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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file

Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 17 25, 432. 18 22, 563. 19 148, 386. 20 20 21 170, 949.			e 2010 calendar year, or tax year beginning , 2010, and ending					
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organization chooses to file a return, be sure to file a complete return Ladd lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total sessets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 insidead of Form 990-EZ	K		if the organization is not a section 509(a)(3) supporting organization and its gross receipts are	norma	ally not more than			
L Add Innes 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total sasets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-E2 sasets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-E2 sasets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-E2 sasets (Part II, line 25, column (8) below are \$500,000 or more, file Form 990 instead of Form 990-E2 sasets (Part II, line 25, column (8) below are \$500,000 or more, or if total sasets (Part II, line 25, column (8) below are \$500,000 or more, or if total sasets (Part II, line 25, column (8) below are \$500,000 or more, file Form 990-E2 sasets (Part II, line 25, column (8) below are \$500,000 or more, or if total sasets (Part II, line 25, column (8) below are \$500,000 or more, file Form 990-E2 sasets (Part III, line 23, 415. 1 Contributions, gifts, grants, and smillar amounts received \$2 Program service revenue including government fees and contracts \$2 Program service revenue including government fees and contracts \$3 membership dues and assessments \$4 investment income \$4 993. 5 a Gross amount from sale of assest other than inventory \$5 a line		\$50,0	00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required	d (see	instructions) But if th	пе		
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Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	L	Add I	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal	►¢ 136 //º	56		
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11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 170, 949.	,	+						
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 3, 174. 25, 432. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 22, 563. 19 148, 386. 20 21 170, 949.	Έ. . Ε	1	·		· · · · · · · · · · · · · · · · · · ·			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 3, 174. 25, 432. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 22, 563. 19 148, 386. 20 21 170, 949.	ラ X フ P	1		⊢				
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 3, 174. 25, 432. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 22, 563. 19 148, 386. 20 21 170, 949.	· E	1		_				
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 3, 174. 25, 432. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 22, 563. 19 148, 386. 20 21 170, 949.	≓ S E							
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 17 25, 432. 18 22, 563. 19 148, 386. 20 20 21 170, 949.	Š	1				74		
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 17 23, 152. 18 22, 563. 19 148, 386. 20 21 170, 949.	>							
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figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 19 148, 386. 20 21 170, 949.		, ' '			22,5			
S 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 170, 949.	N S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	ear⊢₁	19 148 3	186		
S 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 170, 949.	E i	20				,,,,,,		
	:	5 20	- · · · · · · · · · · · · · · · · · · ·			149		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Page 2

	<u>(W</u>)	Check if the organization used Sche		estion in this Part II				X
-		one of gameaton door some	date of the respective to any quan			Beginning of year	ar	(B) End of year
22	Casl	n, savings, and investments				128,908.	. 22	150,184.
23	Land	d and buildings				11,270	. 23	15,429.
24	Othe	er assets (describe in Schedule O)	SEE SCHEDULE O)		8,208	. 24	5,336.
25	Tota	ıl assets				148,386	. 25	170,949.
26		Il liabilities (describe in Schedule O))		0	. 26	0.
27		assets or fund balances (line 27 of o				148,386	. 27	170,949.
Pa	₹ <u></u>							Expenses
		Check if the organization used Sc						uired for section c)(3) and 501(c)(4)
What	is the	organization's primary exempt purpose? SEE what was achieved in carrying out the he services provided, the number of	SCHEDULE O				orgar	nizations and section
desc	ribe t	he services provided, the number of	persons benefited, and other	relevant informatio	n fo	r each		(a)(1) trusts, optional
prog	ram t	itle					101 01	hers)
28	SEE	L SCHEDULE_Q				 _		
						· -		
	7,5					.=	20.	
29	(Gra	ants \$) If the	s amount includes foreign gr	ants, thete here			28 a	
29								
				. – – – – – – –		·		
	Gra	ants \$) If the	is amount includes foreign gr	ants, check here			29 a	
30	(0.0	, iii di.	o amount morado varengar ga					
	(Gra	ants \$) If th	is amount includes foreign gr	ants, check here		▶	30 a	
31	Oth	er program services (describe in Sch	edule O)					
			is amount includes foreign gr	ants, check here		>	31 a	
		al program service expenses (add lin		<u> </u>			32	
୯୭	₩.					en if not compensated.	. (see t	he instructions for Part IV.)
		Check if the organization used So	(b) Title and average hours			(d) Contributions	to	(e) Expense account
		(a) Name and address	per week devoted	not paid, enter -0		employee benefit plar	is and	and other allowances
			to position	•		deferred compensa	tion	
		DRIN	DIRECTOR		0.		0.	0.
		(183	2.00					
		ME 04015	1 CM VICE PARC		$\overline{}$			0.
		AVERY C 183	1ST VICE PRES. 2.00		0.		0.	U.
		ME 04015	2.00					
		MAINES	2ND VICE PRES.		0.		0.	0.
		K 183	2.00		٠.		٠.	
		ME 04015	2.00					
		HANCOCK	PRESIDENT		0.		0.	0.
		K 183	2.00		-			
CA	SCO,	ME 04015						
		JLKERN	TREASURER		0.		0.	0.
PO	BO	K_183	2.00					
CA	SCO,	ME 04015						
		MARTIN	SECRETARY		0.		0.	0.
		K_183	2.00					
		, ME 04015	БТВПОШОВ		_			
		HANCOCK K 183	DIRECTOR 2.00		0.		0.	0.
		NE 04015	2.00					
<u>CA</u>	SCU,	, ME 04015		<u> </u>				
								-
								
BA	1		TEEA0812L (02/18/11				Form 990-EZ (2010)

	Check if the organization used Schedule O to respond to any question in this Part V			\bot		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X		
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х_		
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, explain in Schedule 0 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х		
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b				
	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		<u>X</u> _		
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.		L	 _		
	b Did the organization file Form 1120-POL for this year?	37b		X		
	a 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 tax year covered by this return?.	38 a		X		
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Section 501(s) (2) assessment and 5 total					
	Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 N/A		*			
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A					
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	٠,	· · ·			
	section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>		,			
	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Х		
	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.					
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		· (
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax					
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						
41	A CONTRACTOR OF THE CONTRACTOR	40 e		<u> </u>		
41	a The organization's books are in care of ► TOM MULKERN Telephone no. ► (207) Located at ► 637 MEADOW RD CASCO ME ZIP + 4 ► 04015 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)? If 'Yes,' enter the name of the foreign country		-87 <u>(</u> 			
42	List the states with which a copy of this return is filed ► NONE a The organization's books are in care of ► TOM MULKERN Located at ► 637 MEADOW RD CASCO ME 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)?	232		00 		
41	a The organization's books are in care of ► TOM MULKERN Telephone no. ► (207) Located at ► 637 MEADOW RD CASCO ME DAt 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S?	232		00 No X		
41 42 43	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► TOM MULKERN Located at ► 637 MEADOW RD CASCO ME Telephone no. ► (207) Located at ► 637 MEADOW RD CASCO ME ZIP + 4 ► 04015 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country 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 As Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	232 42b		No X N/A N/A N/A		
41 42 43	List the states with which a copy of this return is filed NONE Telephone no. (207) Located at 637 MEADOW RD CASCO ME 2IP + 4 04015 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	232 42b 42c	Yes	No X N/A N/A N/A No X		
41 42 43	List the states with which a copy of this return is filed NONE Telephone no. (207) Located at 637 MEADOW RD CASCO ME Description of 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country 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 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	232 42b 42c 44a 44b	Yes	No X N/A N/A N/A No X		
41 42 43	List the states with which a copy of this return is filed ► NONE a The organization's books are in care of ► TOM MULKERN Located at ► 637 MEADOW RD CASCO ME ZIP + 4 ► 04015 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)? 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 a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country 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 La Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	232 42b 42c	Yes	No X N/A N/A N/A No X		
41 42 43	a The organization's books are in care of ► TOM MULKERN Tolephone no. ► (207) Located at ► 637 MEADOW RD CASCO ME See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country 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 AD Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "No," provide an explanation in Schedule O	232 42b 42c 44a 44b 44c 44d	Yes	No X N/A N/A N/A No X		

45	Is any	related organiz	zation a controlled entity	of the organization v	vithin the mean	ning of sect	ion 512(b)(13)?	45	X
а	Did the	e organization i tion 512(b)(13)	receive any payment fron ? If 'Yes,' Form 990 and	n or engage in any t Schedule R may nee	ransaction with	a controlle	ed entity within the mean d of Form 990-EZ (see in	ing 45 a	X
46	Did the	e organization dates for public	engage, directly or indirectly	ctly, in political camp e Schedule C, Part I	paign activities	on behalf	of or in opposition to	46	X
		Section 50 501(c)(3) o 47-49b and	(c)(3) organizations rganizations and sec 52, and complete the rganization used Schedul	s and section 49 ction 4947(a)(1) ne tables for line	47(a)(1) non nonexempt of second 51.	exempt of charitable .	charitable trusts onle trusts must answer		
		Check ii the o	rganization used Schedul	le O to respond to al	ny question in t	uns i ait vi		Y	es No
b	Is the Did the If 'Yes	organization a e organization s,' was the relational	engage in lobbying activi school as described in so make any transfers to an led organization a section or the organization's five in received more than \$10	ection 170(b)(1)(A)(i exempt non-charita n 527 organization? highest compensate	i)? If 'Yes,' con ble related orga ed employees (o	nplete Sche anization? other than o	officers, directors, trustee	47 48 49a 49b	
			of each employee paid	(b) Title and average hours per week devoted to position		pensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe account : other allow	and
	Comp	lete this table fensation from t	or employees paid over \$ for the organization's five the organization of the end address of each independent configuration.	highest compensate is none, enter 'None	1 .	contractors	s who each received mor	e than \$100,	
			· ·····						
						<u> </u>			
	Did th	ne organization	er independent contractor complete Schedule A? N st attach a completed Sch	ote All section 501(ions and 49	947(a)(1) nonexempt	► \ Yes	
Unde			re that I have examined this return rational preparer (other than office		schedules and state	ements, and to	the best of my knowledge and be		
- truc,	correct, e		non//		dion of which prepar	ci ilas any kilo	wicage		
Sig Her	n e	Signature of or HOLLY Type or print n	HANCOCK Tom 1	MULKERN			PRESIDENT TRE	EASUre	J
		Print/Type prepare	r's name	Preparer's signature	-/).	Date	, Check A II	TIN	
Paid		GEORGE RA		Hears	& fura	5/13/2		00340697	
	oarer Only	Firm's name		& CO LLC	<u>\() </u>	•		01-02422	72
USE	Unity	Firm's address	30 LONG CREEK D				Phone no 207	01-02423 -774-570	
May	the IRS	S discuss this r	eturn with the preparer s	- · · · · · · · · · · · · · · · · · · ·	structions.		Trione no 207	►X Yes	No
BAA	<u> </u>		· ·					Form 990 -	EZ (2010)

01-0375811

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Form 990-EZ (2010) CASCO FIRE ASSOCIATION

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

2010

Open to Public

lame of the organization Employer identification number									
CASCO FIRE ASSOCIATION 01-0375811									
Part Fundraising Activities. Completer Programmes Form 990 EZ filers are not recommendate.	ete if the organ	nization an ete this pa	swered 'Y irt	es' to Form 990, Part I	√, line 1	17			
1 Indicate whether the organization r	aised funds thr	ough any	of the follo	owing activities Check	all that	apply			
a Mail solicitations			е	Solicitation of non-	governn	nent grants			
b Internet and email solicitations			f	Solicitation of gove	rnment	grants			
c Phone solicitations			g	Special fundraising	events				
d In-person solicitations			_						
2a Did the organization have a writter employees listed in Form 990, Par	ı or oral agreen t VII) or entity i	nent with a n connect	any individuo ion with pi	lual (including officers, rofessional fundraising	director services	s, trustees or ke	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 and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(v) Ar	mount paid to	(vi) Amount paid to		
or entity (fundraiser)			dy or control ibutions?	from activity	fundr	retained by) aiser listed in column (i)	(or retained by) organization		
		Yes	No				· · · · ·		
1									
2							-		
3									
4									
5									
6									
7									
8									
9									
10					i.				
Total			•	_		·			
3 List all states in which the organiz or licensing	ation is registei	red or licei	nsed to so	olicit contributions or ha	s been	notified it is exe	mpt from registration		
									
									
				-					
	-								
	_ 								
				-					
	 _	-							

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Schedije (s. CEC	11111 990 Or 990.F/	12010 LASEC	J PIKE.	ASSULTATION

01-0375811

Page 2

reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add column (a) OLD HOME DAYS through column (c)) REVENUE (event type) (event type) (total number) 135,763. 135,763. 1 Gross receipts 2 Less Charitable contributions 22,815 22,815. 112,948 112,948. 3 Gross income (line 1 minus line 2) 4 Cash prizes 4,910 4,910. 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 83,551. 83,551. 88,461. 10 Direct expense summary Add lines 4- through 9 in column (d) 24,487. 11 Net income summary Combine line 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 (c) Other gaming (d) Total gaming bingo/progressive (add column (a) bingo through column (c)) 1 Gross revenue 2 Cash prizes. DIRECT 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 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? Yes No 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 BAA TEEA3702L 01/13/11 Schedule G (Form 990 or 990-EZ) 2010

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or

· ·	o f one one or and stage of the		
	edule G (Form 990 or 990-EZ) 2010 CASCO FIRE ASSOCIATION	01-0375811	Page 3
11	Does the organization operate gaming activities with nonmembers?	∐ Yes	∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity administer charitable gaming?	formed to Yes	No
13	Indicate the percentage of gaming activity operated in	1 1	
	The organization's facility	13a	8
	•		 %
	an outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and records:	
	Name •	· -	
	Address ►		
t	a Does the organization have a contact with a third party from whom the organization receives gaming reverse of If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ a of gaming revenue retained by the third party ► \$ to If 'Yes,' enter name and address of the third party		No
	Name •	· -	
	Address ►		
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
6	a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?	retain the Yes	No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organization	s or spent in the	
	organization's own exempt activities during the tax year > \$		
	Supplemental Information. Complete this part to provide the explanations required columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as a this part to provide any additional information (see instructions).	uired by Part I, line applicable. Also co	e 2b, mplete
			
		· ·	-
			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection,

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number CASCO FIRE ASSOCIATION 01-0375811 FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE COORDINATE AND SUPPLEMENT THE COMMUNITY SERVICE AND FUNDRAISING ACTIVITIES OF THE CASCO FIRE DEPARTMENT. FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE ASSOCIATION HOLDS ANNUALLY THE OLD HOME DAYS FAIR IN CASCO VILLAGE TO SUPPORT SELECTED COMMUNITY SERVICE PROJECTS, PROGRAMS, AND CIVIC ORGANIZATIONS IN THE TOWN OF CASCO AND THE LAKE REGION COMMUNITY.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CASCO FIRE ASSOCIATION

01-0375811

FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

DONEE'S NAME: DONEE'S ADDRESS:

CASCO FIRE DEPARTMENT 940 MEADOW ROAD

CASCO, ME 04015

NONE

RELATIONSHIP OF DONEE:

CASH AMOUNT GIVEN:

\$ 7,660.

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

DEPRECIATION

3,174.

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

MACHINERY AND EQUIPMENT

BEGINNING ___ ENDING 8,208. \$ 8,208. \$ 5,336. TOTAL \$ 5,336.