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Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

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

C Name of organization NICHOLSON FIRE DISTRICT 13 VFD
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) PO BOX 15
Room/suite
City or town, state or country, and ZIP + 4 NICHOLSON, MS 39463

D Employer identification no. 46-0491100

E Telephone number (601) 590-4633

G Gross receipts \$

F Name and address of principal officer STEVE WHATLEY
 1082-A RIVER ROAD, PICAYUNE, MS 39466

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? If "No," attach a list (see instructions) ☐ Yes ☐ No
H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website N/A

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1973 **M State of legal domicile** MS

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROVIDE FIRE PROTECTION AND EMERGENCY SERVICES TO APPROXIMATELY 820 HOMES BUSINESSES AND FACILITIES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0

6 Total number of volunteers (estimate if necessary) 25

7a Total unrelated business revenue from Part VIII, column (A), line 3a 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 56,776	56,776	61,326
9 Program service revenue (Part VIII, line 2g) 0		0
10 Investment income (Part VIII, column (A), lines 3a and 3b) 3	3	8
11 Other revenue (Part VIII, column (A), lines 3c, 3d, 3e, 3f, 40c, and 41c) 0		0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 56,779	56,779	61,334
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,020	1,020	448
14 Benefits paid to or for members (Part IX, column (A), line 4) 0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0		0
16a Professional fundraising fees (Part IX, column (A), line 11e) 0		0
b Total fundraising expenses (Part IX, column (D), line 25) 0		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 29,538	29,538	26,884
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) 30,558	30,558	27,332
19 Revenue less expenses - Subtract line 18 from line 12 26,221	26,221	34,002

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 602,624	602,624	638,134
21 Total liabilities (Part X, line 26) 0		0
22 Net assets or fund balances - Subtract line 21 from line 20 602,624	602,624	638,134

Part II Signature Block

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 BOBBY ROBBINS *Bobby Robbins* Date 07-26-2012

Signature BOBBY ROBBINS, FIRE CHIEF

Type or print name and title

Preparer's name Gayle Fail **Preparer's signature** *Gayle Fail* **Date** 07-26-2012 **Check** ☒ if PTIN **PTIN** P0004284

Firm's name Office Partners **Firm's EIN**

Firm's address 627 Caesar Road **Phone no** 601-799-5902

Picayune MS 39466

Did the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

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NICHOLSON FIRE DISTRICT 13 VFD

46-0491100

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	55,343		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,983		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		61,326		
Program Service Revenue	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8	8	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18.	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19.	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		61,334	8	0	

EEA

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