
		·	.	nd other than one or more pub	licly supp	orted o	rganizatio	ons des	cnbed in	section		
		509(a)(1) or section 50										
f				nination from the IRS that it is	a Type I,	Type II	or Type I	II suppo	orting			П
		organization, check the					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •				∐
g		-	•	n accepted any gift or contribu		-		• •	sons?		_	
		••	•	rols, either alone or together w	•	ns desc	ribed in (II)			Ye	s No
		and (III) below, the	governing body of the	ne supported organization?			-				11g(i)	ļ
		(ii) A family member of	of a person described	l in (ı) above?		-		-			11g(ii)	
		(iii) A 35% controlled	entity of a person des	scribed in (i) or (ii) above?				-			11g(iii)	
h		Provide the following in	nformation about the	supported organization(s).	· · · · ·							
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is th	e organ-	(v) D	d you	(vi) l:	s the	(vii) Amo	unt of
		organization		(described on lines 1-9	ızatıcn	ın col	natify	the	organiz	ation in	suppo	ort
				above or IRC section	(i) listed	ın your	organiza	tion in	col.	(i)		
				(see instructions))	gover	ning	col (i) c	f your	orgar	nized		
					docum	nent?	suppo	ort?	in the	U.S?		
					Yes	No	Yes	No	Yes	No		
		 			 							
		-			ļ.,							
		•										
						L			<u> </u>			
Tot	<u>al</u>											
For	Pri	vacy Act and Paperwo	k Reduction Act No	tice, see the Instructions for	Form 99	0		Schoo	tulo A (E	o 00/	or 990-E71	2000

_Pa	Support Schedule for Orga			ction 509(a)(2	2)		
	(Complete only if you checked the	box on line 9 of P	art I)			_	
	ction A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					<u> </u>	
	membership fees received (Do not	4560.	18322.	25743.	13738.	18905.	81268.
_	include any "unusual grants ")	4360.	10322.	23/43.	13/30.	10903.	01200.
2	Gross receipts from admissions, merchan- dise sold or services performed, or facilities						
	•						
	furnished in any activity that is related to						
3	the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business						· - -
4	under section 513						
•	benefit and either paid to or expended on						
	ıts behalf			Ī			
5	The value of services or facilities			1			
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	4560.	18322.	25743.	13738.	18905.	81268.
-	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons						
b	Amounts included on lines 2 and 3						,
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					1	81268.
	tion B. Total Support					<u></u> i	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	4560.	18322.	25743.	13738.	18905.	81268.
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30,1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	.]					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, & 12.)	4560.	18322.	25743.	13738.	18905.	81268.
	First five years. If the Form 990 is for the orga					501(c)(3)	
							▶ [
Sec	tion C. Computation of Public Supp				· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2009 (line 8, co			(f))		15	100.00 %
16	Public support percentage from 2008 Schedu	le A. Part III, line	15			16	0.00 %
	tion D. Computation of Investment I			<u></u>			
	Investment income percentage for2009 (line 1			column (f))		17	0.00 %
	Investment income percentage from 2008 Sch					18	0.00 %
	a 33 1/3 % support tests - 2009. If the organiza				more than 33		
	not more than 33 1/3 %, check this box andst						▶ 🏻
b	33 1/3 % support tests - 2008. If the organiza	-		· · ·	· ·		· ·

is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Name: ELKHART FIRE LOC 338 FUNDRAISER INC

ID: 86-1152485

Description: GRANTS MADE	
Туре	Amount
MUSCULAR DYSTROPHY ASSOCIATION	4,000.
FIRE DEPT NEW YORK FOUNDATION	500.
LOVEWAY	250.
FOOD BANK OF NORTHERN INDIANA	2,000.
HOOSIER BURN CAMP	3,320.
DOLLARS FOR SCHOLARS	2,000.
SALVATION ARMY	1,234.
UAL FOUNDATION	2,000
	2,000.
ELKHART MOOSE CHARITABLE FUND	1,000.
OTHER MISCELLANEOUS	2,200.
	-
	
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Total	18,504.
Councilities on column and 2000 Hayangal Tay Surjeys Inc. All arbits on and	==1;