



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



2012

Open to Public
InspectionDepartment 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

A For the 2012 calendar year or tax year beginning and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

**Ames-Bern Amesville Volunteer
Firefighters, Inc**

D Employer identification number

31-1751472

Number and street (or P O box if mail is not delivered to street address)

Room/suite

PO Box 186

City or town state or country and ZIP 4

Amesville OH 45711

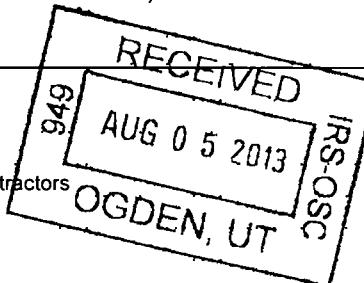
E Telephone number

740-448-1040F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ► _____I Website ► **N/A**J Tax exempt status (check only one) — 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527H 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 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 returnL 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 ► \$ **109,571****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

| | | | |
|----|---|----|----------------|
| 1 | Contributions gifts grants and similar amounts received | 1 | 19,481 |
| 2 | Program service revenue including government fees and contracts | 2 | 78,592 |
| 3 | Membership dues and assessments | 3 | |
| 4 | Investment income | 4 | 3,124 |
| 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 | Gaming and fundraising events | 6a | |
| a | Gross income from gaming (attach Schedule G if greater than \$15 000) | 6a | |
| b | Gross income from fundraising events (not including \$ _____ 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 | |
| b | Less cost of goods sold | 7b | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| 8 | Other revenue (describe in Schedule O) | 8 | 8,374 |
| 9 | Total revenue Add lines 1 2 3 4 5c 6d 7c and 8 | 9 | 109,571 |
| 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries other compensation and employee benefits | 12 | |
| 13 | Professional fees and other payments to independent contractors | 13 | 575 |
| 14 | Occupancy rent utilities and maintenance | 14 | 894 |
| 15 | Printing publications postage and shipping | 15 | |
| 16 | Other expenses (describe in Schedule O) | 16 | 78,959 |
| 17 | Total expenses Add lines 10 through 16 | 17 | 80,428 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 29,143 |
| 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 | 470,204 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 499,347 |

For Paperwork Reduction Act Notice see the separate instructions

Form 990-EZ (2012)



D 14

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

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 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

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)? 35a X

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 35b

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 35c X

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

37a Enter amount of political expenditures direct or indirect as described in the instructions ► 37a

b Did the organization file Form 1120 POL for this year? 37b X

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? 38a X

b If Yes complete Schedule L Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ►

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 ►

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 transaction? If Yes complete Form 8886 T ► 40e X

41 List the states with which a copy of this return is filed ► **None**

42a The organization's books are in care of ► **WILLIAM GATES** Telephone no ► **740-448-1040**
18865 SAND ROCK ROAD
Located at ► **AMESVILLE** OH ZIP + 4 ► **45711** 42b X

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 ► 42c X
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 the U S ? If Yes enter the name of the foreign country ► 43

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

44a 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

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 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

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 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

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) 45b X

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

| | Yes | No |
|----|-----|----|
| 46 | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

| | Yes | No |
|-----|-----|----|
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |

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

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

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 title of each employee paid more than \$100 000 | (b) 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 |
|--|--|---|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100 000 ►

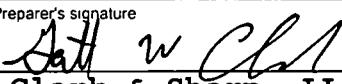
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100 000 of compensation from the organization If there is none enter None

| (a) Name and address of each independent contractor paid more than \$100 000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

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 ► Yes No

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 William Gates Type or print name and title | Date 8-2-13 |
| Paid Preparer Use Only | Print/Type preparer's name Garett W. Clark Preparer's signature  Firm's name ► Cotner, Cooley, Clark & Sharp, LLC Firm's address ► 108 E Main St McArthur, OH 45651 | Date 7/29/13 Check <input type="checkbox"/> if self employed Firm's EIN ► 31-1386598 Phone no 740-596-5126 |

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

► Yes No

SCHEDULE A
(Form 990 or 990 EZ)

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

2012

Open to Public
Inspection

Name of the organization

**Ames-Bern Amesville Volunteer
Firefighters, Inc**

Employer identification number
31-1751472

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 described in 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 33 1/3% 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 33 1/3% 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—Non functionally integrated
 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?
 (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 supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (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? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

For Paperwork Reduction Act Notice see the Instructions for
Form 990 or 990 EZ

Schedule A (Form 990 or 990 EZ) 2012

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below please complete Part III)

Section A Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts grants contributions and membership fees received (Do not include any unusual grants) | 1 072 | 1 190 | 250 | 2 150 | 19 481 | 24 143 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 92 149 | 67 897 | 74,187 | 52,757 | 78 592 | 365 582 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total Add lines 1 through 3 | 93 221 | 69,087 | 74,437 | 54,907 | 98 073 | 389,725 |
| 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 | | | | | | 389 725 |

Section B Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 93 221 | 69,087 | 74,437 | 54,907 | 98 073 | 389 725 |
| 8 Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources | 3 668 | 2,551 | 3,583 | 3,694 | 3,124 | 16,620 |
| 9 Net income from unrelated business activities whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 480 | 3 733 | 11 341 | 9 268 | 8 374 | 33 196 |
| 11 Total support Add lines 7 through 10 | | | | | | 439 541 |
| 12 Gross receipts from related activities etc (see instructions) | | | | | 12 | 90,090 |
| 13 First five years If the Form 990 is for the organization's first second third fourth or fifth tax year as a section 501(c)(3) organization check this box and stop here | | | | | | |

Section C Computation of Public Support Percentage

| | | |
|--|----|---------------------------------------|
| 14 Public support percentage for 2012 (line 6 column (f) divided by line 11 column (f)) | 14 | 88 67 % |
| 15 Public support percentage from 2011 Schedule A Part II line 14 | 15 | 86 38 % |
| 16a 33 1/3% support test—2012 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 | | ► <input checked="" type="checkbox"/> |
| b 33 1/3% support test—2011 If the organization did not check a 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 | | ► <input type="checkbox"/> |
| 17a 10% facts and circumstances test—2012 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 | | ► <input type="checkbox"/> |
| b 10% facts and circumstances test—2011 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 | | ► <input type="checkbox"/> |
| 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 | | ► <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II if the organization fails to qualify under the tests listed below please complete Part II)

Section A Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (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 section 501(c)(3) organization check this box and stop here | | | | | | |

Section C Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2012 (line 8 column (f) divided by line 13 column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A Part III line 15 | 16 | % |

Section D Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2012 (line 10c column (f) divided by line 13 column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A Part III line 17 | 18 | % |

19a 33 1/3% support tests—2012 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—2011 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 Complete this part to provide the explanations required by Part II line 10
Part II line 17a or 17b and Part III line 12 Also complete this part for any additional information (See
instructions)

Part II, Line 10 - Other Income Detail

| | | |
|--------------------|-----------|---------------|
| FUNDRAISERS | \$ | 33,196 |
|--------------------|-----------|---------------|

SCHEDULE O
(Form 990 or 990 EZ)Department of the Treasury
Internal Revenue Service**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

OMB No. 1545-0047

2012Open to Public
Inspection

Name of the organization

**Ames-Bern Amesville Volunteer
Firefighters, Inc**Employer identification number
31-1751472**Form 990-EZ, Part I, Line 8 - Other Revenue**

| Description | Amount |
|---------------|----------|
| FUNDRAISERS | \$ 7,354 |
| 200 CLUB | \$ 950 |
| REIMBURSEMENT | \$ 70 |
| Total | \$ 8,374 |

Form 990-EZ, Part I, Line 16 - Other Expenses

| Description | Amount |
|-----------------------------|-----------|
| Expenses | |
| FD SUPPLIES & REPAIRS | \$ 35,239 |
| FESTIVAL EXPENSE | \$ 9,994 |
| FIREFIGHTER TRAINING | \$ 1,141 |
| TRUCK OPERATIONS & REPAIR | \$ 3,003 |
| INSURANCE | \$ 175 |
| OFFICE SUPPLIES | \$ 1,758 |
| DUES & MEMBERSHIP | \$ 225 |
| COMMUNITY RELATIONS | \$ 1,039 |
| TELEPHONE | \$ 1,080 |
| WORKERS COMP | \$ 1,002 |
| Non-investment Depreciation | \$ 24,303 |
| Total | \$ 78,959 |

Form 990-EZ, Part II, Line 24 - Other Assets

| Description | Beg of Year | End of Year |
|-------------|-------------|-------------|
|-------------|-------------|-------------|

Name of the organization

Ames-Bern Amesville Volunteer

Employer identification number

31-1751472

| | | |
|--------------------------------------|-------------------------|-------------------|
| | \$ 470,907 | \$ 470,907 |
| Less Accumulated Depreciation | \$ 246,033 | \$ 270,336 |
| | Total \$ 224,874 | \$ 200,571 |

Depreciation and Amortization
(Including Information on Listed Property)

2012

Name(s) shown on return

Ames-Bern Amesville Volunteer
Firefighters, IncIdentifying number
31-1751472

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note If you have any listed property, complete Part V before you complete Part I

| | | |
|--|---|-----------|
| 1 Maximum amount (see instructions) | 1 | 500,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less enter 0 | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less enter 0 If married filing separately see instructions | 5 | |

| | | | |
|--|------------------------------|------------------|--|
| 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
| | | | |
| | | | |
| 7 Listed property Enter the amount from line 29 | 7 | | |
| 8 Total elected cost of section 179 property Add amounts in column (c) lines 6 and 7 | 8 | | |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 | | |
| 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 | 10 | | |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 Section 179 expense deduction Add lines 9 and 10 but do not enter more than line 11 | 12 | | |
| 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10 less line 12 | 13 | | |

Note Do not use Part II or Part III below for listed property Instead use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

| | | |
|--|----|--------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | 12,792 |

Part III MACRS Depreciation (Do not include listed property) (See instructions)

| Section A | | 17 | 11,511 |
|---|--|----|--------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2012 | | 17 | 11,511 |

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts check here

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3 year property | | | | | | |
| b 5 year property | | | | | | |
| c 7 year property | | | | | | |
| d 10 year property | | | | | | |
| e 15 year property | | | | | | |
| f 20 year property | | | | | | |
| g 25 year property | | 25 yrs | | | S/L | |
| h Residential rental property | | 27.5 yrs | MM | | S/L | |
| | | 27.5 yrs | MM | | S/L | |
| i Nonresidential real property | | 39 yrs | MM | | S/L | |
| | | | MM | | S/L | |

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|---|--------|----|--|-----|--|
| 20a Class life | # | | | | S/L | |
| b 12 year | | 12 yrs | | | S/L | |
| c 40 year | | 40 yrs | MM | | S/L | |

Part IV Summary (See instructions)

| | | |
|---|----|--------|
| 21 Listed property Enter amount from line 28 | 21 | |
| 22 Total Add amounts from line 12 lines 14 through 17 lines 19 and 20 in column (g) and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 24,303 |
| 23 For assets shown above and placed in service during the current year enter the portion of the basis attributable to section 263A costs | 23 | * |

For Paperwork Reduction Act Notice see separate instructions

DAA

Form 4562 (2012)

There are no amounts for Page 2