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Form **990-EZ**

**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)

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BELLTOWN FIRE DEPARTMENT		D Employer identification number 06-0258192
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 8 DORLEN ROAD		E Telephone number 203-323-0626
		City or town, state or country, and ZIP + 4 STAMFORD CT 06905		F Group Exemption Number ▶ N/A

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

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ **N/A**

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

J Tax-exempt status (check only one) — 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **170,579**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	114,163
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	481
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	12,842
b	Less direct expenses other than fundraising expenses	6b	6,116	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,726	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ RENTAL HALL INCOME)	8	43,093	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	164,463	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,880
	14	Occupancy, rent, utilities, and maintenance	14	34,850
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 1)	16	104,996
17	Total expenses. Add lines 10 through 16	17	141,726	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	22,737
	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)	19	322,937
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	345,674

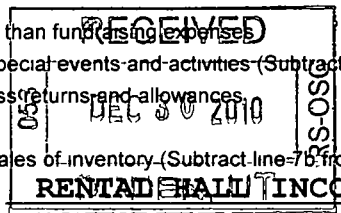
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	220,085	254,016
23	Land and buildings	10,270	10,270
24	Other assets (describe ▶ See Statement 2)	104,918	84,448
25	Total assets	335,273	348,734
26	Total liabilities (describe ▶ See Statement 3)	12,336	3,060
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	322,937	345,674

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

Form **990-EZ** (2009)

SCANNED JAN 19 2011



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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b _____		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 ▶ 39a _____		
39b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b _____		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		
42a	The organization's books are in care of ▶ SANDY GLADSTONE Telephone no ▶ 203-323-9188 C/O BELLTOWN FIRE DEPT Located at ▶ STAMFORD, CT ZIP + 4 ▶ 06095		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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

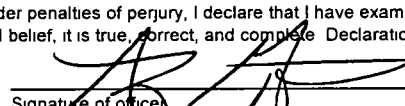
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

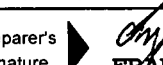
d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here

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

Signature of officer:  Date: 12/14/10
STEPHEN GLADSTONE **PRESIDENT**
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 12/03/10 Check if self-employed: Preparer's Identifying Number (See instr): **P00594023**
 Firm's name (or yours if self-employed): **Francis S. Infurchia & Company, LLC** EIN: **26-1387840**
 address, and ZIP + 4: **45 East Avenue** Phone: **203-852-7088**
Norwalk, CT 06851 no ▶ **203-852-7088**

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

BELLTOWN FIRE DEPARTMENT

Employer identification number

06-0258192

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	214,573	234,891	198,583	52,331	114,163	814,541
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	214,573	234,891	198,583	52,331	114,163	814,541
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						814,541

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	214,573	234,891	198,583	52,331	114,163	814,541
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,059	3,757	3,461	1,812	481	12,570
9 Net income from unrelated business activities, whether or not the business is regularly carried on			495	23,556	6,726	30,777
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			40,472	41,842	43,093	125,407
11 Total support. Add lines 7 through 10						983,295
12 Gross receipts from related activities, etc (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	82.84%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	88.53%
16a 33 1/3 % support test—2009. If the organization 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 as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III 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	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
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						
c Add lines 10a and 10b						
11 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, and 12.)						

14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 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 ►

b 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 ►

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

HALL RENTALS \$ 125,407

BELLFIREDPT BELLTOWN FIRE DEPARTMENT

06-0258192

Federal Asset Report

FYE: 6/30/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	LAND	12/15/59	10,270			10,270	0 -- Land	0	0
2	BUILDING	12/15/59	54,860			54,860	40 MO S/L	54,860	0
3	BUILDING IMPROVEMENTS	12/15/85	148,000			148,000	20 MO S/L	148,000	0
4	GARAGE DOORS	12/15/91	19,000			19,000	25 MO S/L	13,680	760
5	WOOD SIDING	12/15/92	17,835			17,835	25 MO S/L	12,122	713
9	FORD EXPLORER	12/15/02	25,932			25,932	5 MO S/L	25,932	0
10	ANTIQUE 1949 MACK TRUCK	12/15/01	10,000			10,000	5 MO S/L	10,000	0
11	1989 DODGE RAM	12/15/89	15,000			15,000	5 MO S/L	15,000	0
12	2005 PICK UP TRUCK	12/15/05	29,389			29,389	5 MO S/L	26,451	2,938
13	AIR CYLINDERS	12/15/90	1,650			1,650	10 MO S/L	1,650	0
14	HOSE TESTER	12/15/91	2,100			2,100	10 MO S/L	2,100	0
15	PUMPER VALVE	12/15/91	1,475			1,475	10 MO S/L	1,475	0
16	PASS-OUT ALARM	12/15/91	1,470			1,470	10 MO S/L	1,470	0
17	TOWER LADDER TRUCK	12/15/72	175,000			175,000	10 MO S/L	175,000	0
18	TOWER LADDER TRUCK	12/15/97	204,183			204,183	10 MO S/L	204,183	0
19	TOWER LADDER TRUCK	1/01/07	65,000			65,000	10 MO S/L	16,250	6,500
20	PUMPER TRUCK	12/15/76	150,000			150,000	10 MO S/L	150,000	0
21	PUMPER TRUCK	12/15/00	14,824			14,824	5 MO S/L	14,824	0
22	PUMPER TRUCK	12/15/86	175,000			175,000	10 MO S/L	175,000	0
23	RESCUE TRUCK	12/15/94	127,052			127,052	10 MO S/L	127,052	0
24	PUMPER TRUCK	12/15/03	299,447			299,447	5 MO S/L	299,447	0
25	STORAGE TRAILOR	12/15/92	1,773			1,773	10 MO S/L	1,773	0
26	AIR PACKS	12/15/92	5,292			5,292	10 MO S/L	5,292	0
27	HOSE RACK	12/15/92	5,282			5,282	10 MO S/L	5,282	0
28	FIRE EQUIPMENT	12/15/93	9,100			9,100	10 MO S/L	9,100	0
29	HURST TOOL	12/15/93	9,221			9,221	10 MO S/L	9,221	0
30	DEFIBUILATOR	12/15/94	8,194			8,194	10 MO S/L	8,194	0
31	MARK II SAW	12/15/95	1,246			1,246	10 MO S/L	1,246	0
32	HYDRA- RAM	12/15/95	1,284			1,284	10 MO S/L	1,284	0
33	SAFETY EQUIPMENT	12/15/95	2,381			2,381	10 MO S/L	2,381	0
34	RADIOS	12/15/99	2,176			2,176	5 MO S/L	2,176	0
35	PAGERS	12/15/99	1,878			1,878	5 MO S/L	1,878	0
36	AIR CYLINDERS	12/15/99	6,750			6,750	5 MO S/L	6,750	0
37	AIR COMPRESSOR	12/15/99	1,500			1,500	5 MO S/L	1,500	0
38	GATEWAY COMPUTER	12/15/00	1,567			1,567	5 MO S/L	1,567	0
39	PAGERS	12/15/01	1,945			1,945	5 MO S/L	1,945	0
40	AIR CYLINDERS	12/15/01	6,950			6,950	5 MO S/L	6,950	0
41	BIPHASE /WAVEFORM MEDTRONIC	12/15/01	3,850			3,850	5 MO S/L	3,850	0
42	VARIOUS FIRE EQUIPMENT	12/15/01	1,140			1,140	5 MO S/L	1,140	0
43	LOCK OUT TOOL	12/15/02	45			45	5 MO S/L	45	0
44	DEFIBULATOR	12/15/02	3,095			3,095	5 MO S/L	3,095	0
45	VARIOUS FIRE EQUIPMENT	12/15/02	1,610			1,610	5 MO S/L	1,610	0
46	ALARM PASSES	12/15/02	50			50	5 MO S/L	50	0
47	VARIOUS FIRE EQUIPMENT	12/15/02	102			102	5 MO S/L	102	0
48	THERMAL IMAGING	12/15/02	660			660	5 MO S/L	660	0
49	SHIPMANS FIRE EQUIPMENT	12/15/03	9,880			9,880	5 MO S/L	9,880	0
50	SHIPMANS FIRE EQUIPMENT	12/15/03	2,020			2,020	5 MO S/L	2,020	0
51	FIRE HOOKS	12/15/03	2,452			2,452	5 MO S/L	2,452	0
52	AIR PACKS	12/15/04	13,567			13,567	5 MO S/L	13,567	0
53	COMPUTER	12/15/04	589			589	5 MO S/L	589	0
54	MISC EQUIPMENT	12/15/04	204			204	5 MO S/L	204	0
55	COMMUNICATIONS EQUIPMENT	12/15/05	25,360			25,360	5 MO200DB	22,803	1,805
56	FIRE EQUIPMENT	12/15/05	7,701			7,701	5 MO200DB	6,837	610
57	COMPUTERS	12/15/05	2,072			2,072	5 MO200DB	1,897	123
58	SCOTT METER	12/15/05	1,688			1,688	5 MO200DB	1,555	94
59	EQUIPMENT	12/15/06	21,058			21,058	5 MO200DB	17,419	1,505
Total Other Depreciation			<u>1,711,169</u>			<u>1,711,169</u>		<u>1,630,810</u>	<u>15,048</u>
Total ACRS and Other Depreciation			<u>1,711,169</u>			<u>1,711,169</u>		<u>1,630,810</u>	<u>15,048</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		1,711,169			1,711,169		1,630,810	15,048
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,711,169</u>			<u>1,711,169</u>		<u>1,630,810</u>	<u>15,048</u>

BELLFIREDPT BELLTOWN FIRE DEPARTMENT

06-0258192

FYE: 6/30/2010

Federal Asset Report
MEETING ROOM RENTAL

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	BUILDING IMPROVEMENTS	12/15/94	7,990			7,990	10 MO S/L	7,990	0
2	BUILDING IMPROVEMENTS	12/15/94	1,314			1,314	10 MO S/L	1,314	0
3	BUILDING IMPROVEMENTS	12/15/04	4,151			4,151	10 MO S/L	1,868	415
4	BUILDING IMPROVEMENTS	12/15/05	50,071			50,071	10 MO S/L	17,525	5,007
Total Other Depreciation			<u>63,526</u>			<u>63,526</u>		<u>28,697</u>	<u>5,422</u>
Total ACRS and Other Depreciation			<u>63,526</u>			<u>63,526</u>		<u>28,697</u>	<u>5,422</u>
Grand Totals			63,526			63,526		28,697	5,422
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>63,526</u>			<u>63,526</u>		<u>28,697</u>	<u>5,422</u>

BELLFIREDPT BELLTOWN FIRE DEPARTMENT
 06-0258192
 FYE: 6/30/2010

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
LAND	\$ 10,270	\$	\$ 10,270	\$ 0
BUILDING	\$ 10,270	\$	\$ 54,860	\$ 54,860
Total	<u>\$ 20,540</u>	<u>\$ 0</u>	<u>\$ 65,130</u>	<u>\$ 54,860</u>

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
Column A	\$
BLOCK PARTY AND BINGO SUPPLIES	<u>5,064</u>
SubTotal	5,064
Column B	
RAFFLE RAFFLE PRIZE	<u>1,052</u>
SubTotal	1,052
Total	<u><u>6,116</u></u>

Direct expenses other than fundraising expenses
reported on Form 990-EZ, page 1, line 6b.

BELLTOWN FIRE DEPARTMENT, INC.
8 DORLEN ROAD
STAMFORD, CT 06905

OFFICERS & DIRECTORS

<u>Title</u>	<u>Complete Name</u>	<u>Business Address</u>	<u>Complete Residence Address</u>
President	Stephen Gladstone	None	154 Overbrook Drive, Stamford, CT 06906
Vice President	Christopher Coppola	None	370 Westchester Avenue, Port Chester, NY 10573
Treasurer	Sandy Gladstone	None	154 Overbrook Drive, Stamford, CT 06906
Secretary	Michael McKeon	None	Knickerbocher Avenue, Stamford, CT 06907
Trustee/Director	Scott Caporizzo	None	42 Cady Street, Stamford, CT 06907
Trustee/Director	Joseph G. Coppola	None	102 Belltown Road, Stamford, CT 06905
Trustee/Director	Frank Scaturchio	None	206 Weed Hill Avenue, Stamford, CT 06907

Form **8868**
(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization BELLTOWN FIRE DEPARTMENT	Employer identification number 06-0258192
	Number, street, and room or suite no. If a P.O. box, see instructions 8 DORLEN ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions STAMFORD CT 06905	

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

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

• The books are in the care of ► **SANDY GLADSTONE**

Telephone No ► **203-323-9188** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► calendar year or

► tax year beginning **07/01/09**, and ending **06/30/10**

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

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

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

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

Form **8868** (Rev. 4-2009)