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Form

Department of the Treasury

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

| nite | That I C V C I I G | | The organization may have to use a copy of this retain to t | | | - Cilionto | inspection |
|---------------|--------------------|-------------------|--|----------------|---------------------|----------------------|----------------------------------|
| <u> </u> | For the 200 | | | <u>/30/1</u> | .0 | | |
| В | Check if applica | | - //amo or organization | | | D Emplo | yer identification number |
| \sqcup | Address chang | use iR label (| TO MEMORIAL VOLUNTEER FIRE COM | 1PANY_ | | l | |
| | Name change | print o | D | | <u></u> | 51- | 0112584 |
| \exists | Initial return | type | Number and street (or P O box if mail is not delivered to street address) | | Room/suite | E Teleph | one number |
| Η | | See Specil | 22645 HARBESON ROAD | | | | |
| Ш | Termination | Instru | 0.6 1 1-1 1-1 1-1 1-1 710 . 1 | | | G Gross rece | ipts\$ 1,116,656 |
| | Amended retur | n tions | HARBESON DE 19951 | | | | |
| | Application per | luing | me and address of principal officer | | | H(a) Is this | a group retum for |
| | | | ILLIAM TOBIN | | | affiliate | |
| | | | 2645 HARBESON ROAD | | | H(b) Are all include | aniliates Yes No |
| | | | ARBESON DE 19951 | | | If "No," | attach a list (see instructions) |
| <u> </u> | Tax-exempt | | X 501(c) (4) ◀ (insert no) 4947(a)(1) or 527 | | | | |
| | Website: | | MEORIALFIRE89.COM | | | | exemption number |
| $\overline{}$ | Type of organi | | | <u> L</u> _ | Year of formation 1 | 954 | M State of legal domicale DE |
| <u>P</u> | Part I | Summ | ary | | | | . |
| | 1 Brief | fly describe | the organization's mission or most significant activities | | | | |
| ø | V | OLUNTE | ER FIREFIGHTING | | | | |
| 5 | t | | | | | | |
| Governance | | | | | | | |
| ē | | | r ' | | | | |
| ્ | 2 Che | ck this box | If the organization discontinued its operations or disposed of m | ore than 2 | 5% of its net ass | sets | |
| 0 | 3 Nurr | ber of vot | ng members of the governing body (Part VI, line 1a) | | | 3 | 8 8 |
| Θ Ο | 1 | | | | | <u> </u> | 8 |
| Ë | | | ependent voting members of the governing body (Part VI, line 1b) | | | 4 | |
| Activities & | 5 Tota | il number o | f employees (Part V, line 2a) | | | 5 | 12 |
| ಶ | 6 Tota | ıl number d | f volunteers (estimate if necessary) | | | 6 | 150 |
| ~ | n 7a Tota | ıl aross un | related business revenue from Part VIII, column (C), line 12 | | | 7a | |
| 7 | D b Not | = | ousiness taxable income from Form 990-T, line 34 | | | 7b | 0 |
| | 8 Con | unicialed | districts taxable income nominominoso-1, line 54 | | Prior Ye | | Current Year |
| , | 20 000 | tabutana . | and groups (Dort VIII, June 1h) | | | 1,299 | 522,484 |
| <u>o</u> | 8 Con | | and grants (Part VIII, line 1h) | | | | |
| 겷 | 9 Prog | gram servi | e revenue (Part VIII, line 2g) | | | 1,470 | 20,998 |
| Ş. | 业10 Inve | stment inc | ome (Part VIII, column (A), lines 3, 4, and 7d) | | -10 | 7,682 | 127,267 |
| œ | ₹11 Othe | er revenue | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 5 | 7,647 | 58,408 |
| : | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 2,734 | 729,157 |
| | | | ular amounts paid (Part IX, column (A), lines 1–3) | | | - / | 123/131 |
| | | | | | | 2 000 | 15 140 |
| _ | | | o or for members (Part IX, column (A), line 4) | | | 2,000 | 15,140 |
| က္က | | | compensation, employee benefits (Part IX, column (A), lines 5–10) | | | 1,006 | 80,399 |
| 22 | 16a Prof | essional fu | ndraising fees (Part IX, column (A), line 11e) | | | | |
| ē | | | | 1 | | | |
| Expe | 17 Oth | r evnense | g expenses (Part IX, column (D), line 25) ► 29, 38 s (Part IX, column (A), lines 11a–11d, 11f–24f) | _ | 53 | 0,358 | 461,741 |
| | 1 00. | | Add lines 13–17 (must equal Part IX, column (A), line 25) | | | 3,364 | 557,280 |
| | 1 3 | SO F | 1 0/1 | | | | |
| | 19 Rev | eque less | spenses Saturact line 18 from line 12 | | | 0,630 | 171,877 |
| Net Assets or | <u> </u> | | Series Se | | Beginning of Cui | | End of Year |
| 38et | 20 Tota | ıl assets (F | all X line 10) | | | 2,492 | <u>2,670,231</u> |
| Ž, | 21 Tota | I liabilities | (Part-X, line 26) | | 15 | 4,071 | <u>59,932</u> |
| Ž | 22 Net | assets or f | und balances Subtract line 21 from line 20 | | 2,43 | 8,421 | 2,610,299 |
| _ <u>F</u> | Part II | Signat | ure Block | | | | |
| | | Under per | alties of perjury, Lideclage that I have examined this return, including accompanying | ng schedule: | s and statements, a | and to the bes | st of my knowledge |
| | | and belief | it is true correct, and complete Declaration of preparer (other than officer) is bas | sed on all inf | ormation of which | preparer has | any koowledge |
| Sig | nn n | 1// | | | | 12/ | S-/11 |
| | _ | 200 | 17.8 | | | | 3/ |
| He | ere | _ | ture of officer | | | Date | |
| | | <u> </u> | ILLIAM TOBIN | TREAS | URER | | |
| _ | | Type | or print name and title | | | | |
| | | Preparer's | | Date | Check | ıf | Preparer's identifying number |
| Pa | id | signature | | 215/1 | 2016 | . 🖂 | (see instructions) P00041168 |
| Pr | eparer's | | Julie A. Wagner, CPA | | employ | | |
| | e Only | | | P.A. | | _ EIN ▶ | 52-2008870 |
| | , | ıf self-em | oloyed), 19643 Blue Bird Ln Unit 2 | | | Phone | |
| | | address, | nd ZIP+4 Rehoboth Beach, DE 19971 | | | no ▶ | 302-227-2537 |
| Ma | y the IRS d | Iscuss this | return with the preparer shown above? (see instructions) | | | | X Yes No |
| | | | perwork Reduction Act Notice, see the separate instructions. | | | | Form 990 (2009) |
| DA | | u | | | | | (2009) |

Form **990** (2009)

| | MEMORIAL VOLUNTE | | 51-0112584 | Page 2 |
|-------------------------|---|--|---|--------------|
| 1 Briefly des | Statement of Program Ser cribe the organization's mission | vice Accomplishments | | |
| VOLUNTE | EER FIREFIGHTING | | | |
| | | | | |
| | janization undertake any significant | program services during the year w | hich were not listed on | Yes X No |
| • | escribe these new services on Sche | edule O. | | Yes 🔼 No |
| 3 Did the org services? | anization cease conducting, or ma | ke significant changes in how it cond | lucts, any program | Yes X No |
| If "Yes," de | escribe these changes on Schedule | | | [les [X] NO |
| Section 50 | 1(c)(3) and 501(c)(4) organizations | | rgest program services by expenses quired to report the amount of grants and rvice reported | |
| 4a (Code VOLUNTE |)(Expenses \$ 3 EER FIREFIGHTING A | 68,400 including grants of \$ AND PREVENTION |) (Revenue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4b (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4d Other prog | ram services (Describe in Schedul | e O) | | |
| (Expenses | \$ inc | uding grants of \$ |) (Revenue \$ | |
| 4e I otal prog | ram service expenses > | 368,400 | | |

| Pa | nrt IV ' Checklist of Required Schedules | | | |
|------------|--|------|-----|------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 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 | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | |
| ~ | Schedule C, Part II | 4 | | |
| _ | | | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | _ | | Х |
| • | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | _ 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | | | |
| | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | _ | | ,, |
| | complete Schedule D, Part I | 6 | | <u>X</u> . |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | _7_ | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | Ï | | |
| | complete Schedule D, Part III | 8 | | <u>X</u> |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | | |
| | quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | | _ |
| | VII, VIII, IX, or X as applicable | 11 | Х | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | |
| | 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 | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | i |
| Ť | 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 | | | |
| _ | 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 separate or consolidated infancial statements for the tax year include a rounce 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 | | | |
| 12 | Schedule D, Parts XI, XII, and XIII | 12 | | X |
| 128 | | 12 | | |
| 1214 | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 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 | 4. | | v |
| | | 13 | | X |
| _ | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | _^_ |
| þ | | 445 | | v |
| | business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | 1.7 |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | <u>X</u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | ١,, |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | <u>X</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | | |
| | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u>X</u> |
| 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 | | <u>X</u> _ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| <u> 20</u> | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Χ |
| | | Form | 990 | (2009) |

| | | | Yes | No |
|-----|--|------|-----|----------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | _X_ |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | | |
| | United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | <u>X</u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | <u>X</u> |
| 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 | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | X |
| 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 | | | |
| | 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 | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization 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 | | l | |
| | 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? | | | |
| | If "Yes," complete Schedule L, Part III | 27 | | <u>X</u> |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | - 1 | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | 1 | 1 | |
| 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 | , , | - (| |
| | Schedule L, Part IV | 28b | | _X_ |
| С | 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 | | <u>X</u> |
| 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 | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | <u>X</u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | <u>X</u> |
| 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 | | <u>X</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | ĺ | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u>X</u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, | ' Ì | | |
| | III, IV, and V, line 1 | 34 | | <u>X</u> |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete | 1 | } | |
| | Schedule R, Part V, line 2 | _35 | | <u>X</u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | - | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | Į | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | <u>X</u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 990 | X |
| | | | | |

| Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1 | Pa | rt v Statements Regarding Other iks Filings and Tax Compliance | | | | | | |
|---|----------|--|--------------|----|-------------|-------------|----------|--------------|
| U.S. Information Returns: Enter-0- if not applicable 15 | | 5 to 11 to 12 to 1 | | | | | Yes | No |
| b Enter the number of Forms W-ZG included in line 18. Enter-0-4 flot applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without provided the payments of the payment | та | | 4- | , | 0 | , | } | ļ |
| c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambhing) winnings to prize winness? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year reding with or within the year covered by this return 2b If al least one is reported on line 2, and the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3c Unit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3c Unit the organization have unrelated organization have an enterest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts) 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross or secuption that was or sis party to a prohibited tax shelter transaction? 5c If Yes, to line 6a or 5b, did the organization file Form 8865 r.T. Oscidosure by Tax-Exempt Entity Regarding Prohibedot Tax Shelter Transaction? 5c If Yes, to line 6a or 5b, did the organization file form 8865 r.T. Oscidosure by Tax-Exempt Entity Regarding Prohibedot Tax Shelter Transaction? 5c If Yes, to line 6a or 5b, did the organization file form 8865 r.T. Oscidosure by Tax-Exempt Entity Regarding Prohibedot Tax Shelter Transaction? 5c If Yes, to line 6a or 5b, did the organization file wears of tax and because the organization solic any organization solic any organi | L | •• | - | _ | | | i | ļ |
| agaming (gambling), winnings to prize winners? Either the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. It is a least one is reported on line 2.9, dot the organization file all required feeders all replayment tax returns? Note: if the sum of lines 1 and 2.9 is greater than 250, you may be required to e-file this return (see institutions). If I'ves, 'has at filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 | - | • | | | | | | |
| 2a Eiter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the catendard year ending with or within the year ecovered by this return? Note. If the sum of lines 1s and 2s is greater than 250, you may be required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file this return (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 1b If Yes, has if filed a Form 990-T for this year? If Yo," provide an explanation in Schedule O 2a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; and the organization and return of the foreign country (such as a bank account, securities account, or other financial accounts). 3b If Yes, enter the name of the foreign country. 3c Was the organization and financial Accounts 3d Was the organization and financial Accounts 3d Was the organization and financial Accounts 3d Was the organization of provided that shelter transaction at any time during the tax year? 5d Was the organization party to a prohibited tax shelter transaction? 5d Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization shall are an ending the search of the payor? 5c If Yes, and the organization multiple where not tax deductible? 5d Did the organization only the donor of the value of the goods or services provided? 5d Did the organization only the donor of the value of the goods or services provided? 6d Did the organization only the donor of the value of the goods or services provided? 7d If Yes, | C | | portable | е | | 10 | | 1 |
| Statements, filed for the calendar year ending with or within the year covered by this return Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If Yes, "has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b If Yes, "has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b If Yes, "has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b If Yes, "the 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 ≥ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "either 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 Was the organization a party to a prohibited tax shelter transaction? 5c If Yes, "to line \$\frac{1}{2}\$ or \$\frac | 22 | | 1 1 | | | 10 | <u> </u> | \vdash |
| b If a least one is reported on time 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 bif Yes, *his if filed a Form 990-T for this year? If No,* provide an explanation in Schedule O 3 bid 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; account? bif Yes,* reter 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 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 bid any taxabile party notify the organization file Form 8888-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 bid Star Shelter Transaction? 5 cides the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt are year of tax deductible? 5 cides the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a provision that may receive deductible contributions under section 170(c). bif Yes,* indicate the number of Forms 8282 filed during the year 1 bid the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 bid the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 bid the organization of qualified intellectual property, did the organization file a Form 1098-Ca required? 9 crip alto organizations maintaining donor advised fund | 44 | | 22 | | 1 2 | | | ŀ |
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| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | · | | | | | | |
| | | | 1 1 | ? | | 12a | <u> </u> | <u> </u> |
| | <u>b</u> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | L | | | <u> </u> | <u> </u> |

Part VI 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.

| Sec | tion A. Governing Body and Management | | | |
|--------|--|-------------------|--|-----------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent 1b 8 | 7 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1 | | |
| _ | any other officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | - - | | |
| • | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | } | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| _ | · | }- ° - | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | _V |
| | of the governing body? | 7a | } | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following | 1_ | ١,, | |
| а | The governing body? | 8a_ | X | |
| þ | Each committee with authority to act on behalf of the governing body? | 8b | X | ļ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | |] | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | <u> </u> | <u>X</u> |
| | tion B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Rev | venue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | <u>X</u> |
| þ | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 1 | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | L |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | } | |
| | form? | 11 | X | |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | Х |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this is done | 12c | | Х |
| 13 | Does the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | <u> </u> | <u> </u> | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | 1 | X |
| a b | Other officers or key employees of the organization | 15b | | X |
| D | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | 130 | \vdash | ^` |
| 160 | | | | |
| 16a | with a taxable entity during the year? | 160 | | Х |
| | | 16a | _ | |
| b | If "Yes," has the organization adopted a written policy or procedure requining 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? | 16b | <u> </u> | L |
| | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed None | | | |
| 18 | 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 X 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 | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization ► THE CORPORATION 359 BAY AVENUE | | | |
| M | ILFORD DE 19963 | | | |

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) Name and Title | (B) Average hours per | | (C) (D) (E) Position (check all that apply) Reportable Compensation Compensation | | | | | | | (F) Estimated amount of |
|-----------------------|-----------------------------|-----------------------------------|--|-------------|--------------|------------------------------|--------------|---------------------------------------|--|--|
| | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | amount or other compensation from the organization and related organizations |
| BOB CHAMBERS | | | | | | | | _ | | |
| DIRECTOR | 5.00 | X | L. | | ļ | ļ | | 0 | 0 | (|
| DEAN HOLLEGER | | ١ | | | | | | | | |
| DIRECTOR | 5.00 | X | | <u> </u> | <u> </u> | - | <u> </u> | 0 | 0 | |
| ROBERT WECHENHIS | | | | ., | | | | | | |
| PRESIDENT DONNIE NOLL | 20.00 | ╁ | | X | | | | 0 | 0 | |
| VICE PRES | 10.00 | | | Х | | | | ol | ol | |
| WILLIAM TOBIN | 10.00 | | | \triangle | | | | 0 | | |
| TREASURER | 20.00 | | | Х | | | | o | ol | |
| JIM MCGEE | 20:00 | | | <u> </u> | | | | Ĭ | | |
| BUILDING SUPER | 10.00 | | | Х | ļ | | | l ol | 0 | 1 |
| CLINT MCGEE | | | | | | | | | | |
| FIRE RECORDER | 10.00 | | | X | | | | . 0 | 0 | |
| CHRIS HAYES | | | | | | | | _ | | |
| CHIEF ENGINEER | 10.00 | ļ | L | X | <u> </u> | <u> </u> | | 0 | 0 | |
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| | _ | \vdash | \vdash | | | \vdash | | | | |
| | | | | | | | | | | |

| Pa | rt VII Section A. Officers | , Directors, Tru | stee | s, K | ey E | mpl | oyee | s, a | nd Highest Compensated | Employees (continued) | | | | |
|----------|---|---------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|----------|--|--|-----|---|----------------------------|-------------|
| | (A) Name and Title | (B) Average hours per | | tion (| chec | | hat a | | (D) Reportable compensation | (E) Reportable compensation | | (F) stimat | | |
| | | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MiSC) | cor | other npens from the ganiza nd rela janizat | ation ne tion ted | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | Total | | | 44- | 41 | _ 1 | 44 | <u> </u> | -> | £400.000 | L | | | |
| <u>2</u> | Total number of individuals (in reportable compensation from | | | | tnos | e iis | ted a | DOV | e) who received more than | \$100,000 in | | | | |
| 3 | Did the organization list any fo | ormer officer, dire | ecto | r or t | ruste | e, k | ey eı | nplo | oyee, or highest compensa | ted | Г | \neg | Yes | No |
| 4 | employee on line 1a? If "Yes," For any individual listed on line | e 1a, is the sum | of re | port | able | com | pens | atio | | | | 3 | | <u>X</u> |
| 5 | the organization and related o individual Did any person listed on line 1 | | | | | | | | | | | 4 | \dashv | X |
| | services rendered to the organition B. Independent Contract | nization? If "Yes, | " cor | nple | te S | ched | lule J | for | such person | • | | 5 | [| X |
| 1 | Complete this table for your five compensation from the organi | ve highest comp | ensa | ted i | nde | pend | lent o | ontr | ractors that received more | than \$100,000 of | | | | |
| | | (A) I business address | | | | | | | Descrip | (B) ption of services | | Con | (C) npensati | on |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | <u></u> | | | | | | |
| 2 | Total number of independent more than \$100,000 in compe | | _ | | | | ed to | tho | se listed above) who receiv | ved | | 0 | 000 | |
| DAA | | | | | | | | | | | | Form | 990 (| (2009) |

| Pa | ırt V | III Statement of Rev | enue | | | | | 1 age v |
|--|---------|--|-----------------|--------------------|----------------------|--|---|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1a | Federated campaigns | 1a | | | | - | |
| ara our | ь | Membership dues | 1b | | | | | |
| s, ç am | c | Fundraising events | 1c | | | | | |
| gift | d | Related organizations | 1d | | | | | |
| imi | е | Government grants (contributions) | 1e | 520,804 | | | | |
| tior er s | f | All other contributions, gifts, grants, | | , | | | | |
| 흕 | | and similar amounts not included above | 1f | 1,680 | | | | |
| Contributions, gifts, grants and other similar amounts | a | Noncash contributions included in lines 1 | | \$ | | | | |
| ပိုင် | h | Total. Add lines 1a-1f | | · • | 522,484 | | | |
| Program Service Revenue | | | | Busn. Code | Í | | | · · |
| ver | 2a | Program Service Rev | renue | | 20,998 | 20,998 | | |
| S. | ь | • | | | | | | |
| Vice | С | | | | | | | |
| Ser | ď | | | | | | | |
| am | е | | | | | | | |
| g | f | All other program service reve | enue | | | | | |
| <u>-</u> | g | Total. Add lines 2a-2f | | • | 20,998 | | | |
| | 3 | Investment income (including | dıvıder | nds, interest, and | | | | |
| | | other similar amounts) | | ▶ | 91,427 | 91,427 | | |
| | 4 | Income from investment of ta | x-exem | pt bond proceeds ► | | | | |
| | 5 | Royalties | | > _ | | | | |
| | | (ı) Real | | (II) Personal | | | | |
| | | | ,125 | | | | | |
| | | | ,517 | | | | | |
| | | | , 608 | | 1 600 | | | 1 |
| | d 7a | Net rental income or (loss) Gross amount from (i) Securities | | (v) Other | 1,608 | | | 1,608 |
| | | sales of assets (i) Securities | ,177 | (II) Other 11,645 | | | | |
| | | other than inventory 409 Less cost or other | <u>, 1 / / </u> | 11,645 | | | | |
| | D | | , 982 | | | | | |
| | _ | | , 195 | 11,645 | | | | |
| | | Net gain or (loss) | <u>, 1) U</u> | 11,010 | 35,840 | 35,840 | | |
| _ | | Gross income from fundraising eve | ents [| | 30,010 | 30,010 | _ . | |
| - Le | | (not including \$ | | | | | | |
| Š | | of contributions reported on line 10 | :) | | | | | |
| Ř | | See Part IV, line 18 | a | | | | | |
| Other Revenu | b | Less direct expenses | ь | | | | | |
| 0 | С | Net income or (loss) from fund | draising | events | | | | |
| | 9a | Gross income from gaming activities | es | | | | | |
| | | See Part IV, line 19 | а | | | | | |
| | b | Less direct expenses | ь | | | | | |
| | | Net income or (loss) from gan | - 1 | tivities | | | | |
| | 10a | Gross sales of inventory, less | | | | | | |
| | | returns and allowances | а | <u>.</u> | | | | |
| | | Less cost of goods sold | þĮ | | | | | |
| | С | Net income or (loss) from sale Miscellaneous Revenu | | ventory Busn. Code | - | | - | |
| | 14- | · | | Busii. Code | 37,158 | 27 150 | | |
| | 11a | | OME | | 9,750 | 37,158 9,750 | | + |
| | b | LADIES AUXILIARY INC | ンロト | | 8,182 | 8,182 | | |
| | | All other revenue | | | 1,710 | 1,710 | <u> </u> | |
| | i | Total. Add lines 11a-11d | | • | 56,800 | 1,710 | | |
| | 12 | Total Revenue. See instruction | ons | | 729,157 | 205,065 | | 0 1,608 |
| | | The state of the s | | | . 23, 23, 1 | | | 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).

| | All other organizations must c | | | | <u> </u> |
|-----|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising 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 | | | | |
| | the U.S. See Part IV, line 22 | Ì | | Ì | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | 15,140 | 15,140 | | |
| 5 | Compensation of current officers, directors, | | | | |
| | 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) | | | | |
| 7 | Other salaries and wages | 70,260 | 70,260 | | |
| 8 | Pension plan contributions (include section 401(k) | | | | - |
| | and section 403(b) employer contributions) | | Ì | | |
| 9 | Other employee benefits | 4,622 | 4,622 | | |
| 10 | Payroll taxes | 5,517 | 5,517 | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 336 | 336 | | |
| b | Legal | 2,210 | | 2,210 | |
| c | Accounting | 7,138 | 3,541 | 3,597 | |
| ď | Lobbying | | 3/3 | | · |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | · | |
| 12 | Advertising and promotion | 1,385 | | 1,385 | |
| 13 | Office expenses | 19,358 | | 19,358 | |
| 14 | Information technology | 23/000 | | 13,333 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 41,906 | · | 41,906 | |
| 17 | Travel | 2,049 | · | 2,049 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 13,035 | 13,035 | | |
| 20 | Interest | 7,495 | 13/033 | 7,495 | |
| 21 | Payments to affiliates | | | 7/100 | |
| 22 | Depreciation, depletion, and amortization | 130,098 | 104,780 | 25,318 | |
| 23 | Insurance | 33,118 | 27,918 | 5,200 | |
| | | 33/110 | 2,,,,,, | 3,200 | |
| 24 | Other expenses Itemize expenses not | | | | |
| | covered above (Expenses grouped together | \ | | | |
| | and labeled miscellaneous may not exceed | ļ. | | 1 | |
| | 5% of total expenses shown on line 25 below) | | | | |
| а | SUPPLIES | 61,419 | 45,565 | 15,854 | |
| b | REPAIRS AND MAINTEANCE | 53,994 | 46,095 | 7,899 | |
| c | FUNDRAISING EXPENSES | 25,128 | - 10,000 | | 25,128 |
| d | FOOD AND BEVERAGE | 21,708 | | 17,455 | 4,253 |
| e | FUEL | 17,521 | 17,521 | | .,,255 |
| _ | All other expenses | 23,843 | 14,070 | 9,773 | |
| 25 | | | 368,400 | 159,499 | 29,381 |
| | Joint costs. Check here ▶ If following | | 300,100 | | |
| | SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| DAA | ional and administration | | | L | Form 990 (2009) |

| P | art) | (Balance Sheet | | | | | | | | | |
|----------------------|-------|---|-------------------------------|---------------------------------------|---------------------------------------|-------------|--------------------|--|--|--|--|
| | | | | | (A) | | (B) | | | | |
| | | | | | Beginning of year | | End of year | | | | |
| | 1 | Cash—non-interest bearing | | | 24,882 | 1 | 44,845 | | | | |
| | 2 | Savings and temporary cash investments | | [| 55 , 779 | 2 | 381,843 | | | | |
| | 3 | Pledges and grants receivable, net | | ſ | | 3 | | | | | |
| | 4 | Accounts receivable, net | | | | 4 | | | | | |
| | 5 | Receivables from current and former officers, directors | , trustees, key | | | | _ | | | | |
| |] | employees, and highest compensated employees. Cor | nplete Part II of | Ì | |]] | | | | | |
| | ĺ | Schedule L | | | | 5 | | | | | |
| | 6 | Receivables from other disqualified persons (as defined | d under section | Ī | | | | | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3 | (B) Complete | [| | | | | | | |
| | } | Part II of Schedule L | | Ì | | 6 | | | | | |
| Assets | 7 | Notes and loans receivable, net | | Ī | | 7 | | | | | |
| SS | 8 | Inventories for sale or use | | Ī | · ··· · · · · · · · · · · · · · · · · | 8 | | | | | |
| Ä | 9 | Prepaid expenses and deferred charges | | Ì | 4,679 | _ | 380 | | | | |
| | 1 | Land, buildings, and equipment cost or | | Ì | | | | | | | |
| | '" | other basis Complete Part VI of Schedule D | 10a 3,63 | 4,880 | | | | | | | |
| | ١, | Less accumulated depreciation | | 0,233 | 1,465,163 | 10c | 1,444,647 | | | | |
| | 11 | Investments—publicly traded securities | [100] 2,15 | 0,233 | 1,031,469 | 11 | 787,996 | | | | |
| | | Investments—other securities See Part IV, line 11 | | } | 1,031,409 | 12 | 101,990 | | | | |
| | 12 | | | | 13 | | | | | | |
| | 13 | Investments—program-related See Part IV, line 11 | ŀ | · · · · · · · · · · · · · · · · · · · | 14 | | | | | | |
| | 14 | Intangible assets | } | 10,520 | | 10 520 | | | | | |
| | 15 | Other assets See Part IV, line 11 | 3.4.\ | } | | | 10,520 | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 3 | 94) | | 2,592,492 | | 2,670,231 1,337 | | | | |
| | 17 | Accounts payable and accrued expenses | | } | 9,653 | | 1,337 | | | | |
| | 18 | Grants payable | | 18 | | | | | | | |
| | 19 | Deferred revenue | } | | 19 | · | | | | | |
| ۰. | 20 | Tax-exempt bond liabilities | | ŀ | | 20 | | | | | |
| Liabilities | 21 | Escrow or custodial account liability Complete Part IV | | ŀ | | 21 | | | | | |
| Ħ | 22 | Payables to current and former officers, directors, trust | - | | | | | | | | |
| ap | | employees, highest compensated employees, and disc | ualified | | | [| | | | | |
| ⊐ | | persons Complete Part II of Schedule L | | | 140.055 | _22 | | | | | |
| | 23 | Secured mortgages and notes payable to unrelated this | | <u> </u> | 143,055 | 23 | <u>58,055</u> | | | | |
| | 24 | Unsecured notes and loans payable to unrelated third | parties | - | | 24 | | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | } | 1,363 | 25 | 540 | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | <u>154,071</u> | 26 | <u>59,932</u> | | | | |
| Fund Balances | | Organizations that follow SFAS 117, check here ▶ | ∐ and | | | | | | | | |
| Ĕ | | complete lines 27 through 29, and lines 33 and 34. | | į | | | | | | | |
| ä | 27 | Unrestricted net assets | | 1 | 2,438,421 | 27 | 2,610,299 | | | | |
| 8 | 28 | Temporarily restricted net assets | | L | | 28 | | | | | |
| Ē | 29 | Permanently restricted net assets | | L | | 29 | | | | | |
| Ţ | | Organizations that do not follow SFAS 117, check h | ere ▶ | | | | | | | | |
| ō | 1 | and complete lines 30 through 34. | complete lines 30 through 34. | | | | | | | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | Į | | 30 | | | | | |
| Se | 31 | Paid-in or capital surplus, or land, building, or equipme | nt fund | Ĺ | | 31 | | | | | |
| As | 32 | Retained earnings, endowment, accumulated income, | or other funds | | | 32 | | | | | |
| Net Assets or | 33 | Total net assets or fund balances | | | 2,438,421 | 33 | 2,610,299 | | | | |
| Ž | 34_ | Total liabilities and net assets/fund balances | | | 2,592,492 | 34 | 2,670,231 | | | | |

Form **990** (2009)

| Pa | rt XI Financial Statements and Reporting | | | |
|----|--|------------|--------------|--------|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | ĺ |
| | Schedule O | | | ĺ |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | <u>2</u> a | X | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | X |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| | Schedule O | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | |
| | issued on a consolidated basis, separate basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | ĺ |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |
| | | Forn | ո 990 | (2009) |

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.

Open to Public Inspection

OMB No 1545-0047

| Nam | e of the organization | | Employer identification number | | | |
|---------------|--|---|---|--|--|--|
| М | EMORIAL VOLUNTEER FIRE COMPANY | | 51-0112584 | | | |
| $\overline{}$ | Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990, | nds or Other Similar Funds or Part IV, line 6. | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate contributions to (during year) | | | | | |
| 3 | Aggregate grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | - | - · · · · · · · · · · · · · · · · · · · | | | |
| 5 | Did the organization inform all donors and donor advisors in writing tha | t the assets held in donor advised | ** I ** | | | |
| | funds are the organization's property, subject to the organization's excl | | Yes No | | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in | _ | | | | |
| | used only for charitable purposes and not for the benefit of the donor o | • • | | | | |
| | purpose conferring impermissible private benefit? | action devision, or for any other | Yes No | | | |
| Pa | art II Conservation Easements. Complete if the organization | anization answered "Yes" to For | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check | | in 550, raitiv, inte r. | | | |
| • | Preservation of land for public use (e.g., recreation or pleasure) | | nortant land area | | | |
| | Protection of natural habitat | Preservation of an historically imp | | | | |
| | Preservation of open space | Preservation of certified historic s | structure | | | |
| 2 | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conse easement on the last day of the tax year | rvation contribution in the form of a conse | rvation | | | |
| | casement on the last day of the tax year | | Indiana Education | | | |
| _ | Total sumbor of accounts a constant | | Held at the End of the Tax Year | | | |
| a | Total number of conservation easements | | 2a | | | |
| b | Total acreage restricted by conservation easements | | 2b | | | |
| C | Number of conservation easements on a certified historic structure incl | • • | | | | |
| d | Number of conservation easements included in (c) acquired after 8/17/ | | 2d | | | |
| 3 | Number of conservation easements modified, transferred, released, ex | tinguished, or terminated by the organizat | tion during | | | |
| | the taxable year ▶ | | | | | |
| 4 | Number of states where property subject to conservation easement is i | | | | | |
| 5 | Does the organization have a written policy regarding the periodic mon | toring, inspection, handling of | | | | |
| | violations, and enforcement of the conservation easements it holds? | | Yes No | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and enforce | ing conservation easements during the ye | ear | | | |
| | - | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing of | conservation easements during the year | | | | |
| | \$ | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy t | he requirements of section | | | | |
| | 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? | | Yes No | | | |
| 9 | In Part XIV, describe how the organization reports conservation easem | | nt, and | | | |
| | balance sheet, and include, if applicable, the text of the footnote to the | organization's financial statements that d | escribes | | | |
| | the organization's accounting for conservation easements | | | | | |
| Ра | organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to | | Similar Assets. | | | |
| 1a | If the organization elected, as permitted under SFAS 116, not to report | in its revenue statement and balance she | eet works of | | | |
| | art, historical treasures, or other similar assets held for public exhibition | n, education, or research in furtherance of | public service, | | | |
| | provide, in Part XIV, the text of the footnote to its financial statements t | | | | | |
| b | If the organization elected, as permitted under SFAS 116, to report in it | s revenue statement and balance sheet v | vorks of art, | | | |
| | historical treasures, or other similar assets held for public exhibition, ed | | | | | |
| | 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 | | ▶ s | | | |
| 2 | If the organization received or held works of art, historical treasures, or | other similar assets for financial dain, pro- | vide the | | | |
| - | following amounts required to be reported under SFAS 116 relating to t | • '' | The tile | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | need neme | > \$ | | | |
| | | | | | | |
| | ribusto morados in i omir oso, i ali A | | ▶ \$ | | | |

| | | VOLUNTEER FIR | | | <u>51-01</u> | | | | | age 2 |
|------|--|------------------------------|---------------------|--------------|----------------|----------------|-------------|----------|--|--------------|
| Pa | art III · Organizations Maintaining | Collections of Art, I | Historical Tre | asures, | or Other | Similar A | \ssets | (conti | nued |) |
| 3 | Using the organization's acquisition, accessio collection items (check all that apply) | n, and other records, chec | k any of the follow | ing that are | e a significa | int use of its | 1 | | | |
| а | Public exhibition | d Loan or | exchange progra | ms | | | | | | |
| b | Scholarly research | e Other | | | | | | | | |
| С | Preservation for future generations | | | | | | _ | | | |
| 4 | Provide a description of the organization's col | lections and explain how th | ney further the org | anızatıon's | exempt pu | rpose in | | | | |
| 5 | During the year, did the organization solicit or assets to be sold to raise funds rather than to | receive donations of art, h | istorical treasures | , or other s | ımılar | | | Ye | .e [| No |
| Pa | art IV Escrow and Custodial Arra | | | | swered | "Yes" to F | Form 9 | , , | | |
| | IV, line 9, or reported an arr | | | | .00.00 | | 0 | 00, 1 | ••• | |
| 1a | Is the organization an agent, trustee, custodia | | | | not | | | | | |
| | included on Form 990, Part X? | in or other intermediary for | Contributions of o | 11101 033013 | 1100 | | | | _ [| No |
| h | • | and complete the following | tabla | | | | | Y€ | ·S | No |
| D | If "Yes," explain the arrangement in Part XIV a | and complete the following | table | | | | | A | | |
| _ | December helesses | | | | | | | Amoun | <u>. </u> | |
| | Beginning balance | | | | | 1c | <u> </u> | | | |
| a | Additions during the year | | | | | 1d | | | | |
| е | | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | L | | | |
| | Did the organization include an amount on Fo | rm 990, Part X, line 21? | | | | | | ∐ Ye | s | No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | | |
| Pa | ort V Endowment Funds. Compl | ete if organization an | swered "Yes" | to Form | <u>990, Pa</u> | rt IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two y | ears back | (d) Three year | ars back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| C | Net investment earnings, gains, | | | | | <u>-</u> . | | - | | |
| | and losses | | | | İ | | | | | |
| d | Grants or scholarships | | · · · | | | | | • | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | | | | | | | | | | |
| 2 | Provide the estimated percentage of the year | end halance held as | | _l | | | | | | |
| | Board designated or quasi-endowment ▶ | % | | | | | | | | |
| | Permanent endowment > % | " | | | | | | | | |
| | Term endowment ▶ % | | | | | | | | | |
| | | sion of the organization the | t are hold and ad- | ministered (| for the | | | | | |
| Ja | Are there endowment funds not in the possess | Sion of the organization tha | it are neid and adi | mustered | ior the | | | ſ | V I | NI - |
| | organization by (i) unrelated organizations | | | | | | | (0.0) | Yes | No |
| | • | | | | | | | 3a(i) | ļ | |
| L | (ii) related organizations | | | | | | | 3a(ii) | - | |
| | If "Yes" to 3a(ii), are the related organizations | | | | | | | 3b | | |
| 4 | Describe in Part XIV the intended uses of the | | | NO 10 | V 1: 40 | | | | | |
| Pa | rt VI Investments—Land, Buildi | 1 | | | | | | | | |
| | Description of investment | (a) Cost or other basis | (b) Cost or of | | • • | ımulated | 1 ' | (d) Book | value | |
| | | (investment) | basis (othe | | depre | ciation | 4 | | | |
| | Land | | 542 | ,089 | | | | 54 | 12,0 | <u> 89</u> |
| b | Buildings | | | | | | | | | |
| C | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | | | |
| е | Other | <u> </u> | | | | | | | | |
| otal | I. Add lines 1a through 1e (Column (d) must ed | qual Form 990, Part X, colu | mn (B), line 10(c) |) | | > | <u> </u> | 54 | 12,0 | 89 |
| | | | | | - | | | | | |

| Schedule D (Form 990) 2009 MEMORIAL VOLUNTEER FI | | 51-0112584 | Page 3 |
|---|----------------|----------------------------|---------------|
| Part VII · Investments—Other Securities. See Form 99 | | | |
| (a) Description of security or category | (b) Book value | (c) Method of valuation | |
| (including name of security) | | Cost or end-of-year market | value |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | <u></u> | | |
| | | | |
| | | <u> </u> | |
| | | | |
| | <u> </u> | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 00 D 4 V 5 40 | | |
| Part VIII Investments—Program Related. See Form 9 | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation | |
| | | Cost or end-of-year market | value |
| | <u> </u> | ļ | |
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| 5 + + (2 + 1/2) + (3 + 1/2) + (4 + 1/2) + | - | | |
| Part IX Other Assets. See Form 990, Part X, col (B) line 13) Part X, line 15. | <u> </u> | | |
| (a) Description | | | o) Book value |
| (a) Description | | | 5) Book Value |
| | | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | > | |
| Part X Other Liabilities. See Form 990, Part X, line 2 | 25. | | |
| 1 (a) Description of liability | (b) Amount | | |
| Federal income taxes | | | |
| Payroll Taxes payable | 540 | | |
| Credit card payable | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) | 540 | | |
| 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the orga | | nts that reports the | |
| organization's liability for uncertain tax positions under FIN 48 | _ | | |

| Sche | dule D (Form 990) 2009 MEMORIAL VOLUNTEER FIRE | COMPANY 51-0 | 0112584 | Page 4 |
|---------------|--|------------------------------------|-----------------|-------------|
| _Pa | rt XI · Reconciliation of Change in Net Assets from For | m 990 to Audited Financ | ial Statements | |
| 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 lin | | 10 | |
| _Pa | rt XII Reconciliation of Revenue per Audited Financial | Statements With Revenu | ue 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 | | |
| b | Donated services and use of facilities | 2b | | |
| C | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIV) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| _5_ | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | 5 | |
| _ <u>Pa</u> | rt XIII Reconciliation of Expenses per Audited Financia | I Statements With Exper | ises per Return | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIV) | 2d | | |
| e | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 |) (| 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | Other (Describe in Part XIV) | 4b | | |
| С | Add lines 4a and 4b | | 4c | |
| | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18) | 5 | |
| $\overline{}$ | rt XIV Supplemental Information | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9 | | | |
| | b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and l | Part XIII, lines 2d and 4b Also co | omplete | |
| this p | art to provide any additional information | | | |
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| Schedule D (F | orm 990) 2009 | MEMORIAL | VOLUNTEER F | TRE COMPANY | 51-0112584 | Page 5 |
|---------------|---------------|------------------|---------------|----------------|------------|---------|
| Part XIV | Suppleme | ntal Information | n (continued) | | | |
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Department of the Treasury

Internal Revenue Service

Name of the organization MEMORIAL VOLUNTEER FIRE COMPANY **Employer identification number** 51-0112584

OMB No 1545-0047

Inspection

Form 990, Part I, Line 6

VOLUNTEERS ARE FIREFIGHTERS, EMT'S, OR PROVIDE SUPPORT SERVICES FOR THOSE PURPOSES.

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 THE TREASUERER REVIEWS THE RETURN AND THEN PRESENTS IT TO THE BOARD.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Identifying number

Attachment Sequence No 67

| | MEMORIA | L VOLUNTER | ER FIRE CO | MPANY | , | | | 51- | 011 | 2584 |
|------------|---|--|--|--------------|-----------------|--------------|-----------------|--------------|--------|---------------------------------------|
| Busin | ess or activity to which this form relates | - | | | _ | | | | | |
| I | <u>ndirect Depreciati</u> | lon | | | | | | | | |
| Pa | rt I Election To Expen | se Certain Pro | perty Under Se | ection 17 | 79 | | | | | |
| | Note: If you have a | iny listed proper | ty, complete P | art V bef | fore you | ı com | plete P | art I. | | |
| 1 | Maximum amount See the instruc | tions for a higher lim | nt for certain busing | esses | | | | | 1_ | 250,000 |
| 2 | Total cost of section 179 property | placed in service (se | e instructions) | | | | | | 2 | |
| 3 | | | | | | | | | 3 | 800,000 |
| 4 | Reduction in limitation Subtract lin | e 3 from line 2 If ze | ero or less, enter -0 | - | | | | | 4 | |
| 5 | Dollar limitation for tax year Subtract lin | | or less, enter -0- If ma | | | | | | 5 | |
| 6 | (a) Description | of property | | (b) Cost (bu | isiness use | e only) | (c) E | lected cost | | |
| , | | | | | | | | | | |
| _ | | | l | | | | | - | | |
| 7 | Listed property Enter the amount | | | | | 7 | | | _ | |
| 8 | Total elected cost of section 179 p | • | • • • | es 6 and 7 | | | | | 8 | · · · · · · · · · · · · · · · · · · · |
| 9 | Tentative deduction Enter the small | | | | | | | | 9 | ļ |
| 10 | Carryover of disallowed deduction | • | | | | _ , | | | 10 | |
| 11 | Business income limitation Enter t | | · | | • | b (see | instruction | is) | 11 | |
| 12 | Section 179 expense deduction A | | | | 11 | 42 | | | 12 | |
| 13 Note | Carryover of disallowed deduction Do not use Part II or Part III below | | | | | 13 | | | | |
| _ | rt II Special Depreciati | | | • | ı (Do n | ot inc | lude lis | ted prop | erty |) (See instr.) |
| 14 | Special depreciation allowance for | | | | | | nuuc 115 | ica prop | City | / (OCC msa.) |
| 17 | during the tax year (see instruction | | and than noted pro | porty/ plac | OG 111 001 | *100 | | | 14 | |
| 15 | Property subject to section 168(f)(| • | | | | | | | 15 | |
| 16 | Other depreciation (including ACR | | | | | | | | 16 | 27,555 |
| | rt III MACRS Depreciat | | ude listed prop | erty.) (S | ee instr | uctio | ns.) | | | |
| | | | Secti | | | | • | | | |
| 17 | MACRS deductions for assets place | ced in service in tax | years beginning be | fore 2009 | | | | | 17 | 102,543 |
| 18 | If you are electing to group any assets p | laced in service during t | the tax year into one o | or more gene | ral asset a | ccounts | , check here | • ▶ □ | | |
| | Section B—A | ssets Placed in Sei | vice During 2009 | Tax Year l | Using the | e Gene | ral Depre | ciation S | ystem | 1 |
| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depre (business/investme only-see instruct | ent use 🔭 | Recovery period | (e) C | onvention | (f) Meth | nod | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | | | | |
| b | 5-year property | | | | | | | | | |
| С | 7-year property | | | | | | | | | |
| | 10-year property | | | | | <u> </u> | | | | |
| е | 15-year property | | | | | | | | | |
| f | 20-year property | | | | | | | _ | | |
| | 25-year property | | | | 25 yrs | | | S/L | | |
| h | Residential rental | | | | 7 5 yrs | | MM | S/L | | |
| | property | | | | 7 5 yrs | | MM | S/L | | |
| i | Nonresidential real property | ··· — | | | 39 yrs | | MM | S/L | | |
| | | l sets Placed in Serv | ice During 2009 T | av Voar He | sing the | Altero | MM ative Den | S/L | | <u> </u> |
| 20- | Class life | sets riaced in Serv | lee builing 2003 i | ax real or | any the A | Tite in | auve Dep | | oyste. | T |
| | | | | | 12 yrs | | | S/L S/L | | |
| | 12-year 40-year | | | | | | ММ | S/L | | |
| | art IV Summary (See ins | tructions) | 1 | | 40 yrs | <u> </u> | IAIIĀI | | | I |
| 21 | Listed property Enter amount from | | | | | | | | 21 | |
| 22 | Total. Add amounts from line 12, I | | lines 19 and 20 in a | column (a) | and line | 21 Fn | ter here | | | |
| | and on the appropriate lines of you | _ | | _ | | | | | 22 | 130,098 |
| 23 | For assets shown above and place | | | | | | | | | |
| _ | portion of the basis attributable to | ~ | | | | 23 | | | | |
| For I | Panerwork Reduction Act Notice | | ıctions | | | | | | | Form 4562 (200 |

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

 2009

Attach to your tax return.

Attach to your tax return.

Attach to your tax return.

| Name | e(s) shown on return | AL VOLUNTEER FIRE COMPANY | | | Identifying number 51-0112584 | | |
|------------|--|--------------------------------------|---|--|--|---------------|--|
| | | AL VOLUNTE | ER FIRE COMP | ANY | | 1 21-01 | 12584 |
| | ess or activity to which this form relates | πV | | | | | |
| | ESIDENTIAL PROPER' | | nome Under Coeff | - 470 | | | |
| Pa | ert I Election To Exper | | • | | u aammilata D | ort I | |
| | Note: If you have a | | | | u complete P | 1 | 250,000 |
| 1 | Maximum amount See the instruc | • | | • | | 1 2 | 230,000 |
| 2 | Total cost of section 179 property | • | · | ·otiona\ | | 3 | 800,000 |
| 3 4 | Threshold cost of section 179 prop Reduction in limitation Subtract lii | • | • | ictions) | | 4 | 000,000 |
| 5 | Dollar limitation for tax year Subtract lin | | • | iling constable i | coo inetriletione | 5 | |
| 6 | (a) Description | | | ost (business us | | lected cost | |
| | (0,000) | , e. property | (4) | | (0, 2 | | |
| | | | | | | | |
| 7 | Listed property Enter the amount | from line 29 | | | 7 | | |
| 8 | Total elected cost of section 179 p | | ts in column (c) lines 6 | and 7 | L. I | 8 | |
| 9 | Tentative deduction Enter the sm | | • • • | and , | | 9 | |
| 10 | Carryover of disallowed deduction | | | | | 10 | |
| 11 | Business income limitation Enter | • | | n zero) or line | 5 (see instruction | <u> </u> | |
| 12 | Section 179 expense deduction A | | • | • | | 12 | |
| 13 | Carryover of disallowed deduction | • | | > | 13 | · | ' |
| | : Do not use Part II or Part III below | | | | | | <u> </u> |
| Pa | rt II Special Depreciat | ion Allowance a | and Other Depreci | ation (Do n | ot include list | ed property | v.) (See instr.) |
| 14 | Special depreciation allowance for | | | | | | |
| | during the tax year (see instruction | | | | | 14 | |
| 15 | Property subject to section 168(f)(| • | | | | 15 | |
| 16 | Other depreciation (including ACR | • | | | | 16 | |
| Pa | rt III MACRS Depreciat | | ude listed property | .) (See insti | ructions.) | | |
| | | | Section A | | | | |
| 17 | MACRS deductions for assets pla | ced in service in tax | years beginning before | 2009 | | 17 | 1,928 |
| 18 | If you are electing to group any assets p | | | | | | |
| | Section B—A | ssets Placed in Se | rvice During 2009 Tax | Year Using th | e General Depre | ciation Syste | m |
| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment us only–see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| <u>19a</u> | 3-year property | | | | | | |
| <u>b</u> | 5-year property | | | | | | |
| c | 7-year property | 1 | | | | | |
| d_ | 10-year property | | | | | | |
| e_ | 15-year property | | | | | | |
| f_ | 20-year property | | | | | | |
| <u>g</u> | 25-year property | | | 25 yrs | | S/L | |
| h | Residential rental | <u></u> | | 27 5 yrs | MM | S/L | |
| | property | | | 27 5 yrs | MM | S/L | <u> </u> |
| i | Nonresidential real | | | 39 yrs | MM | S/L | |
| | property | l Discotic Com | [| | MM | S/L | <u> </u> |
| | | sets Placed in Serv | ice During 2009 Tax Y | ear Using the | Alternative Depi | | em |
| <u>20a</u> | Class life | | | | | <u>S/L</u> _ | + |
| | 12-year | - | | 12 yrs | | S/L | |
| | 40-year | tructions \ | <u> </u> | 40 yrs | MM | S/L | <u></u> |
| | art IV Summary (See ins | | | | | | |
| 21 | Listed property Enter amount from | | lines 10 and 20 in and in | n (n) | 24 Enter have | 21 | |
| 22 | Total. Add amounts from line 12, | | | | | | 1,928 |
| 22 | and on the appropriate lines of you | - | • | | | 22 | 1,920 |
| 23 | For assets shown above and place portion of the basis attributable to | = | me cunem year, emer tr | IC | 23 | | |
| | portion of the basis attributable to | SECTION SOON COSTS | | | | | - 4562 (cook |

| • | | Special Eve | nts Schedule | | | |
|--|---|--|--------------------------|-----------|------------------|---|
| Form 990 | For calendar year 2009, 6 | | 07/01/09 , and er | ndina 0.6 | /30/10 | 2009 |
| Name | 1 of Calcindar year 2000, | or tax year beginning | 0 1 7 0 1 7 0 9 , and cr | iding 00 | | entification Number |
| MEMORIAL VOI | LUNTEER FIRE C | COMPANY | | | 51-011 | 2584 |
| Gross receipts Less contributions Gross revenue Less direct expenses Net income (loss) | (A) 37,158 0 37,158 0 37,158 | (B) 9,750 0 9,750 0 9,750 | (c) 0 0 0 0 | Others | 0 0 0 0 | Total 46,908 0 46,908 0 46,908 |
| Description (A) (B) (C) Others | FUNDRAISERS LADIES AUXI | LIARY INCOME | | | | |

| Forms | Mortgages and Other Notes Payable | | | | | | | |
|--------------------------|--|-----------------------|-------------------------------------|------------------------|-------------------------|--|--|--|
| 990 / 990-PF | | | | | 2009 | | | |
| Name | For calendar year 2009, | or tax year beginning | 07/01/09 , and ending | 06/30/10 | | | | |
| Name | | | | Employer Ident | ification Number | | | |
| MEMORIAL VOLUM | NTEER FIRE COM | 1PANY | | 51-01125 | 584 | | | |
| Form 990, Part | t X, Line 23 - | - Additional | Information | | | | | |
| | | | | | | | | |
| (4) NOTE DAVARI | Name of lender E ELEANOR C. J | OHNSON RITT | | to disqualified person | | | | |
| (1) NOTE PAYABLE (2) | E ELEANOR C. O | OINSON KITT | | | | | | |
| (3) | | | | | | | | |
| | - | | | | | | | |
| (5) | | | | | <u> </u> | | | |
| (6) (7) | | | | | | | | |
| | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | · | | | | |
| Original amount borrowed | Date of loan | Maturity date | Repayment te | rms | Interest rate | | | |
| (1) 228,05 | 5 04/04/08 | 05/31/11 | ANNUALLY | | 5.000 | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | · · | | | | | | | |
| <u>(7)</u> | | | | | | | | |
| (8) | | | | | | | | |
| <u>(9)</u> (10) | | | | | | | | |
| | 1 | | | | | | | |
| Sec | curity provided by borrower | | Purp | oose of loan | | | | |
| (1) LAND | | | TO PURCHASE LAND |) | | | | |
| (2) | | | | | . | | | |
| (3) (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | <u> </u> | | | | | | | |
| (8) | | | | | | | | |
| (9) (10) | | | | | | | | |
| | | | | · | | | | |
| Considera | ation furnished by lender | | Balance due at beginning of year | | nce due at d of year | | | |
| (1) | | | 143,055 | | 58,055 | | | |
| (2) | | | | | | | | |
| (3) | | | | -,-,, - | | | | |
| (5) | | _ | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) (9) | | | | | _ | | | |
| (10) | | | 1 | | | | | |
| Totals | ······································ | | 143,055 | | 58,055 | | | |

Form **8868**

(Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue Service 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 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 Name of Exempt Organization **Employer identification number** Type or print MEMORIAL VOLUNTEER FIRE COMPANY 51-0112584 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your 22645 HARBESON ROAD return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions HARBESON DE 19951 Check type of return to be filed (file a separate application for each return) Form 990 Form 4720 Form 990-T (corporation) Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 THE CORPORATION The books are in the care of Telephone No ▶ FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover 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 tax year beginning 07/01/09, and ending 06/30/10If this tax year is for less than 12 months, check reason Initial return Change in accounting period Final return 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 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 3ь 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 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 Form 8868 (Rev 4-2009) For Privacy Act and Paperwork Reduction Act Notice, see Instructions.