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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MANASSAS VOLUNTEER FIRE COMPANY, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 46 City or town, state or country, and ZIP + 4 MANASSAS, VA 20108	D Employer identification number 54-6052423
	E Telephone number 703-368-6211	G Gross receipts \$ 547157.
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	
	F Name and address of principal officer: JASON LESNIK 13430 HIDDEN MEADOW CT., HERNDON, VA 20171	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.MANASSASFIRE.COM		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other VOLUN L Year of formation: 1909 M State of legal domicile: VA		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PRESERVATION OF LIFE AND PROPERTY FROM FIRE AS MAY OCCUR IN CITY OF MANASSAS, AND TO RENDER	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9
	5	Total number of employees (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	87
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 506966. Current Year: 474026.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39925. 21118.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	59439. 52013.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	606330. 547157.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35000. 35000.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10844. 26611.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	26611.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	472533. 700861.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	518377. 762472.
	19	Revenue less expenses. Subtract line 18 from line 12	87953. <215315.>
	20	Total assets (Part X, line 16)	Beginning of Current Year: 2156566. End of Year: 1968620.
	21	Total liabilities (Part X, line 26)	11076. 23450.
22	Net assets or fund balances. Subtract line 21 from line 20	2145490. 1945170.	

Part II Signature Block

Under penalties of perjury, I declare that I have prepared 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.			
Sign Here	Signature of officer JASON LESNIK, TREASURER	Date 1/2/19/2010	
Paid Preparer's Use Only	Preparer's signature Chase Firm's name (or yours if self-employed), address, and ZIP + 4 CHASE AND ASSOCIATES CPAS, PC 9293 CORPORATE CIRCLE MANASSAS, VA 20110-4154	Date 11/18/10 Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ 703-361-7114 Phone no. ▶ 703-361-7114

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED JAN 11 2011

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

**PRESERVATION OF LIFE AND PROPERTY FROM FIRE AS MAY OCCUR IN MANASSAS,
AND TO RENDER SIMILAR SERVICE TO THE SURROUNDING COMMUNITY IF
PRACTICAL.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ **732328.** including grants of \$ **468500.**) (Revenue \$ **5987.**)
**TO PROVIDE FIRE FIGHTING, HAZMAT AND RESCUE SERVICES AND TO EDUCATE THE
PUBLIC ABOUT FIRE, HAZMAT AND OTHER SAFETY/PREVENTION ISSUES**

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
**MUSEUM - STORAGE AND CATALOGING OF ANTIQUE MEMORABILIA AND ASSETS
RELATED TO THE HISTORY OF THE MANASSAS VOLUNTEER FIRE COMPANY FOR THE
FUTURE MUSEUM.**

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ \$ 732328.**

Part 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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	9	
b Enter the number of voting members that are independent	9	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
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 of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
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	
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	
13 Does the organization have a written whistleblower policy?	13	X
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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 ☒ 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 ►
ORGANIZATION - 703-368-6211
MANASSAS, VA 20110

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.

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL THOMPSON PRESIDENT								0.	0.	0.
JAMES STOKELY VICE PRESIDENT								0.	0.	0.
IAN PLEET SECRETARY								0.	0.	0.
JASON LESNIK TREASURER								0.	0.	0.
JON STERN CHIEF								0.	0.	0.
DR. PETER PANDOLFI AT LARGE								0.	0.	0.
ROGER WARD AT LARGE								0.	0.	0.
RICHARD RATCLIFFE AT LARGE								0.	0.	0.
JOE DONOGHUE AT LARGE								0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

[illegible]

1b Total	0.	0.	0.
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2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	0
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		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0
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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	468500.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5526.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			474026.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			21118.			21118.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	a			46026.			
	b Less direct expenses						
	c Net income or (loss) from fundraising events			46026.			46026.
	9 a Gross income from gaming activities See Part IV, line 19						
	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
a							
b Less cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a REC FUNDS/MISC.	900099		5987.	5987.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			5987.				
12 Total revenue. See instructions.			547157.	5987.	0.	67144.	

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).

Do not include amounts reported on lines 6b, 7b, 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				
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				
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	35000.	35000.		
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	73102.	73102.		
c Accounting	44633.	44633.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17	26611.			26611.
f Investment management fees	3533.		3533.	
g Other				
12 Advertising and promotion				
13 Office expenses	4474.	4474.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	4063.	4063.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	210.	210.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87027.	87027.		
23 Insurance	69537.	69537.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>VEHICLE REPAIRS & MAINT</u>	179904.	179904.		
b <u>MUSEUM EXPENSE</u>	36851.	36851.		
c <u>UTILITIES</u>	29314.	29314.		
d <u>REPAIRS AND MAINTENANCE</u>	24008.	24008.		
e <u>GAS AND OIL</u>	23402.	23402.		
f All other expenses	120803.	120803.		
25 Total functional expenses. Add lines 1 through 24f	762472.	732328.	3533.	26611.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	<2.>	1	<1.>
	2 Savings and temporary cash investments	1193365.	2	1099599.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	8610.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	12000.	8	12000.
	9 Prepaid expenses and deferred charges	43469.	9	46434.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 3659125.		
	b Less accumulated depreciation	10b 3005570.	10c	653555.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	176343.	12	147946.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1435.	15	477.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2156566.	16	1968620.	
Liabilities	17 Accounts payable and accrued expenses	11076.	17	23450.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	11076.	26	23450.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	4748007.	30	2145490.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	<2602517.>	32	<200320.>
	33 Total net assets or fund balances	2145490.	33	1945170.
34 Total liabilities and net assets/fund balances	2156566.	34	1968620.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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?

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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MANASSAS VOLUNTEER FIRE COMPANY, INC.

Employer identification number

54-6052423

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	220440.			220440.
b Buildings	947756.		630044.	317712.
c Leasehold improvements				
d Equipment	2398111.		2287460.	110651.
e Other	92818.		88066.	4752.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				653555.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
MUTUAL FUNDS	147946.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	147946.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1 Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	547157.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	762472.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<215315.>
4	Net unrealized gains (losses) on investments	4	17141.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<2146.>
9	Total adjustments (net) Add lines 4 through 8	9	14995.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<200320.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	571951.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	17141.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	9087.
e	Add lines 2a through 2d	2e	26228.
3	Subtract line 2e from line 1	3	545723.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1434.
c	Add lines 4a and 4b	4c	1434.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	547157.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	772271.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	67308.
e	Add lines 2a through 2d	2e	67308.
3	Subtract line 2e from line 1	3	704963.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	57509.
c	Add lines 4a and 4b	4c	57509.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	762472.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

REVERSE EOY ACCRUED INTEREST: 477.

REVERSE EOY A/R: 8610.

REVERSE EOY PREPAID EXPENSES: 46433.

REVERSE EOY A/P: -17570.

REVERSE EOY ACCRUED EXPENSES: -5880.

REVERSE EOY A/P: 11076.

Part XIV Supplemental Information (continued)

REVERSE BOY PREPAID EXPENSES: -43469.

REVERSE BOY ACCRUED INTEREST: -1429.

BOOK VS. TAX DEPRECIATION DIFFERENCE: -394.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ACCRUED INTEREST - EOY: 477.

ACCOUNTS RECEIVABLE - EOY: 8610.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ACCRUED INTEREST - BOY: 1434.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

REVERSE EOY A/P: 17570.

REVERSE EOY ACCRUAL OF DUE TO MEMBERS : 5880.

REVERSE BOY PREPAID EXPENSES: 43464.

BOOK VERSUS TAX DEPRECIATION: 394.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

REVERSE EOY PREPAID EXPENSES: 46433.

REVERSE BOY A/P: 11076.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

- ▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

MANASSAS VOLUNTEER FIRE COMPANY, INC.

Employer identification number

54-6052423

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
UNITED FUNDING SERVICES, LLC	TWIN PHOTOS FUNDRAISING		X	46026.	26611.	19415.
Total				46026.	26611.	19415.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	TWIN PHOTOS FUNDRAISING (event type)	(event type)	NONE (total number)	
Revenue				
1 Gross receipts	46026.			46026.
2 Less. Charitable contributions				
3 Gross income (line 1 minus line 2)	46026.			46026.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	26611.			26611.
10 Direct expense summary Add lines 4 through 9 in column (d)				(26611)
11 Net income summary Combine line 3, column (d), and line 10				19415.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

9a

10a

11

12

13 Indicate the percentage of gaming activity operated in**a** The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and recordsName ► **JASON LESNIK**Address ► **13430 HIDDEN MEADOW CT - HERNDON, VA 20171****15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.**c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

MANASSAS VOLUNTEER FIRE COMPANY, INC.

Employer identification number

54-6052423

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

VOLUNTEER FIRE DEPARTMENT

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SIMILAR SERVICE TO THE SURROUNDING COMMUNITY IF PRACTICABLE.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE RETURN ARE PROVIDED
TO THE BOD, WHICH INCLUDES THE PRESIDENT AND TREASURER FOR REVIEW.

FORM 990, PART VI, SECTION C, LINE 19: OPEN FOR PUBLIC INSPECTION ON
WEBSITE AND UPON REQUEST.

BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF AUDIT AND
RESPONSIBILITY OF FINANCIAL STATEMENTS, AS WELL AS SELECTION OF AUDITOR.
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Form **4562**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

2009Attachment
Sequence No **67****MANASSAS VOLUNTEER FIRE COMPANY, INC.****FORM 990 PAGE 10****54-6052423****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	800000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	84226.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts check here		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3116.	5 YEARS	HY	S/L	312.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	07 / 09	38535.	39 yrs	MM	S/L	2489.
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	87027.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V**Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year.					
43 Amortization of costs that began before your 2009 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

MANASSAS VOLUNTEER FIRE COMPANY DEPRECIATION SCHEDULE

(ALL DEPRECIATION IS S/L)

	Date	Life	Cost	A/D June 30,		Book Value June 30, 2009	July 1, 2009 - 6/30/10		A/D June 30, 2010		Book Value June 30, 2010
				2009	2009		Depreciation	Depreciation			
Antique Vehicles											
1929 Buffalo, 1947 Pumper, 1909 Horse Pumper only have restoration costs since 1990	yr 1990	10	66,865.57	66,865.57	0.00	0.00			66,865.57		0.00
			66,865.57	66,865.57	0.00	0.00	0.00	0.00	66,865.57	0.00	0.00
Land, Building & Improvements											
Land	1954		30,060.00	0.00		30,060.00			0.00		30,060.00
Building	1957	15	220,440.00	220,440.00		0.00			220,440.00		0.00
Addition	6/1/1974	15	10,000.00	10,000.00		0.00			10,000.00		0.00
Addition	1/1/1978	15	10,000.00	10,000.00		0.00			10,000.00		0.00
Roof	12/31/1986	15	18,750.00	18,750.00		0.00			18,750.00		0.00
Ceiling	5/20/1987	39	23,656.00	13,344.41		10,311.59	606.56		13,950.97		9,705.03
Generator	8/1/1990	7	6,044.10	6,044.10		0.00			6,044.10		0.00
Air Conditioner	4/1/1990	7	6,907.00	6,907.00		0.00			6,907.00		0.00
Cabinets	10/1/1990	7	2,885.56	2,885.56		0.00			2,885.56		0.00
New room addition	6/1/1990	15	30,911.93	30,911.93		0.00			30,911.93		0.00
Tiles work & ice machine	1/29/1991	15	4,302.11	4,302.11		0.00			4,302.11		0.00
Dishwasher	1/29/1991	7	625.50	625.50		0.00			625.50		0.00
AC Upgrade	6/25/1991	7	2,982.00	2,982.00		0.00			2,982.00		0.00
Bunkroom windows	8/27/1991	39	1,400.00	646.15		753.85	35.90		682.05		717.95
Site work	3/30/1993	39	13,771.84	5,649.99		8,121.85	353.12		6,003.11		7,768.73
Concrete ramp	9/28/1993	39	12,626.00	5,179.90		7,446.10	323.74		5,503.64		7,122.36
Addition	7/1/1994	39	376,335.56	144,744.45		231,591.11	9,649.63		154,394.08		221,941.48
Addition	7/1/1995	39	128,639.60	46,178.32		82,461.28	3,298.45		49,476.77		79,162.83
Flooring	7/1/1995	39	6,800.00	2,441.03		4,358.97	174.36		2,615.38		4,184.62
Parking lot	7/1/1995	15	32,563.00	30,392.13		2,170.87	2,170.87		32,563.00		0.00
Site work	1/1/1996	39	650.00	216.67		433.33	16.67		233.33		416.67
washer	3/17/1997	7	956.95	956.95		0.00			956.95		0.00
Intercom system	11/21/1997	7	3,068.50	3,068.50		0.00			3,068.50		0.00
Lights	12/1/1998	7	2,446.86	2,446.86		0.00			2,446.86		0.00
Garage doors	2/1/1998	15	14,199.00	10,412.60		3,786.40	946.60		11,359.20		2,839.80
Sound system	1/2/1998	7	1,045.75	1,045.75		0.00			1,045.75		0.00
Cabinets	2/15/1998	7	5,111.50	5,111.50		0.00			5,111.50		0.00
Signs	1/1/1999	7	4,092.61	4,092.61		0.00			4,092.61		0.00
Garage storage	8/15/2000	15	4,800.00	2,880.00		1,920.00	320.00		3,200.00		1,600.00
Shed	9/15/2000	15	11,181.83	6,709.10		4,472.73	745.46		7,454.55		3,727.28
BR remodeling, floors in bay, roof, front concrete	1/1/2008	39	108,176.45	4,160.63		104,015.82	2,773.76		6,934.39		101,242.06
Replaced boiler system	1/1/2008	39	34,278.00	1,318.38		32,959.62	878.92		2,197.31		32,080.69
Fire Detection System	5/1/2009	39	30,584.32	0.00		30,584.32	2,378.77		2,378.77		28,205.55
Fire Detection System (pmt 12/11/09)*	12/11/2009	15	7,903.95				526.93		526.93		7,377.02
			1,168,195.92	604,844.12		555,447.85	25,199.74		630,043.86		538,152.06

MANASSAS VOLUNTEER FIRE COMPANY DEPRECIATION SCHEDULE

(ALL DEPRECIATION IS S/L)

	Date	Life	Cost	A/D June 30, 2009	Book Value June 30, 2009	July 1, 2009 - 6/30/10 Depreciation	A/D June 30, 2010	Book Value June 30, 2010
Trucks & Equipment								
1980 Chevy pickup-Brush truck	1983	10	10,767.00	10,767.00	0.00		10,767.00	0.00
1966 Seagrave Pumper	Pre 1983	10	0.00	0.00	0.00		0.00	0.00
1975 Hahn Pumper	Pre 1983	10	0.00	0.00	0.00		0.00	0.00
1982 Hahn Pierce Pumper	1982	10	151,604.00	151,604.00	0.00		151,604.00	0.00
Hahn Pumper refurbish costs-'87	1987	10	54,250.00	54,250.00	0.00		54,250.00	0.00
1992 Emerg1 Pumper	2/16/1992	10	251,023.00	251,023.00	0.00		251,023.00	0.00
1992 E-1 Tower, Platform	9/10/1993	10	600,553.00	600,553.00	0.00		600,553.00	0.00
1994 Chevy Suburban	8/31/1994	5	27,191.04	27,191.04	0.00		27,191.04	0.00
1996 Attack1 Mini Pumper	3/1/1996	10	91,040.00	91,040.00	0.00		91,040.00	0.00
1993 Hazmat Vehicle	12/1/1997	10	11,755.00	11,755.00	0.00		11,755.00	0.00
1997 Quantum Pierce firetruck	12/1/1997	10	322,754.00	322,754.00	0.00		322,754.00	0.00
Radio Equipment	6/1/1998	7	8,196.46	8,196.46	0.00		8,196.46	0.00
1966 Seagrave Refurbished	8/15/1998	10	16,125.00	16,125.00	0.00		16,125.00	0.00
Pierce Truck Refurbish costs	7/1/1999	10	121,879.00	121,879.00	0.00		121,879.00	0.00
1999 Chevy Suburban	7/1/1999	5	24,242.00	24,242.00	0.00		24,242.00	0.00
New Pierce Pumper	2/2/2002	10	426,279.00	298,395.30	127,883.70	42,627.90	341,023.20	85,255.80
2003 Chevy Utility Truck	11/2/2002	5	30,627.00	30,627.00	0.00		30,627.00	0.00
LED Lights (Tower-1)	6/7/2003	5	7,192.99	7,192.99	0.00		7,192.99	0.00
2004 Chevy Suburban (DFP-COM)	6/7/2004	5	42,702.00	42,702.00	0.00		42,702.00	0.00
2006 Ford F350	12/4/2006	5	36,542.21	21,925.33	14,616.88	7,308.44	29,233.77	7,308.44
			2,234,722.70	2,092,222.12	142,500.58	49,936.34	2,142,158.46	92,564.24
Firehouse Furniture & fixtures								
Furniture	5/1/1989	7	3,411.56	3,411.56	0.00		3,411.56	0.00
Furniture	6/26/1990	7	2,789.00	2,789.00	0.00		2,789.00	0.00
Bingo machine	2/26/1991	7	4,150.00	4,150.00	0.00		4,150.00	0.00
Washing machine	1/15/1998	7	852.23	852.23	0.00		852.23	0.00
Cabinets	9/2/1999	7	1,420.00	1,420.00	0.00		1,420.00	0.00
Cabinets	10/1/1999	7	1,744.00	1,744.00	0.00		1,744.00	0.00
Blinds	10/1/1999	7	3,792.00	3,792.00	0.00		3,792.00	0.00
Haverty furniture	2/27/2008	7	4,081.65	874.64	3,207.01	583.09	1,457.73	2,623.92
Sofa	2/27/2008	7	1,300.00	255.36	1,044.64	185.71	441.07	858.93
Television	3/11/2008	7	1,395.67	265.84	1,129.83	199.38	465.22	930.45
Computer software	6/27/2008	3	1,017.48	339.16	678.32	339.16	678.32	339.16
			25,953.59	19,893.79	6,059.80	1,307.35	21,201.14	4,752.45
Firehouse Equipment								
Various items pre 94 (see perm file)	pre 1994	7	23,105.69	23,105.69	0.00		23,105.69	0.00
Computer	7/14/1997	5	2,816.00	2,816.00	0.00		2,816.00	0.00
Station equipment	2/15/1998	7	406.46	406.46	0.00		406.46	0.00
Fax machine	2/15/1998	7	1,045.24	1,045.24	0.00		1,045.24	0.00

MANASSAS VOLUNTEER FIRE COMPANY DEPRECIATION SCHEDULE

(ALL DEPRECIATION IS S/L)

	Date	Life	Cost	A/D June 30, 2009	Book Value June 30, 2009	Depreciation July 1, 2009 - 6/30/10	A/D June 30, 2010	Book Value June 30, 2010
Critical Response apparatus	5/1/1998	7	9,939.68	9,939.68	0.00		9,939.68	0.00
Computers	11/1/1999	5	2,375.00	2,375.00	0.00		2,375.00	0.00
Computer	7/1/2001	5	7,984.00	7,984.00	0.00		7,984.00	0.00
Bingo machine	2/2/2002	7	20,590.00	20,590.00	0.00		20,590.00	0.00
Airconditioner	8/2/2002	7	4,569.25	4,569.25	0.00		4,569.25	0.00
Copier	9/2/2002	7	4,957.00	4,957.00	0.00		4,957.00	0.00
Radios	1/2/2002	7	17,429.12	17,429.12	0.00		17,429.12	0.00
Computer	8/15/2002	5	1,350.00	1,350.00	0.00		1,350.00	0.00
Computer	11/1/2002	5	1,099.00	1,099.00	0.00		1,099.00	0.00
Fitness equipment	5/20/2004	7	9,465.00	6,760.71	2,704.29	1,352.14	8,112.86	1,352.14
Rescue equipment	7/27/2004	7	14,464.77	10,331.98	4,132.79	2,066.40	12,398.37	2,066.40
Rescue equipment	12/8/2004	7	3,045.60	2,175.43	870.17	435.09	2,610.51	435.09
Fitness equipment	6/7/2004	7	8,893.80	6,352.71	2,541.09	1,270.54	7,623.26	1,270.54
HP Computer	8/22/2006	5	4,468.67	2,681.20	1,787.47	893.73	3,574.94	893.73
Copier	10/30/2006	7	8,496.00	3,722.07	4,773.93	1,699.20	5,421.27	3,074.73
Fire equipment	5/15/2007	3	2,058.69	1,429.65	629.04	629.04	2,058.69	0.00
Garmin GPS	5/15/2007	5	1,853.97	772.49	1,081.48	370.79	1,143.28	710.69
HP Laptop	12/25/2007	5	1,959.21	587.76	1,371.45	391.84	979.61	979.61
Camera	4/30/2008	5	7,900.00	1,843.33	6,056.67	1,580.00	3,423.33	4,476.67
CPR Dummy**	1/11/2010	5	3,115.77	0.00	0.00	288.53	288.53	2,827.24
TOTALS			163,387.92	134,323.78	25,948.37	10,977.31	145,301.09	18,086.83

TOTALS	\$3,659,125.70	\$2,918,149.37	\$729,956.61	\$87,420.74	\$3,005,570.11	\$653,555.59
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Difference in depreciation for fire detection system
GAAP versus book useful lives \$ (417.15)
Difference in depreciation for CPR dummy date
placed in service (GAAP) versus 1/2 year convention \$ 23.05

TAX BASIS DEPRECIATION.
\$87,026.64

* Tax useful life = 39 years, GAAP estimated life = 15 years

** Tax convention = 1/2 year

50015

Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► 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	Name of Exempt Organization	Employer identification number
	MANASSAS VOLUNTEER FIRE COMPANY, INC.	54-6052423
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 46	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions MANASSAS, VA 20108	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" 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 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 |

ORGANIZATION

- The books are in the care of ► **MANASSAS, VA - 20110**
Telephone No ► **703-368-6211** 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

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, 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 **JUL 1, 2009**, and ending **JUN 30, 2010**

- 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	\$ N/A

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.

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

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