

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. 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.

For the 2010 calendar year, or tax year beginning and ending В Check if applicable C Name of organization D Employer identification number Address change PIERRE VOLUNTEER FIRE DEPARTMENT 46-6014562 Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Initial return PO BOX 1092 Terminated 605-773-3336 City or town, state or country, and ZIP + 4 **Group Exemption** PIERRE, SD 57501 Application pending Number > Accounting Method: X Cash Accrual Other (specify) H Check X if the organization is not Website: ▶ WWW.PIERREFIREDEPT.ORG required to attach Schedule B 501(c)(3) X 501(c) ( **4** Tax-exempt status (check only one) — ) **◄**(insert no.) L 4947(a)(1) or [ 527 (Form 990, 990-EZ, or 990-PF). Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 108,320. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  $\mathbf{X}$ Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 26,167. 57,332. 2 Program service revenue including government fees and contracts 2 Membership dues and assessments / 3 3 SEE SCHEDULE O 5,431. Investment income 4 19,390. 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 18.100. Gain or (loss) from sale of assets other-than inventory (Subtract line 5b from line 5a) 1,290. 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 90,220. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 SEE SCHEDULE O Grants and similar amounts paid (list in Schedule O) 10 600. Benefits paid to or for members 711 11 12 Salaries, other compensation, and employee benefits 12 ,000. 13 Professional fees and other payments to independent contractors 13 540. Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 15 SEE SCHEDULE O 61,772. Other expenses (describe in Schedule 0) 16 Total expenses. Add lines 10 through 16 63,912. 17 17 26,308. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 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) 279,173. 19 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE Q 20 19,125.

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

Net assets or fund balances at end of year. Combine lines 18 through 20

Form **990-EZ** (2010)

324,606.

21

P	art II Balance Sheets. (see the instructions for Part II.)					
	Check if the organization used Schedule 0 to respond to any question	n in this Part II	<u> </u>			
			(A) Beginning of year	_	(B) E	nd of year
22	2 Cash, savings, and investments		<u>279,173</u>			<u>313,960.</u>
23		<u> </u>	<u> </u>			10,646.
24	Other assets (describe in Schedule 0)	<u></u>		24		
25			<u>279,173</u>			324,606.
26			0.			0.
27			279,173	. 27		324,606.
P	<del></del>	•	or Part III.)	_		(penses for section
14/5	Check if the organization used Schedule 0 to respond to any question		OO BOUGAMI	<u></u>		and 501(c)(4)
	nat is the organization's primary exempt purpose? FIGHT FIRES &					ons and section ) trusts; optional
	scribe what was achieved in carrying out the organization's exempt pu e services provided, the number of persons benefited, and other releva			е	for others	
_	PROMOTE AWARENESS ABOUT FIRE SAFET	<del></del>	ND MAINTAIN		1	
20	VOLUNTEER FIREMEN. PROTECT PROPER'			<u> </u>		
	COUNTY FROM FIRE AND OTHER DANGERS		OF HOGHED	—		
	(Grants \$ ) If this amount includes foreign				28a	60,161.
29	(Starte of The arrivation in t	grants, oncor noro			200	00,101.
			<u>_</u>		1	
			<del></del>			
	(Grants \$ ) If this amount includes foreign	grants, check here	<b>•</b>		29a	
30						
	(Grants \$ ) If this amount includes foreign	grants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign	grants, check here	<b></b>		31a	
	Total program service expenses (add lines 28a through 31a)				32	60,161.
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each on	even if not compensated (s	ee the	instructions f	or Part IV)
	Check if the organization used Schedule O to respond to any question	on in this Part IV				
		(b) Title and average hou			ontributions employee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter   -0)	bene	efit plans & deferred	account and other allowances
==		<u> </u>			pensation	Other allowances
	AN PAUL	DEPUTY CHIEF	1 1		•	
	IERRE, SD 57501	1.00	0.		0.	0.
	AT SNYDER	_1ST ASSISTAN			•	
	IERRE, SD 57501	1.00	0.		0.	0.
	OUG HINKLE	_2ND ASSISTAN			0	
	IERRE, SD 57501 EN MARKS	1.00	0.		0.	0.
	IERRE, SD 57501	TREASURER	500.		0	
	EON ELLIS	SECRETARY		<del>.</del>	0.	0.
	IERRE, SD 57501	1.00	500.		0.	_
F 1	IERRE, SD 37301	1.00	300.			0.
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PIERRE VOLUNTEER FIRE DEPARTMENT

46-6014562 Page 2

Form 990-EZ (2010)

	Check if the organization used Schedule O to respond to any question in this Part V			X
			Yes	No
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		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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>			
	reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	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?	35a		X
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	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 Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	<u>.</u>	i.	
b	Did the organization file Form 1120-POL for this year?	37b		X
38 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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	_		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A	_		
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1	İ	
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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	40b		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	1		•
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 shelter			ŀ
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.   NONE			
42 a	The organization's books are in care of $\blacktriangleright$ KEN MARKS Telephone no. $\blacktriangleright$ 605-7			
		<u>750</u>	<u>1</u>	
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		Yes	-
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			ĺ
	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	L	<u> </u>
	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	/-		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Voc	NI-
44.	Did the eventuation maintain any dense advised funds during the user? If Too I Form 000 must be completed resteed at		Yes	140
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			•
	Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	,		٠,
_	of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	<del> </del>	X
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			1
	ın Schedule O	44d	00.57	(0040)
		Form 9	3U-EZ	(2010)

Forn	n 990-EZ (2	010) PIERRE VOLUNTEER FIRE I	DEPARTMENT		46-6014	562	1	age 4
	<del></del>						Yes	No
15	Is any rela	ated organization a controlled entity of the organization within	the meaning of section 512(b)	(13)?		45		X
а	Did the or	ganization receive any payment from or engage in any transacti	on with a controlled entity within th	e meaning of section	512(b)(13)?			
	If "Yes," Fo	orm 990 and Schedule R may need to be completed instead of F	form 990-EZ			45a		X
46	Did the or	ganization engage, directly or indirectly, in political campaign ac	ctivities on behalf of or in opposition	n to candidates for pu	iblic office?			
		omplete Schedule C, Part I				46		X
Pa	art VI	Section 501(c)(3) organizations and sectior	n 4947(a)(1) nonexempt	charitable trus	sts only. All	sectio	n 501(d	)(3)
	(	organizations and section 4947(a)(1) nonexempt charitable trus	its must answer questions 47-49b a	and 52, and complete	the tables for li	nes 50	and 51	
	(	Check if the organization used Schedule O to respond to any que	estion in this Part VI	<u> </u>				
		,					Yes	No
47	Did the or	ganization engage in lobbying activities? If "Yes," complete S	Schedule C, Part II			47		
48	is the org	anization a school as described in section 170(b)(1)(A)(ii)? If "Y	Yes," complete Schedule E			48		
49 a	Did the or	ganization make any transfers to an exempt non-charitable relat	ted organization?			49a		
b	If "Yes," w	as the related organization a section 527 organization?				49b		
50	Complete	this table for the organization's five highest compensated employers	oyees (other than officers, directors	, trustees and key en	nployees) who e	ach re	ceived i	more
	than \$100	0,000 of compensation from the organization. If there is none, er	nter "None."					
			(b) Title and average hours	(c) Compensation	(d) Contribution	s (	e) Expe	nse
		(a) Name and address of each employee paid more	per week devoted to		to employee benefit plans &	a	ccount	and
		than \$100,000 N/A	position		deferred compensation	oth	er allow	ances
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_	organizati	on. If there is none, enter "None." N/A  (a) Name and address of each independent contractor paid me	ore than \$100,000	(b) Type of ser	vice (	c) Cor	npensat	ion
			···					
			<del> </del>					
				-				
	Total num	ber of other independent contractors each receiving over \$100,	,000	<b>•</b>	<u> </u>			
52		ganization complete Schedule A? Note; All section 501(c)(3) or	•	mpt				-
	charitable	trusts must attach a completed Schedule A		•	▶ [	Y	es 🗀	☐ No
-	U.	nder penalties of perjury, I declare that I have examined this return, includin prect, and complete [Declaration of preparer (other than officer) is based on	g accompanying schedules and statemer all information of which preparer has any	its, and to the best of my	knowledge and be	olief, it i	s true,	
<u> </u>		Kent 2 M			6/12	11	$\overline{}$	
Sig He		Signature of officer  Senseth E Marks  Type of print name and title	Treasure	v	Date			
		Print/Type preparer's name Preparer's signa	ature Date	Check	] if [PTIN		<u> </u>	
Pa	id	WILLIAM J. HOFFERT, Self-employed self-employed						
_	eparer	CPA CPA William	- Itheshut 101 600	**	, -			
	e Only		OFFERT, LLP	Firm's EIN				
	_ <b></b> j	Firm's address ► 1714 N LINCOLN AVE			605-2	21	882	6
		PIERRE, SD 57501	, OID J, FO DOA	LUU FIIOIIE IIO.	005-2	<b>∠</b> ★ ¯	002	5
Mav	the IRS dis	scuss this return with the preparer shown above? See instruction	ns	· · · · · · · · · · · · · · · · · · ·	<b>—</b>	ΧY	es [	No
0321	74	The second secon	··- <del>-</del>				990-EZ	
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#### **SCHEDULE 0**

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PIERRE VOLUNTEER FIRE DEPARTMENT

Employer identification number 46-6014562

PIERRE VOLUNTEER FIRE DEPARTMENT	46-6014562
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND INCOME	5,431.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: SCHOLARSHIPS	
GRANTEE NAME: INDIVIDUALS	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	600.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
TRAINING	9,466.
STIPEND	7,200.
MISCELLANEOUS	3,530.
MEMORIALS	145.
FOOD	6,434.
DEFERRED COMPENSATION	19,285.
AWARDS	2,277.
ADVERTISING	780.
TRAVEL	7,317.
EQUIPMENT REPAIRS & MAINTENANCE	2,970.
FUELS	158.
DONATION	600.
INSURANCE	117.

#### **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PIERRE VOLUNTEER FIRE DEPARTMENT

Open to Public Inspection

Employer identification number 46−6014562

FUNDRAISING	1,493.
TOTAL TO FORM 990-EZ, LINE 16	61,772.
FORM 990-EZ, PART I, LINE 21, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN/LOSS	19,125.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT C	ONTRACTS:
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.	

## Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

Form 8868 (Rev. 1-2011)

ightharpoons

City, town or post office, state, and ZIP code For a foreign address, see instructions.  PIERRE, SD 57501  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code Form 990 01 Form 990-T (corporation) 07  Form 990-BL 02 Form 1041-A 08  Form 990-PF 03 Form 4720 09  Form 990-PF 04 Form 5227 09  Form 990-T (trust other than above) 05 Form 6069 11  Form 990-T (trust other than above) 06 Form 8870 12  KEN MARKS  The books are in the care of  700 E BROADWAY - PIERRE, SD 57501  Telephone No  605-773-3336 FAX No.  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	<ul><li>If you</li></ul>	ı are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).			
required to file Form 990-Ti, or an additional float automatic) \$month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part to Part in with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, well wrow use gov/difile and click on e-file for Chantes & Nearpoints    Part   In Vationatic 3-Minorhit Extension of Time. Only submit original (no copies needed)	Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.		
of time to file any of the forms listed in Part to Part II with the exception of Form 8870, Information Return for Transfers Associated With Cortain Personal Benefit Contracts, which must be sent to the IRSn paper forms (see instructions). For more details on the electronic filing of this form, wast www.nrs.gov/efile and click on e-file for Charites & Nonprofits    Part I	Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a corp	oration	
of time to file any of the forms listed in Part to Part II with the exception of Form 8870, Information Return for Transfers Associated With Cortain Personal Benefit Contracts, which must be sent to the IRSn paper forms (see instructions). For more details on the electronic filing of this form, wast www.nrs.gov/efile and click on e-file for Charites & Nonprofits    Part I	require	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an e	extension	
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic fling of this form, wist www.prs.govidefia and cick on anothe for Channes & Nonprotito.  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), pertinerships, REMICs, and trusts must use Form 7004 to request an extension of time to the income tax returns.  Type or Name of exempt organization  PIERRE VOLUNTEER FIRE DEPARTMENT  File by the law and the part of the proper of the PO.D. box, see instructions.  PO BOX 1092  City, town or post office, state, and ZIP code For a foreign address, see instructions.  PIERRE, SD 57501  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return Application  Return Application  Return Application  Return Application  Return Application  Form 990-BL  O2 Form 1904-To Application  Return Application of each return)  O3 3 Form 990-T (application of each return)  O4 50-60-60-60-60-60-60-60-60-60-60-60-60-60	of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers	Associated With Ce	ertain	
visit twenvins goverhile and click on e-file for Charlies & Nonprofits PART I Automatic 3-Month Extension of Time. Chy 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.  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.  PIERRE VOLUNTEER FIRE DEPARTMENT  Number, street, and room or suits no. If a P.O. box, see instructions. PO BOX 1092  The BOX 1092  FIERRE VOLUNTEER FIRE DEPARTMENT  Number, street, and room or suits no. If a P.O. box, see instructions. PIERRE, SD 57501  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Feturn Application Return  Form 990-  Return Application Return  Return Application Return  Form 990-  Return Application Return  Retur		•						
A Corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only 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.  Part I only Part I only Part I only Partnerships, REMICs, and trusts must use Form 7004 to request an extension of time for the comment of the comment				,			,	
A Corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only 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.  Part I only Part I only Part I only Partnerships, REMICs, and trusts must use Form 7004 to request an extension of time for the comment of the comment	Part	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed)				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fax returns.    Type or   Name of exempt organization   Employer identification number print   PIERRE VOLUNTEER FIRE DEPARTMENT   46-6014562	A corpo				nolete			
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to folia income tax returns.  Type or print  PIERRE VOLUNTEER FIRE DEPARTMENT  Aumber, street, and room or suite no. If a P.O. box, see instructions.  PO BOX 1092  Number, street, and room or suite no. If a P.O. box, see instructions.  PO BOX 1092  Return  Application  For Box 1092  Application  For Code  Form 990-E  Form 990-E  Form 990-E  Form 990-E  Form 990-E  Form 990-F  The books are in the care of P 700 E BROADWAY - PIERRE, SD 57501  KEN MARKS  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 and attach a list with the names and ElNs of all members the extension is for the organization of sum of the care of P 100 repairs of the group, check this box  If the tax year entered in line 1 is for less than 12 months, check reason: Instituted tax payments and e. Include your payment with this form, if required, by using EFTS (Elections Federial Tax Poport, See instructions.)  3a If this application is for Form 990-FP, 990-T, 4720, or 6069, enter the treatative tax, less any nonrefundable credits. See instructions.  4a Balance due. Subtractions.  4a Balance due. Subtractions.  5a \$0.0.						_		
Name of exempt organization  PIERRE VOLUNTEER FIRE DEPARTMENT  A6-6014562  Number, street, and room or suite no. If a P.O. box, see instructions.  PO BOX 1092  City, town or post office, state, and ZIP code For a foreign address, see instructions.  PIERRE, SD 57501  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Bror  Code Is For  Code  Is For  Code Is For  Code  Form 990-BL  O1 Form 990-T (corporation)  O1 Form 990-EZ  O3 Form 4720  O9  Form 990-I (see 401(a) or 408(a) trust)  Form 99		•	IICs and t	rusts must use Form 7004 to request ar	eyter	Islan of time	<del></del>	
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City, town or post office, state, and ZIP code For a foreign address, see instructions.  PIERRE, SD 57501  Enter the Return code for the return that this application is for (file a separate application for each return)    Application   Return	filing your		ee manac	nons.				
Enter the Return code for the return that this application is for (file a separate application for each return)    Application   Return   Application   Return   Application   Return   Separate application   Return   Application   Return   Application   Separate			roign add	ross and instructions		· · · · · · · · · · · · · · · · · · ·		
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Form 990-PF Form 990-T (sec 401(a) or 408(a) trust)  05 Form 6069 11 Form 990-T (trust other than above)  06 Form 8870 12  KEN MARKS  The books are in the care of ▶ 700 E BROADWAY - PIERRE, SD 57501  Telephone No ▶ 605-773-3336  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 it is for part of the group, check this box  If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011  Is for the organization's return for:  X calendar year 2010  If the tax year entered in line 1 is for less than 12 months, check reason Initial return  Change in accounting period  3a  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  4 Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions  3a  \$ 0.			†		· · · · · · · · · · · · · · · · · · ·			
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Form 990-T (trust other than above)   06   Form 8870   12						10		
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