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Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2009

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		BRIDGEPORT VOLUNTEER FIRE DEPARTMENT INC		55-6038702
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		Room/suite		304-842-8252
P.O. BOX 59 City or town, state or country, and ZIP + 4 BRIDGEPORT, WV 26330		F Group Exemption Number		

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) _____

I Website: N/A

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

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ **77,030.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	53,835.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	5,465.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	16,222.
	6b	Less: direct expenses other than fundraising expenses	6b	10,025.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,197.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe) VENDING INCOME	8	1,508.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	67,005.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	4,089.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,513.
	14	Occupancy, rent, utilities, and maintenance	14	106,626.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe) SEE STATEMENT 1	16	15,801.
	17	Total expenses. Add lines 10 through 16	17	131,029.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<64,024.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	540,708.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	<13,364.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	463,320.

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	452,898.	22 463,027.
23 Land and buildings	329,677.	23 0.
24 Other assets (describe) SEE STATEMENT 2	13,362.	24 720.
25 Total assets	795,937.	25 463,747.
26 Total liabilities (describe) SEE STATEMENT 3	255,229.	26 427.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	540,708.	27 463,320.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 9

28a	118,354.
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29a	500.
-----	------

30

30a

31a

32	118,854.
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[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	X	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.	
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	N/A	
b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ WV		
42a The organization's books are in care of ▶ MIKE FREEMAN Telephone no. ▶ 304-842-8252		
Located at ▶ MAIN STREET FIREHOUSE, BRIDGEPORT, WV ZIP + 4 ▶ 26330		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		<input checked="" type="checkbox"/>
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		

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

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

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

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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	
	James M. Freeman, Treasurer		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (See instr.)	
	TOOTHMAN RICE, P.L.L.C. P.O. BOX 908 BRIDGEPORT, WV 26330		EIN Phone no. (304) 624-5471

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BRIDGEPORT VOLUNTEER FIRE DEPARTMENT INC

Employer identification number

55-6038702

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	95,083.	80,764.	51,572.	28,566.	20,810.	276,795.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	120,745.	53,301.	57,812.	61,248.	33,025.	326,131.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	215,828.	134,065.	109,384.	89,814.	53,835.	602,926.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						100,265.
6 Public support. Subtract line 5 from line 4						502,661.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	215,828.	134,065.	109,384.	89,814.	53,835.	602,926.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,000.	5,757.	5,380.	5,443.	5,465.	27,045.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						629,971.
12 Gross receipts from related activities, etc. (see instructions)					12	103,103.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	79.79 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	73.78 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

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

Name of the organization

BRIDGEPORT VOLUNTEER FIRE DEPARTMENT INC

Employer identification number
55-6038702

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

[illegible]

- 2 Did or will any officer, director, trustee, or key employee of the organization:**

- a Become a director or trustee of a successor or transferee organization?**

- b. Become an employee of, or independent contractor for, a successor or transferee organization?**

- c** Become a direct or indirect owner of a successor or transferee organization?

- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

- e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

	Yes	No
2a		X
2b		X
2c		X
2d		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule N (Form 990 or 990-EZ) 2009

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?

b If "Yes," provide the date of the letter. **▶** . Attach a copy of the letter and, if applicable, the organization's request for the letter.

5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

6 Did the organization discharge or pay all liabilities in accordance with state laws?

7a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

	Yes	No
3	<input checked="" type="checkbox"/>	
4a		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6		<input checked="" type="checkbox"/>
7a		<input checked="" type="checkbox"/>
7b		<input checked="" type="checkbox"/>

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
SEE STATEMENT 5		02/09/10	3,589	SEE STATEMENT 5	55-6000151	CITY OF BRIDGEPORT MAIN STREET BRIDGEPORT, WV 26330	POLITICAL SUBDIVISION - CITY

2	Did or will any officer, director, trustee, or key employee of the organization.	Yes	No
a	Become a director or trustee of a successor or transferee organization?		<input checked="" type="checkbox"/>
b	Become an employee of, or independent contractor for, a successor or transferee organization?		<input checked="" type="checkbox"/>
c	Become a direct or indirect owner of a successor or transferee organization?		<input checked="" type="checkbox"/>
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		<input checked="" type="checkbox"/>
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III		<input checked="" type="checkbox"/>

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
VENDING	1,730.
VEHICLE MAINTENANCE	1,287.
TRAINING AND TRAINING EQUIPMENT	2,878.
ADMINISTRATIVE EXPENSES	1,535.
FUNDRAISING	2,072.
MISCELLANEOUS	840.
PERSONAL EQUIPMENT FOR FIREFIGHTING	1,403.
BANK ADJUSTMENTS AND CHARGES	96.
CHRISTMAS PARTY	874.
INSURANCE	3,086.
TOTAL TO FORM 990-EZ, LINE 16	15,801.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
RECEIVABLES	13,362.	0.
OTHER DEPRECIABLE ASSETS	0.	720.
TOTAL TO FORM 990-EZ, LINE 24	13,362.	720.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	84.	427.
BC BANK LEASE PAYABLE	255,145.	0.
TOTAL TO FORM 990-EZ, LINE 26	255,229.	427.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT TO CORRECT OVERSTATEMENT OF RECEIVABLE	<13,364.>
TOTAL TO FORM 990-EZ, LINE 20	<13,364.>

FOOTNOTES

STATEMENT 5

STATEMENT OF DISTRIBUTION OF ASSETS AND CONTRACTION

ON FEBRUARY 9, 2010, THE ORGANIZATION DONATED ALL OF IT'S FIRE FIGHTING AND RESCUE EQUIPMENT BUILDING IMPROVEMENTS, AND FURNITURE TO THE CITY OF BRIDGEPORT, WEST VIRGINIA. THE NET BOOK VALUE OF EQUIPMENT CONTRIBUTED WAS:	230,288.
THE CITY ALSO ASSUMED THE LOAN OUTSTANDING ON A FIRE ENGINE IN THE AMOUNT OF:	<226,699.>
NET ASSETS CONTRIBUTED	3,589.

THE ORGANIZATION AGREED WITH THE CITY TO REDUCE THE
SCOPE OF THE ORGANIZATIONS ACTIVITIES REGARDING SOLICITATION
OF CONTRIBUTIONS FROM THE GENERAL PUBLIC, AND WILL NO LONGER
RECEIVE GOVERNMENT GRANTS \$33,025 IN 2010 AND \$61,249 IN
2009). DUE TO THE REDUCED ANTICIPATED CONTRIBUTIONS AND
GOVERNMENT GRANT INCOME, FUTURE YEAR SUPPORT SERVICE
EXPENSES WILL BE SUBSTANTIALLY REDUCED FROM CURRENT AND
PRIOR PERIOD LEVELS.

DUE TO THE EXPENSE INVOLVED WITH AN APPRAISAL AND
THE FACT THAT THE CITY OF BRIDGEPORT WAS THE INTENDED
RECIPIENT OF THE ORGANIZATIONS PURPOSE, NO APPRAISAL WAS
OBTAINED.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	6
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DESCRIPTION	AMOUNT
DEPRECIATION	98,669.
OTHER EXPENSES	7,957.
TOTAL TO FORM 990-EZ, LINE 14	106,626.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	7
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
GOVERNMENTAL CITY OF BRIDGEPORT MAIN STREET BRIDGEPORT, WV 26330	SUPPORTED ORGANIZATION	3,589.
SCHOLARSHIP	NONE	500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10	4,089.
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FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

SUPPORT CITY OF BRIDGEPORT FIRE DEPARTMENT IN FIRE, RESCUE AND AMBULANCE SERVICES TO RESIDENTS OF HARRISON COUNTY, FIRE AND EMS TRAINING, COMMUNITY CPR TRAINING AND VARIOUS OTHER PUBLIC SERVICES

990-EZ PG 2

STATEMENT 10

TO ASSIST THE CITY OF BRIDGEPORT FIRE DEPARTMENT

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OCCUPANCY, RENT, UTILITIES											
1	(D)EQUIPMENT	123193SL		5.00	16	4,965.			4,965.	4,965.		0.
2	(D)KITCHEN FURNITURE	123193SL		7.00	16	33,156.			33,156.	33,156.		0.
3	(D)EQUIPMENT	123194SL		5.00	16	4,398.			4,398.	4,398.		0.
4	(D)FURNISHINGS	123194SL		7.00	16	12,912.			12,912.	12,912.		0.
5	(D)BUILDING CONSTRUCTION	123194SL		40.00	16	99,182.			99,182.	35,960.		1,653.
6	(D)ADDITIONAL BUILDING COMPONENTS	123194SL		40.00	16	47,653.			47,653.	17,270.		794.
8	(D)RADIO FOR #25	041596SL		5.00	16	2,000.			2,000.	2,000.		0.
9	(D)NEW PAGERS	060496SL		5.00	16	1,600.			1,600.	1,600.		0.
10	(D)EMERGENCY POWER SOURCE	121995SL		5.00	16	3,325.			3,325.	3,325.		0.
11	(D)DAYROOM FURNITURE	080895SL		5.00	16	1,590.			1,590.	1,590.		0.
12	(D)CARPET UPSTAIRS	031697SL		7.00	16	1,389.			1,389.	1,389.		0.
13	(D)FINISH UPSTAIRS	063097SL		20.00	16	1,400.			1,400.	840.		47.
14	(D)HURST EQUIPMENT	050797SL		5.00	16	12,000.			12,000.	12,000.		0.
15	(D)SQUAD RADIOS	060198SL		5.00	16	1,789.			1,789.	1,789.		0.
16	(D)ELECTRICAL WORK	072397SL		20.00	16	1,021.			1,021.	608.		34.
17	(D)AIR MASKS	012098SL		5.00	16	1,333.			1,333.	1,333.		0.
18	(D)HVAC REDO	092997SL		15.00	16	2,950.			2,950.	2,315.		131.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	(D) HAVC	011198SL		15.00	16	7,300.			7,300.	5,600.		324.
20	(D) AIR COMPRESSOR	112898SL		7.00	16	17,137.			17,137.	17,137.		0.
21	(D) AIR PACKS	122099SL		10.00	16	26,581.			26,581.	25,251.		1,330.
22	(D) AIR PACK UPGRADE	050900SL		10.00	16	1,156.			1,156.	1,063.		77.
23	(D) 116 TON AIR BAG	082799SL		10.00	16	6,000.			6,000.	5,900.		100.
24	(D) HURST TOOL AND AIR BAG	061300SL		10.00	16	6,639.			6,639.	6,031.		443.
25	(D) NOZZLES AND GATED WYES	083099SL		10.00	16	2,724.			2,724.	2,675.		45.
26	(D) HOSE NOZZLES	061400SL		10.00	16	1,270.			1,270.	1,154.		85.
27	(D) MINI PUMPER	112401SL		7.00	16	25,000.			25,000.	24,997.		0.
28	(D) BOAT MOTOR	031402SL		7.00	16	1,600.			1,600.	1,600.		0.
29	(D) LADDER TRUCK	041602SL		10.00	16	227,500.			227,500.	163,042.		15,167.
30	(D) FIBULATOR	121002SL		5.00	16	2,049.			2,049.	2,049.		0.
31	(D) PAINTING LADDER TRUCK	090902SL		10.00	16	25,925.			25,925.	17,718.		1,728.
32	(D) HAZ MAT TRAILER	110902SL		5.00	16	5,104.			5,104.	5,104.		0.
33	(D) PROTECTIVE EQUIPMENT	080102SL		10.00	16	63,077.			63,077.	43,630.		4,205.
34	(D) DEFIBULATOR	080102SL		5.00	16	4,007.			4,007.	4,007.		0.
35	(D) CAMERA - INFA RED	071703SL		7.00	16	10,722.			10,722.	9,064.		1,021.
36	(D) ANTENNA	111703SL		5.00	16	1,360.			1,360.	1,360.		0.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	(D) MINI CUTTER	012104SL		5.00	16	1,301.			1,301.	1,301.		0.
38	(D) SAWS	062504SL		5.00	16	2,270.			2,270.	2,270.		0.
39	(D) HURST JAWS	062204SL		5.00	16	7,200.			7,200.	7,200.		0.
40	(D) PAGER/CHARGERS	012405SL		5.00	16	4,698.			4,698.	4,152.		546.
41	(D) FIRE SAFETY EQUIPMENT	020305SL		5.00	16	1,030.			1,030.	910.		120.
42	(D) FIRE SAFETY EQUIPMENT	031005SL		5.00	16	5,356.			5,356.	4,641.		715.
43	(D) FIRE SAFETY EQUIPMENT	060205SL		5.00	16	1,290.			1,290.	1,054.		172.
44	(D) PIEMAN SEAL KIT	063005SL		5.00	16	1,214.			1,214.	972.		162.
45	(D) NEW ENGINE #22	062405SL		5.00	16	3,483.			3,483.	2,788.		464.
46	(D) 2005 PIERCE ENFORCER ENGINE	051905SL		5.00	16	392,090.			392,090.	320,207.		52,279.
47	(D) 4 KENWOOD PORTABLE RADIOS	081105SL		5.00	16	2,734.			2,734.	2,142.		365.
48	(D) 9 KENWOOD PORTABLE RADIOS	073105SL		5.00	16	7,371.			7,371.	5,773.		983.
49	(D) FIREHOOKS											
49	HYDRA-RAM II TOOL	080505SL		5.00	16	1,931.			1,931.	1,512.		257.
50	(D) ON-SPOT CHAINS	121505SL		5.00	16	1,995.			1,995.	1,430.		266.
51	(D) 4 MOTOROLA XLT 2500 RADIOS	011306SL		5.00	16	14,056.			14,056.	9,839.		1,874.
52	(D) 6 MOTOROLA XTS 2500 RADIOS	123105SL		5.00	16	11,808.			11,808.	8,267.		1,574.
53	(D) 2006 FORD EXPLORER	061306SL		5.00	16	27,580.			27,580.	17,008.		3,677.
54	(D) ROLL AND RACK UNIT	063006SL		5.00	16	1,953.			1,953.	1,173.		260.

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	(D) LIGHT BAR WITH TRAFFIC ADVISOR	060110	SL	5.00	16	1,700.			1,700.	1,048.		227.
56	(D) COMPUTER	082096	SL	5.00	16	2,804.			2,804.	2,804.		0.
59	(D) POOL TABLE	012398	SL	7.00	16	1,725.			1,725.	1,725.		0.
61	(D) FIRE MANAGEMENT SOFTWARE	012099	SL	5.00	16	3,227.			3,227.	3,227.		0.
64	(D) COMPUTER TRAINING	082499	SL	5.00	16	2,296.			2,296.	2,296.		0.
66	(D) PRINTER - DAYROOM	042902	SL	5.00	16	1,424.			1,424.	1,424.		0.
69	(D) CARPETING	072904	SL	7.00	16	1,941.			1,941.	1,362.		185.
71	(D) FURNITURE	090904	SL	7.00	16	2,334.			2,334.	1,610.		222.
73	(D) 10 NEW PAGERS	101806	SL	5.00	16	3,525.			3,525.	1,880.		470.

928102
08-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
76	(D) 10 SMALL TALK PLUS UNITS	101806SL	5.00	16		3,400.			3,400.	1,813.		453.
77	(D) 8 SMALL TALK PLUS UNITS	120306SL	5.00	16		1,769.			1,769.	914.		236.
78	(D) WILLIAMS VALVE ENG	062307SL	5.00	16		2,329.			2,329.	932.		311.
79	(D) HIGH RISE HOSE	100807SL	5.00	16		1,477.			1,477.	517.		197.
80	(D) STREAMLIGHT LED SURVIVOR	072507SL	5.00	16		1,933.			1,933.	741.		258.
81	(D) HELMETS	080507SL	5.00	16		1,587.			1,587.	608.		212.
82	(D) ELECTRIC FAN	080507SL	5.00	16		1,877.			1,877.	719.		250.
83	(D) 6 SETS OF GEAR	100107SL	5.00	16		10,016.			10,016.	3,505.		1,335.
84	COMPUTER	121008SL	5.00	16		1,054.			1,054.	123.		211.
85	(D) 10 SETS OF GEAR	060709SL	5.00	16		17,656.			17,656.	294.		2,354.
86	(D) STREAMLIGHTS	030509SL	5.00	16		1,100.			1,100.	73.		147.
	* 990-EZ PG 1 TOTAL OCCUPANCY, RENT, U					1,243,693.		0.	1,243,693.	914,016.	0.	98,669.
	* GRAND TOTAL 990-EZ PG 1 DEPR					1,243,693.		0.	1,243,693.	914,016.	0.	98,669.
	Less to City of Bort					1,220,665				871,919		98,458
	Scrapped					21,974				21,974		-

Net Book Value 230,388

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Ending Bal.

1,054

123

211

**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 ☒ **Part I**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Bridgeport Volunteer Fire Department, Inc.		Employer identification number 55 6038702	
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 59			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bridgeport, WV 26330			

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

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

- The books are in the care of ► **Mike Freeman Main Street Firehouse - Bridgeport WV, 26330**

Telephone No. ► (**304**) **842-8252** 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**, 20 **11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 or
- ☒ tax year beginning **July 1**, 20 **09**, and ending **June 30**, 20 **10**.

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

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