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### , 0263842

SCANNED AUG 0 4 2010

Form

Department of the Treasury Internal Revenue Service

## **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)

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

OMB No 1545-0047 2009

Open to Public Inspection

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·		If "No,"	attach a list. (see instructions)
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		H(c) Group e	exemption number
	Year of formation	[1	M State of legal domicile
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ed of more than 25%	of its net assets	•	
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	n Service Accomplishment	<u>s</u>	<del></del>	<del></del> -
1 Briefly describe the organization's miss				
FIREFIGHTING AND RES	CUE SERVICES			
Dud the expensation undertake any circum	olifocat program convices during the	was which were not listed as		·
2 Did the organization undertake any sign the prior Form 990 or 990-EZ?	milicant program services during the	year which were not listed on		Yes X No
If "Yes," describe these new services o				Yes X No
3 Did the organization cease conducting,		vit conducts, any program		
services?	or mano organisation or angelo in nov	in conducto, any program		Yes X No
If "Yes," describe these changes on Sc	hedule O		• •••	
4 Describe the exempt purpose achieven		three largest program services by e	xpenses.	
Section 501(c)(3) and 501(c)(4) organiz				
allocations to others, the total expenses	s, and revenue, if any, for each prog	gram service reported.		
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4d Other program services (Describe in S	chedule O.)		) (Revenue \$	Form <b>990</b> (2009)

<u> </u>	Oncounst of Required Octionales			,
	le the account of described a content FOA/sVOV or 4047/sVAV (allowed)		Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		<b>.</b>	
2	complete Schedule A	1	X	X
3		2		^
3	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	١.		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3		
•	Schedule C, Part II	١.		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	_5		
ŭ	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	,		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
Ü	complete Schedule D, Part III			х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		_
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV			x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		
	quasi-endowments? If "Yes," complete Schedule D, Part V	40		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
••	VII, VIII, IX, or X as applicable	44	X	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11		
	Schedule D, Part VI.			
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		i	
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		l	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
`	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		i	
	Schedule D, Parts XI, XII, and XIII	12		X
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	-12		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		<del>-  </del>	
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	.45		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Į	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<del>'</del>		
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-'/-		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		<del>-  </del>	
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	1	$\frac{x}{x}$

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		·	110
•	U.S. Information Returns. Enter -0- if not applicable	1 3 4	7	,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	]	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4 ,		داد آثار
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 2.	, , , r	,
	Statements, filed for the calendar year ending with or within the year covered by this return	<u> </u>	14.	2.30
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	. ,	و يُغُون	
	instructions)	1	٠. ١	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		. 1,7.	92
	this return?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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			x
_	account)?	4a		^
b	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	ľ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
_	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
•	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		
9	organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	°		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	Initiation fees and capital contributions included on Part VIII, line 12		İ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:		ĺ	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2009) HOPE JACKSON FIRE CO. 22-2533509 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? X X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website | Another's website | Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the

1 COUNTRY LANE

02831

HOPE

organization: DIANE NUNES

DAA

Form 990 (2009)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

(A)	(B)			(0	;)			(D)	(E)	(F)
Name and Trtle	Average hours per week	ndividual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									_	
					_					

Part VII: Section A. Officers  (A)  Name and Title	(B) Average	Pos	rtion (	(chec	C) k all t	that a	-		(E) Reportable	(F) Estimated	
, ,	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
							!				
1b Total							▶				
2 Total number of individuals (increportable compensation from				ose	liste	d abo	ve)	who received more than \$1	00,000 in		
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,"</li> <li>For any individual listed on line the organization and related or individual</li> <li>Did any person listed on line 1a services rendered to the organization</li> </ul>	complete Schedu 1a, is the sum o ganizations greal a receive or accri	ule J f repo ter th ue co	for s ortab an \$ ompe	uch i le co 150, 	indiv ompe 0007 ion f	idual ensat ? If "Y	ion a 'es,'  any	and other compensation from the complete Schedule J for sun th	 m	3 3 4 5 5	X X
Section B. Independent Contracto	ors								- \$100,000 of		
compensation from the organiz	e highest competent in the competent in	15016			- Iuei		Tuat		(B) stron of services	(C) Compens	
Name and	bùsíness address							Descrip	otion of services	Comperis	ation
								<del>-</del>			
							-				
									<del></del>	-	
						<del></del>	<u>                                      </u>	······	·		
2 Total number of independent c						to th	ose	listed above) who received			
more than \$100,000 in comper	nsation from the o	orgar	izati	on 🕨	<u> </u>				<del></del>	0   Form <b>99</b> (	0 (2009)

Pa	rt V	III Statement of Reve	nue		<del></del>	·	(C)			
2 2 3 1	, <b>4</b>			A STATE OF THE STA	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
રા સ	1a	Federated campaigns	1a		4	a apathy	12 / " 186" (s.)	312, 010, 01 014		
ran un(		Membership dues	1b			To the second second				
g,		Fundraising events	1c		17世纪					
jifts ar a		Related organizations	1d							
S,E	l		1e	103,560	<b>经营业</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		教徒の ない		
ioi		All other contributions, gifts, grants,								
늁	•	and similar amounts not included above	1f	102,092						
뎚	g	Noncash contributions included in lines 1a-				1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Contributions, gifts, grants and other similar amounts	-	Total. Add lines 1a-1f	" ♥.		205,652			家。		
<u>•</u>		Total Not into Ta Ti		Busn. Code	,,,-	1 - 1986 F. C.	-1°x			
Program Service Revenue	2a			<u> </u>				<del></del>		
Re	b			,						
<u>8</u>	-		••							
5	d		••				-			
E	-		• • • • • • • • • • • • • • • • • • • •							
gra	f	All other program service reven	 we							
٦ <u>.</u>	q	Total. Add lines 2a-2f		•						
	3	Investment income (including di	ıvıdends, ınte	erest, and						
		other similar amounts)		•	438	438		İ		
	4	Income from investment of tax-	exempt bond	proceeds >						
	5	Royalties	•	. •						
		(ı) Real		(II) Personal						
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)					<u> </u>			
	di	Net rental income or (loss)	<u> </u>	<u>.</u>						
	/a	Gross amount from sales of assets (i) Securities	· _	(II) Other						
		other than inventory			_					
	þ	Less cost or other								
		basis & sales exps								
	_	Gain or (loss)	ŀ							
	d	Net gain or (loss)	. —	<u> </u>						
9	Вa	Gross income from fundraising even	its							
le)		(not including \$	1		•					
₽ B		of contributions reported on line 1c) See Part IV, line 18								
Other Revenu		Less: direct expenses	a							
ŏ		Net income or (loss) from fundra					_			
		Gross income from gaming activities		<del></del>						
	Ja	Coo Part IV June 10	a							
	ь	Less: direct expenses	b							
		Net income or (loss) from gamin	ng activities	<b>•</b>						
		Gross sales of inventory, less		·						
		returns and allowances	а							
	ь	Less: cost of goods sold	b							
	С	Net income or (loss) from sales	of inventory							
		Miscellaneous Revenue		Busn. Code						
	11a									
	b									
	C									
		All other revenue		L				<u> </u>		
		Total. Add lines 11a–11d		💍	206 000	438	0			
	12	Total Revenue. See instruction	IS	<u> </u>	206,090	438		0		

Form 990 (2009)

Part IX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>7b,</u>	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			to the fact the state of the st	
_	the U.S. See Part IV, line 22				A STATE OF THE STA
3	Grants and other assistance to governments,				<b>建</b>
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			O CHARLEST SERVICES	Barret 1 Comment
4 5	Benefits paid to or for members  Compensation of current officers, directors,			は、これが代数郷で高	The state of the s
3	trustees, and key employees				
6	Compensation not included above, to disqualified			* * * * * * * * * * * * * * * * * * * *	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<u></u>			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
9	and section 403(b) employer contributions)  Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	200		200	
С	Accounting	300		300	
d	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				<u>-</u>
16 17	Occupancy Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,293		1,293	
21	Payments to affiliates	9,279	9,279		<del></del>
22 23	Depreciation, depletion, and amortization Insurance	3,213	9,219		
			·		
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below ) RESCUE	65,371	65,371		
a b	PROTECTIVE EQUIPMENT	24,109	24,109		
C	BUILDING FUEL	16,452	8,519	7,933	<del></del>
d	STEAK FRY EXPENSES	16,185		•	16,185
е	TRAINING	11,453	11,453		
	All other expenses	65,726	11,835	45,891	8,000
25	Total functional expenses. Add lines 1 through 24f	210,168	130,566	55,417	24,185
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the			İ	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

art	X Balance Sheet			<del>, </del>		
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing				1	
2	Savings and temporary cash investments			73,467	2	88,386
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			28,824	4	14,705
5	Receivables from current and former officers, directors, tro	ustees, k	еу	Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Sa	21	But a market of a second
İ	employees, and highest compensated employees. Comple	ete Part I	l of		1	A CONTRACTOR OF THE PROPERTY O
	Schedule L				5	
6	Receivables from other disqualified persons (as defined u	nder sect	uon	and the state of the	J4. 1	安全人人 1
	4958(f)(1)) and persons described in section 4958(c)(3)(B	). Comple	ete	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	Miles Bit
	Part II of Schedule L				6	
7	Notes and loans receivable, net				7	
8	Inventones for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment cost or	[]				
	other basis. Complete Part VI of Schedule D	10a	366,699	, - 1		_
b	Less: accumulated depreciation	10b	297,080	78,898	10c	69,619
11	Investments—publicly traded securities		·	34,515	11	38,916
12	Investments—other securities. See Part IV, line 11	• •		•	12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets		• •		14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34)			215,704	16	211,626
17	Accounts payable and accrued expenses				17	
18	Grants payable				18	
19	Deferred revenue	•	• • • •		19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of S	Schedule	D		21	
22						
	employees, highest compensated employees, and disqual					
	persons. Complete Part II of Schedule L			· · · · · · · · · · · · · · · · · · ·	22	
23	Secured mortgages and notes payable to unrelated third p	parties			23	
24	Unsecured notes and loans payable to unrelated third part				24	
25	Other liabilities. Complete Part X of Schedule D		·		25	
26	Total liabilities. Add lines 17 through 25	_			26	
1	Organizations that follow SFAS 117, check here ▶	and				
1	complete lines 27 through 29, and lines 33 and 34.	_				[
27	Unrestricted net assets				27	
28	Temporanly restricted net assets		·		28	
29	Permanently restricted net assets		·		29	
	Organizations that do not follow SFAS 117, check her	e ▶ X		<del></del>		
1	and complete lines 30 through 34.	ل				
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipment fi	und		<del>- · · · · · - · - · · · · · · · · · · ·</del>	31	
32	Retained earnings, endowment, accumulated income, or of		· Is	215,704	32	211,626
33	Total net assets or fund balances			215,704	33	211,626
34	Total liabilities and net assets/fund balances	•• •		215,704		211,626

Form **990** (2009)

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► 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

Name of the organization

HOPE JACKSON FIRE CO.

Employer identification number 22-2533509

			110111 011011001								3303		
· Pa	rt l	Reas	on for Public Charity	Status (All organizations	must c	omplete	e this p	art.) S	ee ins	struction	ons.		
he o	rga	nization is not	a private foundation because	e it is: (For lines 1 through 11, che	eck only o	ne box.)							
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section 1	170(b)(1)(	A)(i).						
2		A school des	cnbed in section 170(b)(1)(A	A)(ii). (Attach Schedule E )									
3	$\Box$	A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b	)(1)(A)(iii)	).						
4	$\Box$	A medical res	search organization operated	in conjunction with a hospital de	scribed in	section	170(b)(1	)(A)(iii).	Enter ti	ne hosp	ital's name.		
		city, and state		·			` ^	, , , , , , , , , , , , , , , , , , ,					
5		•		f a college or university owned or	r operated	l hy a gov	emment	 al unit de	escabec				
_			b)(1)(A)(iv). (Complete Part		· operated	. by a gov	0	2. 0	3001.000				
6		·		····) overnmental unit described in sec	ction 170	/h\/4\/A\/	۸						
	X			substantial part of its support from			•	n tha aa	noral n	مراط			
'					ii a goveii	imental ul	iit or iroi	n uie ge	nerai pu	DIIC			
•	$\Box$		section 170(b)(1)(A)(vi). (Co	•									
8	H			70(b)(1)(A)(vi). (Complete Part II						_			
9	Ш	_		) more than 33 1/3 % of its suppo				•		•			
		•		pt functions—subject to certain e	•								
			=	d unrelated business taxable inco	•		11 tax) fr	om busi	nesses				
	$\Box$		•	), 1975. See <b>section 509(a)(2)</b> . (	•	,							
10	Ц	· ·	•	exclusively to test for public safety	•	•	<i>,</i> ,,						
11		•	•	xclusively for the benefit of, to pe			-	•					
		purposes of c	one or more publicly supporte	ed organizations described in sec	tion 509(a	a)(1) or se	ction 509	<del>3</del> (a)(2). \$	See <b>sec</b>	tion			
		509(a)(3). Ch	eck the box that describes th	ne type of supporting organization	n and com	plete lines	s 11e thr	ough 11	h.				
		a Type	I b Type II	c Type III–Functiona	ally integra	ated	d	Тур	e III–Ot	her			
е		By checking t	his box, I certify that the orga	inization is not controlled directly	or indirec	tly by one	or more	disqual	ıfied				
		persons other	r than foundation managers a	and other than one or more public	cly suppor	ted organ	ızatıons	describe	ed in sec	ction			
		509(a)(1) or s	section 509(a)(2).										
f		If the organization	ation received a written deter	mination from the IRS that it is a	Type I, Ty	ype II, or 1	Гуре III s	upportin	ıg				
		organization,	check this box										
g		Since August	17, 2006, has the organizati	 on accepted any gift or contributi	ion from a	ny of the	•			•			
•		following per		, ,,,		•							
				ntrols, either alone or together wi	ith person	s describe	(u) at he					Yes	No
			pelow, the governing body of	<del>-</del>			()				11g		
			member of a person describe	•		-	•	•	•	•	119		<del>                                     </del>
		• •	ontrolled entity of a person de	• • • • • •	• • •			•			11g		+
_		• •	•	• • • • • • • • • • • • • • • • • • • •			•				[118	<u>,, //</u>	
///	Nome	of supported	ollowing information about th		(ha) to the		(4) Del.		640	la tha	(mil)		
י (ו)		anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1	organization isted in your		rou notify nization in	organizat	is the ton in col		Amount o	H
				above or IRC section	1 ''	document?	∞l (i)	of your	(i) organi	zed in the			
				(see instructions))		T	<del> </del>	ort?	┼──	\$? 			
					Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you ch						_
	tion A. Public Support	·		_			
Ca	lendar year (or fiscal year beginning in) ▶	(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 any "unusual grants.")				114,120	205,652	319,772
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						<del>_</del>
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				114,120	205,652	319,772
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	Public support. Subtract line 5 from line 4.						319,772
	tion B. Total Support				<del>*************************************</del>		,
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				114,120	205,652	319,772
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				588		588
9	Net income from unrelated business activities, whether or not the business is regularly carried on			******		0	
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10				38,437		38,437 358,797
12	Gross receipts from related activities, etc. (	see instructions)			1.	12	438
13	First five years. If the Form 990 is for the	•	second third fourth	or fifth tax year:	as a section 501/cV3\		430
	organization, check this box and stop here	_	ooona, ama, roara	i, or martiax your t	35 4 0004011 00 1(0)(0)		▶ [
Sec	tion C. Computation of Public Su		ge	·	· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2009 (line 6,	column (f) divided b	y line 11, column (	f))		14	89.12%
15	Public support percentage from 2008 Sche	• •	•	,,		15	74.52%
16a	33 1/3 % support test—2009. If the organ	zation did not check	the box on line 13	, and line 14 is 33	1/3 % or more, check	this box	
	and stop here. The organization qualifies a	s a publicly support	ed organization				<b>▶ X</b>
b	33 1/3 % support test-2008. If the organi	zation did not check	a box on line 13 o	r 16a, and line 15	is 33 1/3 % or more,	check this	• •
	box and stop here. The organization qualif	ies as a publicly sup	ported organizatio	n			▶ [
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "fa	cts-and-circumstanc	es" test, check this	box and stop he	re. Explain ın Part IV I		
_	organization meets the "facts-and-circumst	_	•		• .	 45 400/	
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "facts and circumst					iow trie	▶
18	organization meets the "facts-and-circumst Private foundation. If the organization did				•	nuctions	· [ -
	i iivate ioungation. Ii uic vigaliization ulu	HOLGIECK & DOX OIL	iiiic 13, 10a, 10b,	ira, oi irb, cileck	and box and see inst	10000113	🔻 🗀

Schedule A (Form 990 or 990-EZ) 2009 HOPE JACKSON FIRE CO. 22-2533509 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 11 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, and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17

Investment income percentage from 2008 Schedule A, Part III, line 17 18

18

33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

				<u> </u>
Schedule A	(Form	990 or	990-EZ)	2009

Schedule A (Form 990 or 990-EZ) 2009

Dowb TT		. 10 -	Othor	T	Dotoil						
Part II	'' riue	<del>.</del>	Other	Tucome	Detail						
FUNDRAI	SING				. \$	•	38,437				
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HOPE JACKSON FIRE CO.

22-2533509

Page 4

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number HOPE JACKSON FIRE CO. 22-2533509 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Scne</u>	edule D (Form 990) 2009 HOPE JACKS	ON FIRE CO.			22209		Р	age 2					
Pa	art III - Organizations Maintaining C	Collections of Art, H	istorical Treasu	ures, or Other S	imilar Assets	(contin							
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, check	any of the following	that are a significant	use of its		•						
aʻ	Public exhibition	d Loan o	r exchange program	ns									
b													
С													
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.												
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Pa	art IV	gements. Complete	e if the organiza	ation answered	"Yes" to Form	990. Par	t						
	IV, line 9, or reported an amo					,							
1a	Is the organization an agent, trustee, custodian		· · · · · · · · · · · · · · · · · · ·	assets not									
	included on Form 990, Part X?	•				□ Y	es 🗆	No					
ь	If "Yes," explain the arrangement in Part XIV and					. ш -		]					
_	or too, or praint and arrangement arrangement					Amour	nt						
С	Beginning balance				1c								
	Additions distinct the second				1d								
u	Distributions during the year	••••			10								
4			• • •										
2-	Ending balance				<u>  1f  </u>			T					
	Did the organization include an amount on Form	1990, Part X, line 21?				. L Y	es _	No					
	If "Yes," explain the arrangement in Part XIV.	to if amonimation on		. F 000 D	4 1) / 1: 40								
Га	art V   Endowment Funds. Comple			i i	<del></del>			h l .					
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	ack (e) Fol	ır years	back					
	Beginning of year balance				<del> </del>								
	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses .												
g	End of year balance												
2	Provide the estimated percentage of the year en	d balance held as:											
а	Board designated or quasi-endowment ▶	%											
b	Permanent endowment ▶ %												
С	Term endowment ▶ %												
	Are there endowment funds not in the possession	on of the organization that	are held and adminis	stered for the									
	organization by:						Yes	No					
	(i) unrelated organizations					3a(i)	1.00						
	(ii) related organizations				•	3a(ii)							
h	If "Yes" to 3a(ii), are the related organizations lis	tad as required on Schedi	 .la D2	• • •		3b							
_	Describe in Part XIV the intended uses of the org	•		• • • • •		. [30	!						
<u>4</u>	Investments—Land, Building	<del></del>		Port V line 10									
Га	Description of investment			<u> </u>		(d) Bool							
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth		cumulated	(d) Book	value						
		(และออกเลนา)	basis (other)	, aepr	reciation								
	Land	_	-										
b	Buildings		<del> </del>										
C	Leasehold improvements		<u> </u>										
d	Equipment		<u> </u>			<u> </u>							
0	Other												
Γotal	I. Add lines 1a through 1e. (Column (d) must equa	I Form 990, Part X, colum	n (B), line 10(c).)	-	▶			_					

Schedule D (Form 990) 2009 HOPE JACKSON FIRE CO.		22-2533509	Page 3
Part VII Investments—Other Securities. See Form 990	), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market va	alue
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		<u> </u>	₹ <sup>*</sup>
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of valuation.	
	ļ	Cost or end-of-year market va	alue 
	ļ	<u> </u>	
	<u> </u>		
	<u> </u>	<del>                                     </del>	
	<del> </del>	<del>                                       </del>	
		<del></del>	
		<del>                                     </del>	
	<del> </del>		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>	<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15.  (a) Description		1 (6)	Pook volue
(a) Description		(0)	Book value
	· · · · · · · · · · · · · · · · · · ·		
	<del></del>		
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			<del>-</del>
	<del></del>	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 )		•	
Part X Other Liabilities. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·	•••••	
1 (a) Description of liability	(b) Amount		
Federal income taxes		1	
T COOTAL III CONTROL C		7	
	<del></del>	7	
		1	
	<del></del>	7	
		1	
	<del>                                     </del>	7	
	<del>                                     </del>	1	
	<del> </del>	1	
	<del> </del>	1	
		1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1	1	
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organize	ation's financial statements	s that reports the	_
organization's liability for uncertain tax positions under FIN 48.			

<u>Sche</u>	dule D (Form 990) 2009 HOPE JACKSON FIRE CO. 22-253		Page 4
_Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	_
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	_
3 ๋	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a	, <u>.</u>	
b	Donated services and use of facilities		
С	Parameter of adaptive and the	1	
d	Other (Describe in Part XIV.)		
8	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.   •	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Decembe in Best VIV.)		
C	Add the and Ab	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	or Peturn	· <del>- · · - · · · · · · · · · · · · · · ·</del>
1	Total expenses and losses per audited financial statements	1 4	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· <del>  '                                  </del>	
a	Donated services and use of facilities 23.		
b	Prior year adjustments 2b	<del></del>	
	Other losses 2c	<del></del>	
c d	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	120	
e 2	Subtract line 2e from line 1	2e   3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
•			
a		<del> </del>	
D	Other (Describe in Part XIV.)	<del></del>	
	Add lines 4a and 4b	.   4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIV   Supplemental Information		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete		
this p	art to provide any additional information		
_			
		<del>-</del>	

Schedu	Schedule D (Form 990) 2009						HOPE JACKSON FIRE CO.  ental Information (continued)							22-2533509							Page 5														
Par	t XI	V.	Su	aqı	lem	ent	tal I	Info	rm	atio	on	(co	ntin	ueo	<u>(t</u>								-									_			-9
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### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

HOPE JACKSON FIRE CO.

Employer identification number 22-2533509

Form 99	0, Part N	/I, Line 11	A - Orga	nization'	s Proces	s to Revi	.ew Form 9	90
No revi	ew was o	will be c	onducted	•				
			•					
Form 99	O, Part V	/I, Line 19	- Gover	ning Doçu	ments Di	sclosure	Explanati	.on
No docu	ments ava	ailable to	the publ:	ic <sub></sub>				
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**Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

67

Department of the Treasury Internal Revenue Service

Name(s) shown on return

► See separate instructions.

Identifying number 22-2533509

	HOPE JA	CKSON FIRE	CO				22	2-25	3350	9	
	ess or activity to which this form relates										
	ndirect Depreciati		orty Under Sect	ion 179				•			
Г	Note: If you have a		•		com	olete Pa	rt I				
1	Maximum amount. See the instructi				00111	<del>51010 1 0</del>		1	T	250,	000
2	Total cost of section 179 property p	•			• •		• •	2			
3	Threshold cost of section 179 prope		• • •	ructions)		•	•	3	_	800,	000
4	Reduction in limitation. Subtract line	•		,	•	•	• •	4			
5	Dollar limitation for tax year. Subtract line	e 4 from line 1 If zero or	less, enter -0- If marne	ed filing separately, se	e instruc	tions .		5			
6	(a) Description	of property		(b) Cost (business use	only)	(c) E	ected c	ost		5 12 4	
									1 1		
	· · · · · · · · · · · · · · · · · · ·										
7	Listed property. Enter the amount fi	rom line 29			7			_		'	
8	Total elected cost of section 179 pr	operty. Add amounts	ın column (c), lines 6	3 and 7				8	$\perp$		
9	Tentative deduction Enter the sma	ller of line 5 or line 8			•			9	<b>↓</b> —		
10	Carryover of disallowed deduction f	•						. 10	0		
11	Business income limitation. Enter the		•	, ,	see inst	ructions)		1			
12	Section 179 expense deduction. Ad			an line 11				. 12	2		
<u>13</u>	Carryover of disallowed deduction t	<del></del>			13						
	Do not use Part II or Part III below t			riction (Do not	incl	ıda liata	d ara		1/200	inote	
	rt II Special Depreciation					ide liste	a proj	perty.	) (See	insu.)	
14	Special depreciation allowance for during the tax year (see instructions		ier man listed proper	ty) placed in servic	е			۱.	.		
15	Property subject to section 168(f)(1			•			•	19			
16	Other depreciation (including ACRS	• •	•					10			
	rt III MACRS Depreciati	•	ide listed proper	tv ) (See instru	ıction	<u> </u>			<u> </u>		
	miniono popiosian	011 (20 1101 111010	Sectio								
 17	MACRS deductions for assets place	ed in service in tax ve	ears beginning before	2009				13	7	9,2	279
18	If you are electing to group any assets pl	-			ounts, ch	eck here 🕨	. [	ור וו			
		Assets Placed in Se						Syster	n		
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreci (business/investmen only-see instructio	t use	(e) C	onvention	(f) N	Method	(g) C	Depreciation dedu	ction
19a	3-year property										
b	5-year property										
_с	7-year property										
<u>d</u>	10-year property				<u> </u>						
<u>e</u>	15-year property				ļ						
f	20-year property				<u> </u>		<del></del>				
_ 9	25-year property			25 yrs	<u> </u>			S/L			
h	Residential rental			27.5 yrs.		MM		S/L			
	property			27 5 yrs.		MM		5/L	+-		
i	Nonresidential real			39 yrs	<del>†                                      </del>	MM		5/L	+	<del></del>	
	property	lssets Placed in Sen	des Dusine 2000 To	v Voor Heiner the		MM		S/L			
	<del> </del>	ssets Placed in Ser	lice During 2009 Ta	X Year Using the A	Aiterna	tive Depr			em		
	Class life		<u> </u>	40	<u> </u>	-		<u>S/L</u>			
	12-year			12 yrs	<del> </del>	1414		S/L S/I	+	<del> </del>	
	40-year art IV Summary (See ins	tructions \	<u> </u>	40 yrs.	<u> </u>	MM		S/L			
							<del>-</del>	2	•		
21 22	Listed property. Enter amount from Total. Add amounts from line 12, lin				Enter	nere		<del>-</del>	<del>`</del> -	-	—
22	and on the appropriate lines of your	r return. Partnerships	and S corporations-	-see instructions				22	2	9,:	279
23	For assets shown above and place	=	e current year, enter	the							
	portion of the basis attributable to s	ection 263A costs			23				ŀ		