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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ 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.*

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 08-01-2009 , and ending 07-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ALABAMA ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
660 ADAMS AVENUE SUITE 345 No 345

City or town, state or country, and ZIP + 4
MONTGOMERY, AL 36104

D Employer identification number
63-0883882

E Telephone number
(334) 262-2833

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: ▶ WWW AAVFD ORG

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

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

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 ▶ $ 461,263

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	105,000
	2	Program service revenue including government fees and contracts		2	124,576
	3	Membership dues and assessments		3	41,759
	4	Investment income		4	736
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	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 ▶ ☑			
	a	Gross revenue (not including $ _of contributions reported on line 1)	6a	161,412	
	b	Less direct expenses other than fundraising expenses	6b	206,408	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	-44,996
	7a	Gross sales of inventory, less returns and allowances	7a	1,979	
	b	Less cost of goods sold	7b	4,013	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-2,034
	8	Other revenue (describe ▶)		8	25,801
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	250,842
Expenses	10	Grants and similar amounts paid (attach schedule)		10	187,596
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	33
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	10,532
	15	Printing, publications, postage, and shipping		15	46,405
	16	Other expenses (describe ▶)		16	108,928
	17	**Total expenses.** Add lines 10 through 16 ▶		17	353,494
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-102,652
	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	180,959
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	78,307

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	161,069	22	58,417
23	Land and buildings		23	
24	Other assets (describe ▶)	19,890	24	19,890
25	**Total assets**	180,959	25	78,307
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	180,959	27	78,307

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
SERVING VOLUNTEER FIREFIGHTERS OF ALABAMA

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (attach schedule) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 353,494

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

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	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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?	35a	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 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	40b		No
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	40e		No

41 List the states with which a copy of this return is filed ▶

42a The organization's books are in care of ▶ CHARLES JACKSON Telephone no ▶ (334) 262-2833

Located at ▶ 660 ADAMS AVENUE SUITE 345 No 345 MONTGOMERY, AL ZIP + 4 ▶ 36104

			Yes	No
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)?	42b		No
	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 ?	42c		No
	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

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
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.*	45		No

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

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

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

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

50(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		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please 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 — 2011-06-02 — Date

CHARLES JACKSON Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's identifying number (See instructions)
M CHAD SINGLETARY CPA	2011-06-02	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4: CARR RIGGS & INGRAM LLC, 7550 HALCYON SUMMIT DRIVE, MONTGOMERY, AL 36117

EIN ▶

Phone no ▶ (334) 271-6678

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

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SCHEDULE A (Form 990 or 990EZ)

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
ALABAMA ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS INC

Employer identification number
63-0883882

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 **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 331/3% 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 331/3% 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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 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 ")	112,251	100,000	100,000	100,000	105,000	517,251
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	112,251	100,000	100,000	100,000	105,000	517,251
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						517,251

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	112,251	2,985	100,000	100,000	105,000	517,251
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,089	2,985	1,797	1,833	734	9,438
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,479	1,220	1,202	7,594	25,801	37,296
11 **Total support** (Add lines 7 through 10)						563,985

12	Gross receipts from related activities, etc (See instructions)	12	716,439

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	91 710 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	72 950 %

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 ☑

b **33 1/3% support test—2008.** If the organization did not check the 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 ☐

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 ☐

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 ☐

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 ☐

Part III Support Schedule for Organizations Described in IRC 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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

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

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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
ALABAMA ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS INC

Employer identification number
63-0883882

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 e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a 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 activities? ☐ **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 Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(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
Total . . . . . ▶						

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 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

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	161,412			161,412
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses	206,408			206,408
	6 Volunteer labor	☐ Yes ____ % ☑ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				206,408
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				-44,996

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities AL			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11	Yes	
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?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**	100 000 %	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			

Name ▶ GOOD TIMES BINGO

Address ▶ 2334 E SOUTH BOULEVARD
MONTGOMERY, AL 36116

15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ GOOD TIMES BINGO

Gaming manager compensation ▶ $ _____

Description of services provided ▶ PROVISION OF FACILITIES, EQUIPMENT, AND SUPPLIES FOR BINGO GAMES

☐ 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**		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: ALABAMA ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS INC

EIN: 63-0883882

Item No.	1
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	APPLETON VOLUNTEER FIRE DEPARTMENT
Donee's Address	3538 MASON MILLPOND ROAD BREWTON, AL 36426
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Additional Data

Software ID:
Software Version:
EIN: 63-0883882
Name: ALABAMA ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	**Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)**	
28 Low cost fire insurance is offered to the organization's members Premiums are collected from members and paid to the insurance company (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	60,697
29 The organization publishes a bimonthly newsletter for its members (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	46,405
30 Grants to members for wildland fire prevention programs (Grants $ 187,596) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	187,596
Sponsored competition at annual conference, support money to the host region (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		3,018
Provision of support association for volunteer fire departments in the state of Alabama (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		55,778

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
Chauncey Wood 660 Adams Avenue Suite 345 Montgomery, AL 36104	President 0 00	0	0	0
William Neal 660 Adams Avenue Suite 345 montgomery, AL 36104	First Vice President 0 00	0	0	0
STEVE DENNIS 660 Adams Avenue Suite 345 montgomery, AL 36104	Second Vice President 0 00	0	0	0
DERRICK GATLIN 660 Adams Avenue Suite 345 montgomery, AL 36104	Third Vice President 0 00	0	0	0
Mary Jane Sells 660 Adams Avenue Suite 345 montgomery, AL 36104	Secretary 0 00	0	0	0
CHARLES JACKSON 660 Adams Avenue Suite 345 montgomery, AL 36104	Treasurer 0 00	0	0	0
Jerry Jackson 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0
Vernon Maroney 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0
Roger Wilson 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0
JOSEPH GOLDEN 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0
Billy Doss 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0
Scott Hallman 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0
Dan Hopkins 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0
Anthony WilKerson 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0
Robert Slaughter 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0
Mike Carlisle 660 Adams Avenue Suite 345 montgomery, AL 36104	Director 0 00	0	0	0

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
BUTCH LECOMPTE 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0
JOHN REGISTER 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0
Daniel Day 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0
Joey Moffett 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0
RAY HOGANS 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0
ROBBIE DAVIDSON 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0
Jimmy Looney 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0
Michael Moomaw 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0
Forrest Gregg 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0
Kalyn Ray 660 Adams Avenue Suite 345 montgomery,AL 36104	Director 0 00	0	0	0

Item No.	2
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	BAKERHILL VOLUNTEER FIRE DEPARTMENT
Donee's Address	1956 HIGHWAY 131 EUFAULA, AL 36027
Amount (FMV)	9,250
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	COWKIEE VOLUNTEER FIRE DEPARTMENT
Donee's Address	PO BOX 215 EUFAULA, AL 36027
Amount (FMV)	7,500
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	FLOMATON VOLUNTEER FIRE DEPARTMENT
Donee's Address	22475 HIGHWAY 31 FLOMATON, AL 36441
Amount (FMV)	7,000
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	FRISCO CITY VOLUNTEER FIRE DEPARTMENT
Donee's Address	29 SNIDER AVENUE FRISCO CITY, AL 36445
Amount (FMV)	5,200
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	GREEN'S CROSSROADS VOLUNTEER FIRE DEPARTMENT
Donee's Address	582 COUNTY ROAD 44 LOUISVILLE, AL 36048
Amount (FMV)	9,250
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	HEBRON VOLUNTEER FIRE DEPARTMENT
Donee's Address	3038 MOUNT HEBRON ROAD BOAZ, AL 35957
Amount (FMV)	6,200
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	LITTLE TEXAS VOLUNTEER FIRE DEPARTMENT
Donee's Address	3974 COUNTY ROAD 69 TUSKEGEE, AL 36083
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	LUVERNE VOULUNTEER FIRE DEPARTMENT
Donee's Address	PO BOX 249 LUVERNE, AL 36049
Amount (FMV)	8,750
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	MONROE COUNTY ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS
Donee's Address	160 EAST CLAIBORNE ST MONROEVILLE, AL 36460
Amount (FMV)	7,200
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	OPINE-TALLAHATTE SPRINGS VOLUNTEER FIRE DEPARTMENT
Donee's Address	12713 TALLAHATTA SPRINGS RD THOMASVILLE, AL 36784
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	SHELBY COUNTY FIREFIGHTER ASSOCIATION
Donee's Address	4895 HIGHWAY 47 SHELBY, AL 35143
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	fIRE PREVENTION GRANT
Donee's Name	WALKER COUNTY ASSOCIATION OF VOLUNTEER FIREFIGHTERS
Donee's Address	PO BOX 3194 JASPER, AL 35502
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2009 Other Assets Schedule

Name: ALABAMA ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS INC

EIN: 63-0883882

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	19,890	19,890

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TY 2009 Other Expenses Schedule

Name: ALABAMA ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS INC

EIN: 63-0883882

Description	Amount
Supplies	9,592
Conferences, Conventions, and Meetings	665
Competition	2,353
Membership and Dues	100
Honor Guard	2,724
Officer and Board Expenses	28,568
Trophies and Awards	2,875
Insurance	60,697
Bank Charges	551
Check Return	386
Miscellaneous	417

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TY 2009 Other Revenues Schedule

Name: ALABAMA ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS INC

EIN: 63-0883882

Description	Amount
Grant Return	2,032
Lister Visa Income	20,716
Other Income	2,703
HONOR GUARD	350

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TY 2009 Transfers Personal Benefits Contracts Declaration

Name: ALABAMA ASSOCIATION OF VOLUNTEER FIRE DEPARTMENTS INC

EIN: 63-0883882

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.