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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 private foundations)

2015

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

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Number and stream; Number and stream; (or P.O., box, if mail is not delivered to street addresss) Room/auste E Telephone number Room/auste	В	Check of ap	plicable C Name of organization D Emp	loyer identificati	on number	•
Total nature Tot		Address c	hange Clinton Firefighters Support Organization	47-12224	20	
Post international proteins of province, country, and ZiP or foreign postal code F Group Exemption Number Angletation practing Clinton, MI, 49236 Clinton, MI, 49236 Accounting Method Clash Accrual Other (specify)		Name cha	nge Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele	phone number		
Apequated return City or town, state or province, coursy, and zir or trongs passas close F Group Exemption	빔		IOZ N. JACKSOII St.	517-456-4	371	
Appendix pending Clinton, MI, 49236	H		City or town, state or province, country, and ZIP or foreign postal code	up Exemption		
Websites N/A Tax-exempt status (check only one)	ŏ		Clinton Atl 40224	mber ▶		
Tax-exempt status (check only one) —	G	Account	ing Method	▶ ☑ if the org	anization	is not
K Form of organization: Corporation			· · · · · · · · · · · · · · · · · · ·			
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 (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Takevenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	٦. آپِ	ax-exen	npt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990, 990-EZ, or	990-PF).	
Cart II Column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	×Κ	Form of	51ga 1220511			
Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 6 Gaming and fundraising events 7 Gross income from garning (attach Schedule G if greater than \$15,000) 8 Gross income from garning (attach Schedule G if greater than \$15,000) 9 Gross income from garning and fundraising events 1 All the sum of such gross income and contributions sexceeds \$15,000) 1 C Less: direct expenses from garning and fundraising events 1 All the sum of such gross income and contributions exceeds \$15,000) 2 C Less: direct expenses from garning and fundraising events (add lines 5a and 6b and subtract line 6c) 3 Gross sales of inventory, less returns and allowances 4 Nother revenue (describe in Schedule O) 9 Total revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 O O O O O O O O O O O O O O O O O O O						
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8 Other revenue (describe in Schedule O)			•	7c		(500)
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10 Grants and similar amounts paid (list in Schedule O)		1 .	Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	· · · · ·	6046
Benefits paid to or for members		 		10		0
Professional fees and other payments to independent contractors		11	Benefits paid to or for members			0
16 Other expenses (describe in Schedule O)		12	Dalatics, Otifot Competitation, and employee benefits			0
16 Other expenses (describe in Schedule O)	Š	13	Professional fees and other payments to independent contractors.	13		0
16 Other expenses (describe in Schedule O)	g	14	Occupancy, rent, utilities, and maintenance	14		0
17 Total expenses. Add lines 10 through 16	ũ	15	Printing, publications, postage, and shipping	15		0
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16	Other expenses (describe in Schedule O)	16		5599
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Pai		for Part II)				_
	Check if the organization used Schedule	O to respond to a	ny question in this			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			9313	\rightarrow	9760
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets		· · · · · <u>·</u>	9313		9760
26	Total liabilities (describe in Schedule O)				26	0770
27	Net assets or fund balances (line 27 of column			9313	27	9760
Par						Expenses
140	Check if the organization used Schedule				(Rec	uired for section
	is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations; optional for
as m	ribe the organization's program service accompli easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the	t its three largest p e services provided	rogram services, I, the number of	othe	• •
28	Calendar Fundraiser: Distributed calendars funded		n area businesses to	support funding		1
20	for the organization. The people who received the c					
	calendars contained many fire safety and or fire pre-					
	, ,	includes foreign gra			28a	4086
29	Fire Prevention: Purchasing of supplies such as col					1
	during school presentations to teach children about					
	items and the like during Halloween so children coul					ļ
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	▶ □	29a	2534
30	Purchase of firefighting / rescue equipment: Purcha	se of a rescue spread	der tool to be used d	uring vehicle		
	extrication at the scene of vehicle crashes that was	donated to the Clinton	n Fire Department			
		includes foreign gra	ints, check here .	▶ 🛚	30a	1950
31	Other program services (describe in Schedule O)					ļ
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	8570
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				istruc	ctions for Part IV)
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
Mark	Nation II	2				
Pres	dent		()	0	0
Jaso	n Becker	2				
Vice	President		(<u> </u>	0	0
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
٠	Did the second of the IDCO K #Von 8 manifely and a second of the IDCO K #Von 8 manifely and		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	33		V
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		,
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		~
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		V
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		,
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		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		1
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		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			, .
_	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
40a	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	102		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		
41	List the states with which a copy of this return is filed ▶ Michigan			
42a	,	17-45	6-4371	1
	Ecodiog at h 1 and	49236		
Þ	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)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ► N/A See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			;
	Financial Accounts (FBAR).			,
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	·	V
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		. 1	► □ N/A
			Yes	No
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	_ ~	~
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		~
C	Did the organization receive any payments for indoor tanning services during the year?	44c		V
	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		V
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
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)	45b		ارم
		- LUD		_

om 99	90-EZ (2015)						Page 4	
46	Did the organization engage, directly or into candidates for public office? If "Yes," of the candidates for public office?				tion	连	No	
Part		s only s must answer que	stions 47-49b and	52, and complete th		<u></u>	<u>, c</u>	
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect during the	tax . 47		140	
48 49a b 50	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	(a) Name and title of each employee	(b) Average (c) Reportable contributions to employee			(e) Estimated amount of other compensation			
- <u>.</u> , -					<u> </u>			
					<u>.</u>			
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	s five highest compe		contractors who each	n receive	d more	tha	
	(a) Name and business address of each independ		(b) Type of serv	ice (c	(c) Compensation			
							<u></u>	
d	Total number of other independent contra	=						
52	Did the organization complete Scheducompleted Schedule A		· · · · · · ·	· · · · · · · · · · · · · · · · · · ·	. ▶ □ Y €			

Un true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 04-05-2016 Sign Signature of officer Here Clayton W. Coveli - Treasurer Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check I if self-employed **Paid Preparer** Firm's EIN ▶ Firm's name **Use Only** Phone no. Firm's address ▶ 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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047
2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ 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.

Name of the organization
Clinton Firefighters Support Organization

PART I, LINE 16: "other expenses" totaling \$5599

Employer identification number 47-1222420

1.) Purchase of Fire Prevention Supplies and the Like (noted in Part III, Line 29): \$2534

2.) Purchase of Rescue Spreader Tool (noted in Part III, Line 30): \$1950

3.) US Dept. of Treasury, 501C4 Application Fee: \$400

4.) Flowers purchased for family deaths / child births in accordinance with By-Laws: \$240

5.) Donation for Child Sponsor Field Trip: \$154

6.) General Operation Expenses, Supplies: \$301

7) Arcticles of Incorporation Filing with State of Michigan: \$20

PART V, LINE 35B:

There was not any unrelated business income other than account interest in the Organizations Bank Savings account, which adds up to less than \$1 for the entire calendar year. All other gross income activities were reported in PART I, Line 1, 6B, and 7A respectively.