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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.



Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning , 2013, 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

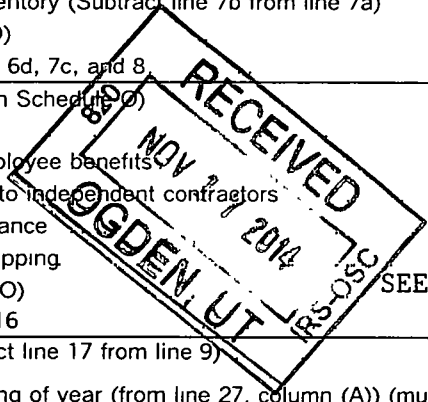
J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 76,302.

Part II 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		EXPENSES		ASSETS	
1	Contributions, gifts, grants, and similar amounts received	1		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)
2	Program service revenue including government fees and contracts	2		20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O
3	Membership dues and assessments	3		21	Net assets or fund balances at end of year. Combine lines 18 through 20
4	Investment income	4			
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	6			
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ 24,255. 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	320.		
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	320.		
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	76,302.		
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	965.		
14	Occupancy, rent, utilities, and maintenance	14	6,530.		
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16	59,417.		
17	Total expenses. Add lines 10 through 16	17	66,912.		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,390.		
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	140,248.		
20	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	-2.		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	149,636.		



SEE SCHEDULE O

SCANNED DEC 10 2014

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

Form 990-EZ (2013) 9

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		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?		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?		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: 40 a N/A section 4911 ▶ N/A, section 4912 ▶ N/A; section 4955 ▶ N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 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) 271-6053
 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: ▶		X
42 b		X
42 c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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 **▶** 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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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)?		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		
49a		
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	(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 business address of each independent contractor	(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	Signature of officer	<u>Donald Kendall</u>	Date	<u>11-10-14</u>
	Type or print name and title	<u>Donald Kendall - Chief</u>		
Paid Preparer Use Only	Print/Type preparer's name	<u>Brian Clark, CPA</u>	Preparer's signature	<u>[Signature]</u>
	Firm's name	<u>BERGSTROM, LENON & CLARK, P.C.</u>	Date	<u>11/4/14</u>
	Firm's address	<u>924 SOUTH MAIN STREET KOKOMO, IN 46901</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00370447</u>
			Firm's EIN	<u>35-1334146</u>
			Phone no	<u>(765) 452-6029</u>

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

Yes No

Part III Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FUNDRAISING SA (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts	24,575.		24,575.
	2	Less. Charitable contributions	24,255.		24,255.
	3	Gross income (line 1 minus line 2)	320.		320.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Subtract line 10 from line 3, column (d)				320.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
REVENUE	1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If 'No,' explain: _____

 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If 'Yes,' explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

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

11/04/14.

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

BLDG & GROUNDS MAINT	\$	4,189.
CLOTHING ALLOWANCE		2,000.
DEPRECIATION		18,746.
DONATIONS		50.
EQUIPMENT MAINTENANCE		207.
FUEL & TRUCK MAINT		4,859.
FUNDRAISING		478.
INSURANCE		13,574.
INTEREST		650.
MEALS & MEETINGS		241.
MEDICAL SUPPLIES		644.
OFFICE EXPENSES		2,282.
PROMOTIONS/AWARDS		378.
SUPPLIES		5,133.
UNIFORMS/TURNOUT GEAR		5,986.
TOTAL	\$	<u><u>59,417.</u></u>

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

ROUNDING		-2.
TOTAL	\$	<u><u>-2.</u></u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES	\$ 45,360.	\$ 36,231.
MACHINERY AND EQUIPMENT	25,205.	18,136.
TOTAL	<u><u>\$ 70,565.</u></u>	<u><u>\$ 54,367.</u></u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
SECURED MORTGAGES AND NOTES PAYABLE	\$ 7,191.	\$ 0.
TOTAL	<u><u>\$ 7,191.</u></u>	<u><u>\$ 0.</u></u>

CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

11/04/14

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FORM 990/990-PF

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
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		0
72	99 STERLING FORD TANKER	5/03/03		75,000							75,000	72,500	S/L	10		2,500
77	REARVIEW CAM SYS-STERLING	8/28/03		3,192							3,192	2,977	S/L	10		215
93	ENGINE 32	7/15/09		60,000							60,000	21,000	S/L	10		6,000
96	LED LIGHT HEAD	11/05/11		2,958							2,958	345	S/L	10		296
97	LED LIGHT BAR	10/07/11		1,180							1,180	148	S/L	10		118
TOTAL AUTO / TRANSPORT EQUIP																
				393,464	0	0	0	0	0	0	393,464	348,104				9,129
BUILDINGS																
3	24' X 40' EAST BAY	11/01/91		11,332							11,332	7,747	S/L	31		366
24	GARAGE DOORS	3/25/99		5,200							5,200	3,575	S/L	20		260
29	KITCHEN & SHOWER ADDITION	7/01/00		6,026							6,026	3,763	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	2,682	S/L	20		205
40	FURNACE	11/08/00		1,286							1,286	779	S/L	20		64
64	GARAGE DOOR OPENERS	8/04/02		670							670	670	S/L	10		0
TOTAL BUILDINGS				35,114	0	0	0	0	0	0	35,114	25,716				1,196

12/31/13

2013 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

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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.
IMPROVEMENTS																
11	WEST OFFICE & MTG ROOM	7/01/96		2,358							2,358	1,947	S/L	20		118
32	WELL	10/30/00		3,076							3,076	1,874	S/L	20		154
70	NEW ROOF	12/13/02		8,100							8,100	4,084	S/L	20		405
88	WELL PUMP & INSTALLATION	8/26/08		8,592							8,592	1,863	S/L	20		430
91	26' X 33' CONCRETE SLAB	6/05/09		4,900							4,900	878	S/L	20		245
TOTAL IMPROVEMENTS																
				27,026	0	0	0	0	0	0	27,026	10,646				1,352
LAND																
31	(2) DONATED LOTS	1/01/74		1,800							1,800					0
TOTAL LAND																
				1,800	0	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

12/31/13

2013 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT E2081

KEMPTON FIRE & RESCUE, INC.

35-1838890

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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.
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		0
67	VALVE	4/03/02		687							687		S/L	10		0
68	CHAIN SAW	4/23/02		500							500		S/L	10		0
69	RADIO FOR SQUAD # 35	7/08/02		2,264							2,264		S/L	10		0
71	FOLD-A-TANK LINER	5/23/03		507							507		S/L	10		18
73	TANKER LIGHTING - STERLING	7/08/03		1,117							1,117		S/L	10		53
74	HOSE (STERLING)	10/02/03		925							925		S/L	10		65
75	LADDER RACK (STERLING)	10/28/03		3,939							3,939		S/L	10		327
76	HOSE (STERLING)	10/28/03		786							786		S/L	10		62

CLIENT E2081

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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	
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	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	10,400	0	0				0	
TOTAL DEPRECIATION				41,893		0		0	0	41,893	0	0				0	
GRAND TOTAL DEPRECIATION				722,145		0		0	0	46,803	675,342	582,109				18,746	

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

- 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	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	KEMPTON FIRE & RESCUE, INC.	35-1838890
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	103 W. COLLEGE 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 (other than individual)	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, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2013 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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Forms 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	3b \$	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	3c \$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2014)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

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

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

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 (other than individual)	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

- 4 I request an additional 3-month extension of time until 11/15, 2014
- 5 For calendar year 2013, or other tax year beginning _____, 20____, and ending _____, 20____
- 6 If the tax year entered in line 5 is for less than 12 months, check reason. Initial return Final return Change in accounting period

7 State in detail why you need the extension EXEMPT ORGANIZATION RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8 a \$
8 b If this application is for Forms 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 \$
8 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 ▶ [Signature] Title ▶ CRA #9100121 Date ▶ 8/13/14