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Form **990-EZ**

**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)

OMB No. 1545-1150

2012

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

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

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

C **KEMPTON FIRE & RESCUE, INC.**
103 W. COLLEGE
KEMPTON, IN 46049

D Employer identification number
35-1838890

E Telephone number
(765) 947-5511

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

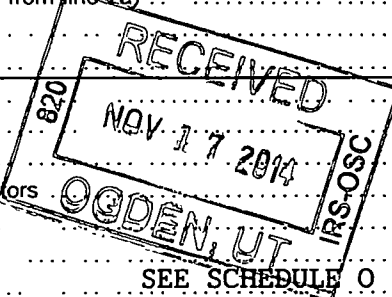
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

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 return.

L 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. ▶ \$ **83,077.**

Part III 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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	6,870.
	2	Program service revenue including government fees and contracts	2	74,911.
	3	Membership dues and assessments	3	
	4	Investment income	4	48.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ 6,870. 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	1,248.
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,248.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	83,077.	
EXPENSES	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	220.
	14	Occupancy, rent, utilities, and maintenance	14	6,185.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	84,521.
	17	Total expenses. Add lines 10 through 16	17	90,926.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,849.	
ASSETS	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	148,096.
	20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	1.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	140,248.



SCANNED DEC 10 2014

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

SEE ATTACHMENT

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
22 Cash, savings, and investments	41,037.	49,296.
23 Land and buildings	30,165.	27,578.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	97,569.	70,565.
25 Total assets	168,771.	147,439.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	20,675.	7,191.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	148,096.	140,248.

Part III Statement of Program Service Accomplishments (see the instrs 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? SEE SCHEDULE O

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)

28 ORGANIZATION CREATED AND MAINTAINED FOR FIRE PROTECTION AND RESCUE OPERATIONS FOR THE CITIZENS OF THE TOWN OF KEMPTON AND THE TOWNSHIPS OF PRAIRIE AND JEFFERSON IN TIPTON COUNTY, INDIANA. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	82,662.
29 ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 ----- (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	82,662.

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 Title	(b) 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
DONALD KENDALL CHIEF	20	0.	0.	0.
MATT FLOYD 1ST ASST CHIEF	10	0.	0.	0.
BARB LEACH 2ND ASST CHIEF	10	0.	0.	0.
DAVE WHITWORTH LIEUTENANT	10	0.	0.	0.
BRIAN STAKELBECK CAPTAIN	10	0.	0.	0.
STEPHANIE FLOYD SECRETARY	10	0.	0.	0.
VIRGINIA JARRETT TREASURER	15	0.	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 activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		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)		X
35 a 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)?		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		
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		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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
b Did the organization file Form 1120-POL for this year?	37 b	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?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39 a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39 b	N/A
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	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	40 b	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		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
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	40 e	X
41 List the states with which a copy of this return is filed	IN	

42 a The organization's books are in care of BRIAN STAKELBECK Telephone no (765) 963-6523
 Located at 103 W. COLLEGE KEMPTON IN ZIP + 4 46049

	Yes	No
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: _____	42 b	X
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: _____	42 c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	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	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	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	44 d	
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
b 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)	45 b	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		
48		
49 a		
49 b		

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

49 a 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

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

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: Donald Kendall Signature of officer Date 11-10-14
Donald Kendall Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name BRIAN CLARK, CPA Preparer's signature Brian Clark CPA Date 10/17/14 Check if self-employed PTIN P00370447
 Firm's name BERGSTROM, LENON & CLARK, P.C. Firm's EIN 35-1334146
 Firm's address 924 SOUTH MAIN STREET KOKOMO, IN 46901 Phone no (765) 452-6029

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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

Open to Public
Inspection

Name of the organization

KEMPTON FIRE & RESCUE, INC.

Employer identification number

35-1838890

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

FIRE PROTECTION AND EMERGENCY RESCUE

CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

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

BLDG & GROUNDS MAINT	\$	2,537.
CLOTHING ALLOWANCE		3,000.
DEPRECIATION		29,591.
FUEL & TRUCK MAINT		17,642.
INSURANCE		11,550.
INTEREST		591.
MEDICAL SUPPLIES		2,463.
MISCELLANEOUS		117.
OFFICE EXPENSES		4,119.
OUTSIDE SERVICES		1,663.
SUPPLIES		2,404.
TRAINING		100.
UNIFORMS/TURNOUT GEAR		8,744.
TOTAL	\$	<u>84,521.</u>

**FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ROUNDING	\$	1.
TOTAL	\$	<u>1.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES	\$ 64,535.	\$ 45,360.
MACHINERY AND EQUIPMENT	33,034.	25,205.
TOTAL	<u>\$ 97,569.</u>	<u>\$ 70,565.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
SECURED MORTGAGES AND NOTES PAYABLE	\$ 20,675.	\$ 7,191.
TOTAL	<u>\$ 20,675.</u>	<u>\$ 7,191.</u>

FORM 990-EZ - REASONABLE CAUSE FROM LATE PENALTIES

TAXPAYER EXPERIENCED DIFFICULTIES WITH PERSONNEL TURNOVER IN THE TREASURER'S POSITION. THE BOARD AND OFFICERS DISCOVERED THAT THE BOOKS WERE IN DISARRAY AND THAT INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN HAD NOT BEEN MAINTAINED PROPERLY AND SUCH INFORMATION HAD NOT BEEN MADE AVAILABLE TO THE ORGANIZATION'S ACCOUNTANTS SO THAT INFORMATION RETURNS COULD BE FILED. ONCE THIS FACT WAS DISCOVERED, DOCUMENTATION WAS ASSEMBLED (AND IN SOME CASES, RECONSTRUCTED) SO THAT RETURNS COULD BE FILED WITH ACCURATE INFORMATION. STEPS HAVE BEEN TAKEN SINCE TO ASSURE THAT ACCOUNTING RECORDS ARE ADEQUATELY MAINTAINED, REVIEWED AND MONITORED TO ASSURE THAT THESE EVENTS DO NOT REOCCUR.

CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 / BONUS / SP. DEPR.	PRIOR DEC. BAL. DEPR.	SALVAGE / BASIS / REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
FORM 990/990-PF																	
AUTO / TRANSPORT EQUIPMENT																	
5	NEW TANKER(#33)	1/08/95		15,000							15,000	15,000	S/L	10		0	
9	TRUCK #33 (WARNER BODIES)	5/03/95		3,740							3,740	3,740	S/L	10		0	
27	ENGINE 31	6/27/00		129,694							129,694	129,694	S/L	10		0	
28	ENGINE 31 MODIFICATIONS	7/01/00		3,879							3,879	3,879	S/L	10		0	
65	RESCUE SQUAD (# 35)	6/25/02		98,821							98,821	98,821	S/L	10		4,942	
72	99 STERLING FORD TANKER	5/03/03		75,000							75,000	65,000	S/L	10		7,500	
77	REARVIEW CAM SYS-STERLING	8/28/03		3,192							3,192	2,658	S/L	10		319	
93	ENGINE 32	7/15/09		60,000							60,000	15,000	S/L	10		6,000	
96	LED LIGHT HEAD	11/05/11		2,958							2,958	49	S/L	10		296	
97	LED LIGHT BAR	10/07/11		1,180							1,180	30	S/L	10		118	
				393,464	0	0	0	0	0	0	393,464	328,929					19,175
TOTAL AUTO / TRANSPORT EQUIP																	
BUILDINGS																	
3	24' X 40' EAST BAY	11/01/91		11,332							11,332	7,381	S/L	31		366	
24	GARAGE DOORS	3/25/99		5,200							5,200	3,315	S/L	20		260	
29	KITCHEN & SHOWER ADDITION	7/01/00		6,026							6,026	3,462	S/L	20		301	
30	48' X 40' BUILDING	1/01/74		6,500							6,500	6,500	S/L	20		0	
39	22' X 18' LEAN-TO	11/21/99		4,100							4,100	2,477	S/L	20		205	
40	FURNACE	11/08/00		1,286							1,286	715	S/L	20		64	
64	GARAGE DOOR OPENERS	8/04/02		670							670	631	S/L	10		39	
				35,114	0	0	0	0	0	0	35,114	24,481					1,235
TOTAL BUILDINGS																	

CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
IMPROVEMENTS																
11	WEST OFFICE & MTG ROOM	7/01/96		2,358							2,358	1,829	S/L	20		118
32	WELL	10/30/00		3,076							3,076	1,720	S/L	20		154
70	NEW ROOF	12/13/02		8,100							8,100	3,679	S/L	20		405
88	WELL PUMP & INSTALLATION	8/26/08		8,592							8,592	1,433	S/L	20		430
91	26' X 33' CONCRETE SLAB	6/05/09		4,900							4,900	633	S/L	20		245
	TOTAL IMPROVEMENTS			27,026		0	0	0	0	0	27,026	9,294				1,352
LAND																
31	(2) DONATED LOTS	1/01/74		1,800							1,800					0
	TOTAL LAND			1,800		0	0	0	0	0	1,800	0				0
MACHINERY AND EQUIPMENT																
1	ORIGINAL EQUIPMENT	1/23/71		96,833						4,842	91,991	91,991	S/L	10		0
2	RADIO TOWER & EQUIPMENT	11/13/93		628						68	560	560	S/L	10		0
4	NEW RADIO	9/03/94		1,034							1,034	1,034	S/L	10		0
6	DEFIBULATOR	2/11/95		6,490							6,490	6,490	S/L	10		0
7	PRESSURE FAN	3/04/95		1,426							1,426	1,426	S/L	10		0
8	NEW EQUIPMENT	5/03/95		3,241							3,241	3,241	S/L	10		0
10	1500 GALLON TANK	8/10/95		6,865							6,865	6,865	S/L	10		0
12	PENTIUM 166 & PRINTER	7/01/96		2,036							2,036	2,036	S/L	10		0
14	HOSE WASHER	2/21/97		384							384	384	S/L	10		0
15	3 AIR TANKS	6/05/97		1,030							1,030	1,030	S/L	10		0
16	MOTOROLA 5W 8 CH SCANNER	5/19/97		524							524	524	S/L	5		0
17	MINI CO RESPONDER KIT	7/06/98		530							530	530	S/L	5		0

12/31/12

2012 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
25	REFRIGERATOR	10/30/00		360							360		S/L	7		0
33	10000 GAL WATER TANK	1/01/90		4,000							4,000		S/L	10		0
34	HOSES, VALVES, CLAMPS, ETC..	7/01/94		1,883							1,883		S/L	5		0
35	TV/VCR	8/08/94		458							458		S/L	5		0
36	FIREFINDER	3/28/95		780							780		S/L	5		0
37	(4) MOTOROLA RADIOS & SCN	7/01/96		1,808							1,808		S/L	5		0
38	(5) USED TURNOUT GEAR	3/26/98		600							600		S/L	5		0
41	MINITOR III PAGER	4/26/00		404							404		S/L	5		0
42	FURNACE	4/24/00		422							422		S/L	5		0
43	TANK, PUMP, HEATER	5/12/00		577							577		S/L	5		0
44	WATER SOFTENER	5/29/00		500							500		S/L	5		0
55	(3) TURNOUT GEAR	11/24/01		2,861							2,861		S/L	5		0
56	(3) TURNOUT GEAR	11/11/01		2,441							2,441		S/L	5		0
57	1 1/2" PISTOL GRIP NOZZLE	8/08/01		311							311		S/L	5		0
58	MINITOR III PAGER	6/01/01		445							445		S/L	5		0
59	PORTABLE FILL STATION	5/14/01		672							672		S/L	5		0
61	HP PAVILION XT846 COMP	5/13/01		800							800		S/L	5		0
62	FLAGPOLE	9/18/01		1,317							1,317		S/L	5		0
66	HURST COMB./RAM/JAW TIPS	2/10/02		7,351							7,351		S/L	10		62
67	VALVE	4/03/02		687							687		S/L	10		14
68	CHAIN SAW	4/23/02		500							500		S/L	10		17
69	RADIO FOR SQUAD # 35	7/08/02		2,264							2,264		S/L	10		117
71	FOLD-A-TANK LINER	5/23/03		507							507		S/L	10		51
73	TANKER LIGHTING -STERLING	7/08/03		1,117							1,117		S/L	10		112
74	HOSE (STERLING)	10/02/03		925							925		S/L	10		93
75	LADDER RACK (STERLING)	10/28/03		3,939							3,939		S/L	10		394
76	HOSE (STERLING)	10/28/03		786							786		S/L	10		79

12/31/12

2012 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 BONUS/SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
78	ZOLL-AUTO EXT DEFIB (AED)	7/27/04		8,153							8,153	6,045	S/L	10		815
79	BACKDRAFT PAGER	1/26/04		517							517	517	S/L	5		0
80	BACKDRAFT PAGER	3/18/04		524							524	524	S/L	5		0
81	BACKDRAFT PAGER	6/21/04		642							642	642	S/L	5		0
83	PAGERS (6)	2/16/06		2,839							2,839	2,839	S/L	5		0
84	AIRPACKS (6)	5/30/06		21,426							21,426	11,965	S/L	10		2,143
85	TURNOUT GEAR (4)	4/11/06		8,194							8,194	8,194	S/L	5		0
87	TV & DVD PLAYER	10/05/07		1,288							1,288	1,096	S/L	5		192
89	(3) CM300 RADIOS	7/18/08		1,818							1,818	1,244	S/L	5		364
90	PORTABLE WATER TANK	1/10/08		1,668							1,668	668	S/L	10		167
92	VHF VEHICLE REPEATER	4/22/09		2,716							2,716	1,448	S/L	5		543
94	FIREMASTER ALF-3000	2/27/10		1,073							1,073	394	S/L	5		215
95	DARLEY 2" HOSE AND NOZZLE	1/22/10		790							790	303	S/L	5		158
98	25 MINITOR PAGERS	9/30/11		11,464							11,464	573	S/L	5		2,293
TOTAL MACHINERY AND EQUIPME																
222,848 0 0 0 0 4,910 217,938 189,814 7,829																
TOTAL DEPRECIATION																
680,252 0 0 0 0 4,910 675,342 552,518 29,591																

DEPR. SCHEDULE ONLY

CAPITAL OUTLAY-JEFF TOWNSHIP OWNS

13	DONATED EQUIP-JEFF TOWNSHIP	7/01/96		4,011							4,011	0	S/L	10		0
18	3 CYL CASCADE SYSTEM	3/02/98		2,270							2,270	0	S/L			0
19	1.5" NOZZLE	12/09/98		814							814	0	S/L			0
20	SCBA - 30 MIN.	12/14/98		2,417							2,417	0	S/L			0
21	HP OFFICE JET R40XI	11/12/99		470							470	0	S/L			0

CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 BONUS/SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
22	CAMERA	12/26/99		76					76	0		S/L			0
23	VACUUM BOARD	1/06/99		389					389	0		S/L			0
26	GENERATOR	3/20/00		2,290					2,290	0		S/L	7		0
45	TRUCK RADIO (# 31)	7/22/00		1,840					1,840	0		S/L	5		0
46	(1) TURNOUT GEAR	7/01/99		619					619	0		S/L	5		0
47	LIFELINE SET	7/01/99		296					296	0		S/L	5		0
49	PORTABLE MONITOR	7/01/99		2,600					2,600	0		S/L	5		0
50	NOZZLE	7/01/99		400					400	0		S/L	5		0
51	INLINE FOAM INDUCTOR	7/01/99		370					370	0		S/L	5		0
52	ALARM 5 FIRE & SAFETY EQ	4/26/97		5,500					5,500	0		S/L	5		0
53	STROBE LIGHTS (# 31)	7/01/00		220					220	0		S/L	5		0
54	EMERGENCY LIGHTS-TRK # 31	7/01/00		1,136					1,136	0		S/L	5		0
60	83 TON MAT JACK	7/01/01		2,862					2,862	0		S/L	5		0
63	(6) MINITOR III PAGERS	7/01/01		2,638					2,638	0		S/L	5		0
86	STOKES BASKET	7/01/99		275					275	0		S/L	5		0
	TOTAL CAPITAL OUTLAY-JEFF TW			31,493	0	0	0	0	31,493	0	0				0
	TIPTON CO CIVIL DEFENSE CONTROLLED														
82	THERMAL IMAGING CAMERA	3/01/04		10,400					10,400	0		S/L			0
	TOTAL TIPTON CO CIVIL DEFENSE			10,400	0	0	0	0	10,400	0	0				0
	TOTAL DEPRECIATION			41,893	0	0	0	0	41,893	0	0				0
	GRAND TOTAL DEPRECIATION			722,145	0	0	0	0	46,803	675,342	552,518				29,591

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **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
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-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 I or Part II 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, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only 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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	KEMPTON FIRE & RESCUE, INC.	35-1838890
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	103 W. COLLEGE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	KEMPTON, IN 46049	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ DONALD KENDALL

Telephone No. ▶ (765) 963-6523 FAX No. ▶ _____

- 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 this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2013, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 2012 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3 a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3 b	\$	0.
c 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	3 c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	KEMPTON FIRE & RESCUE, INC. Number, street, and room or suite number. If a P.O. box, see instructions.	35-1838890
	BERGSTROM, LENON & CLARK, P.C. 924 SOUTH MAIN STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions.	Social security number (SSN)
	KOKOMO, IN 46901	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ▶ DONALD KENDALL
Telephone No. ▶ (765) 963-6523 FAX No. ▶ _____
- 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 this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 2013.
- For calendar year 2012, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension . . . TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8 a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8 b \$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8 c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Brian Stoddell Title assnt chief Date 11-12-14

BAA FIFZ0502L 01/21/13 Form 8868 (Rev 1-2013)