



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

2011

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 (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

<b>A</b> For the 2011 calendar year, or tax year beginning <u>July 1</u> , 2011, and ending <u>June 30</u> , 20 <u>12</u>																
<b>B</b> Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Address change</td> <td rowspan="6" style="width: 60%;"><b>C</b> Name of organization <b>Eure Fire Department</b></td> <td style="width: 30%;"><b>D</b> Employer identification number <b>56-1354500</b></td> </tr> <tr> <td><input type="checkbox"/> Name change</td> <td>Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td><b>E</b> Telephone number <b>252-357-0146</b></td> </tr> <tr> <td><input type="checkbox"/> Initial return</td> <td><b>P. O. Box 51</b></td> <td rowspan="4"><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td><input type="checkbox"/> Terminated</td> <td>City or town, state or country, and ZIP + 4</td> </tr> <tr> <td><input type="checkbox"/> Amended return</td> <td><b>Eure, NC 27935</b></td> </tr> <tr> <td><input type="checkbox"/> Application pending</td> <td></td> </tr> </table>	<input type="checkbox"/> Address change	<b>C</b> Name of organization <b>Eure Fire Department</b>	<b>D</b> Employer identification number <b>56-1354500</b>	<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address) Room/suite	<b>E</b> Telephone number <b>252-357-0146</b>	<input type="checkbox"/> Initial return	<b>P. O. Box 51</b>	<b>F</b> Group Exemption Number ▶	<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4	<input type="checkbox"/> Amended return	<b>Eure, NC 27935</b>	<input type="checkbox"/> Application pending	
<input type="checkbox"/> Address change	<b>C</b> Name of organization <b>Eure Fire Department</b>	<b>D</b> Employer identification number <b>56-1354500</b>														
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>252-357-0146</b>												
<input type="checkbox"/> Initial return		<b>P. O. Box 51</b>		<b>F</b> Group Exemption Number ▶												
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4														
<input type="checkbox"/> Amended return		<b>Eure, NC 27935</b>														
<input type="checkbox"/> Application pending																
<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)															
<b>I</b> Website: ▶ _____																
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <u>4</u> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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.																
<b>L</b> 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. ▶ \$ <b>80,221.45</b>																

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

Check if the organization used Schedule O to respond to any question in this Part I

SCANNED NOV 05 2012

	Description	Line	Amount
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	56,319.90
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	1,050.00
	<b>4</b> Investment income	<b>4</b>	1,164.90
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ <u>20,521.75</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	20,521.75	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	1,164.90	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	80,221.45	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	1,230.00
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	11,811.22
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	289.32
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	59,172.13
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	72,502.67	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	7,718.78
	<b>19</b> 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)	<b>19</b>	178,732.90
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	186,451.68

P 14

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>22</b> 52,592.55	<b>22</b> 60,344.80
<b>23</b> Land and buildings . . . . .	<b>23</b> 32,548.00	<b>23</b> 29,584.00
<b>24</b> Other assets (describe in Schedule O) . . . . .	<b>24</b> 251,164.00	<b>24</b> 214,575.00
<b>25</b> <b>Total assets</b> . . . . .	<b>25</b> 336,304.55	<b>25</b> 304,513.80
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>26</b> 157,571.65	<b>26</b> 118,052.12
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>27</b> 178,732.80	<b>27</b> 186,451.68

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Community Fire Suppression

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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)

<b>28</b> Fire Protection and suppression for Gates County Residents Population 12,197 people 2010 Census 49 Fire Calls @ a value of \$ 1,000.00/call but not measurable (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>0.00</b>
<b>29</b> _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	<b>0.00</b>

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Thomas P. Eure Eure, NC 27935	President 4 Hours/Wk	0	0	0
Bryan Hudgins Eure, NC 27935	V President 4 Hours/WK	0	0	0
Andy Smith Eure, NC 27935	Secertary 4 Hours/Wk	0	0	0
T. C. Vaughan Eure, NC 27935	Treasuer 4 Hours/Wk	0	0	0
Ed. P. Story Eure, NC 27935	Fire Chief 7 Hours/Wk	0	0	0
Thomas P. Eure Eure, NC 27935	Chairman BOD 2 Hours/Wk	0	0	0
Wilbur Legg Eure, NC 27935	BOD 2 Hours/Wk	0	0	0
Henry C. Eure Eure, NC 27935	BOD 2 Hours/Wk	0	0	0
Glynda Parker Eure, NC 27935	BOD 2 Hours/Wk	0	0	0
Johnny Greene Eure, NC 27935	BOD 2 Hours/Wk	0	0	0
Delton Eure Eure, NC 27935	BOD 2 Hours/Wk	00	0	0
_____				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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 tax year covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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		<input checked="" type="checkbox"/>
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 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. <input type="text"/>		
42a	The organization's books are in care of <input type="text" value="T. C. Vaughan"/> Telephone no. <input type="text" value="252-357-1066"/> Located at <input type="text" value="Fort Island Road"/> <input type="text" value="Eure, NC"/> ZIP + 4 <input type="text" value="27935"/>		
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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
			<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="text"/>		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns and a checkmark in the No column.

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with Yes/No columns.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns.

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns.

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

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation (Forms W-2/1099-MISC); (d) Health benefits, contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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.

Sign Here: Signature of officer (Ed P. Story), Date (10-11-12), Type or print name and title (Fire Chief).

Paid Preparer Use Only: Prnt/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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

**SCHEDULE O**

**EURE FIRE DEPARTMENT  
SCHEDULE OF OTHER EXPENSES  
FOR THE PERIOD JULY 1, 2011 TO JUNE 30, 2012**

CURRENT YEAR DEP	39,553.00
INTEREST EXPENSE	2,838.64
INSURANCE	11,365.50
MISC. SUPPLIES	95.42
MISC. Equip	0.00
FUND RASING	<u>5,319.57</u>
TOTAL EXPENSES	59,172.13

**SCHEDULE O**

**EURE FIRE DEPARTMENT  
OTHER ASSET BALANCE  
FOR THE PERIOD JULY 1, 2011 TO JUNE 30, 2012**

	BALANCE 2011	BALANCE 2012
1981 FORD PUMPER	0	0
FIRE TRUCK 1992	4,072	4,072
FIRE FIGHTING EQUIPMENT	2,005	2,005
AIR COMPRESSOR SYSTEM	2,212	2,212
FIRE TRUCK 2005	60,240	45,181
1997 CHEVY 3500 TRUCK	1,392	0
NEW TANKER TRUCK	<u>181,243</u>	<u>161,105</u>
TOTAL OTHER ASSETS	251,164	214,575

**SCHEDULE O**

**EURE FIRE DEPARTMENT  
SCHEDULE OF REVENUE  
FOR THE PERIOD JULY 1, 2011 TO JUNE 30, 2012**

SPECIAL EVENTS DANCE, SUPPERS, RAFFLES	
GROSS REVENUE	20,521.75
LESS: EXPENSES	5,319.57
NET INCOME	<u><u>15,202.18</u></u>

**EURE VOLUNTEER FIRE DEPARTMENT  
DEPRECIATION SCHEDULE  
JUNE 30, 2012**

F. I. N. OR S.S. # 56-1354500

DESCRIPTION	ASSETS				ACCUMULATED DEPRECIATION			Asset Net Book Balance
	DATE ACQUIRED	RATE	Original Cost	ADDITION	BALANCE 6/30/12	Annual Dep	BALANCE 6/30/12	
FIRE TRUCK 1992	1994	10	40,715		40,715		36,643	4,072
FIRE FIGHTING EQUIPMENT	1992	7	14,023		14,023		12,018	2,005
AIR COMPRESSOR SYSTEM	1992	7	15,794		15,794		13,582	2,212
CALIBRATION TESTER	1994	7	667		667		667	0
LIGHT BAR	1994	7	499		499		499	0
COMMERCIAL RADIO	1994	7	360		360		360	0
OVER V KIT	1994	7	729		729		729	0
FIRE TRUCK 2002	2001	10	145,861		145,861		145,861	0
1997 CHEVY 3500 TRUCK	2004	7	13,950		13,950	1,392	13,950	0
FIRE TRUCK 2005	2005	10	150,594		150,594	15,059	105,413	45,181
NEW TANKER TRUCK	2010	10		201,381	201,381	20,138	40,276	161,105
Total Other Assets			383,192	201,381	584,573	36,589	369,998	214,575
BUILDING	1990	27	31,600		31,600	910	25,480	6,120
NEW BUILDING	2004	27	55,471		55,471	2,054	32,007	23,464
Total Buildings			87,071		87,071	2,964	57,487	29,584
Total Depreciable Assets			470,263	201,381	671,644	39,553	427,485	244,159