

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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

2007

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning July 1st , 2007, and ending June 30th , 20 08											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; vertical-align: top; font-size: small;">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization Centralia Volunteer Fire Company</td> <td>D Employer identification number 71 0894370</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite 110 N Washington</td> <td>E Telephone number (918) 273-3333</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 Vinita, OK 74301-6129</td> <td>F Group Exemption Number ▶</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Centralia Volunteer Fire Company		D Employer identification number 71 0894370	Number and street (or P O box, if mail is not delivered to street address) Room/suite 110 N Washington		E Telephone number (918) 273-3333	City or town, state or country, and ZIP + 4 Vinita, OK 74301-6129		F Group Exemption Number ▶
Please use IRS label or print or type. See Specific Instructions.	C Name of organization Centralia Volunteer Fire Company		D Employer identification number 71 0894370								
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 110 N Washington		E Telephone number (918) 273-3333								
	City or town, state or country, and ZIP + 4 Vinita, OK 74301-6129		F Group Exemption Number ▶								

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶

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

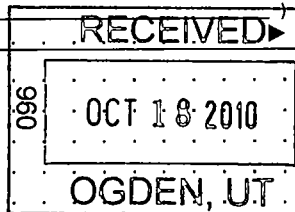
J Organization type (check only one)— 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **23,165**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	9,056
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	2,870
	4 Investment income	4	0
	5a Gross amount from sale of assets other than inventory	5a	2,500
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	2,500
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	8,739
	b Less: direct expenses other than fundraising expenses	6b	1,901
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	6,838	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0	
8 Other revenue (describe ▶ N/A)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	21,264	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	1,601
	15 Printing, publications, postage, and shipping	15	101
	16 Other expenses (describe ▶ Equipment Repairs and Operating Expenses)	16	17,307
	17 Total expenses. Add lines 10 through 16	17	19,009
18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	2,255	
Net 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	235,904
	20 Other changes in net assets or fund balances (attach explanation)	20	10,000
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	248,159



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,904	5,159
23 Land and buildings	75,000	75,000
24 Other assets (describe ▶ Fire Apparatus, Gear and tools)	158,000	168,000
25 Total assets	235,904	248,159
26 Total liabilities (describe ▶ N/A)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	235,904	248,159

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2007)

POSTCARD MISSING

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? Fire Suppression.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	In 2007 we had 72 paid members and responded to 28 calls requiring either fire suppression, 1st responders or mutual aide requests from adjacent fire departments.		
	(Grants \$ 7,709) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,009
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. Add lines 28a through 31a	32	19,009

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Shawn Christian 426257 E 170 Road, Vinita OK 74301	Chief (3-4)	0	0	0
Kenneth Burton 105 N Maple, Vinita OK 74301	Assistant Chief (3-4)	0	0	0
Steve Goins 14254 S 4310 Road, Vinita OK 74301	Director	0	0	0
Annette Burton 105 N Maple, Vinita OK 74301	Secretary / Treasurer	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)			Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change			✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	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		✓
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 unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	0	
39	501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a	0	
b	Gross receipts, included on line 9, for public use of club facilities	39b	0	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0
- d** 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? . . .

	Yes	No
40b		✓
40c		
40d		
40e		✓

41 List the states with which a copy of this return is filed. ▶ Oklahoma

42a The books are in care of ▶ Annette Burton Telephone no. ▶ (918) 273-1196
 Located at ▶ 105 N Maple, Vinita OK ZIP + 4 ▶ 74301

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)? . . .

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ N/A

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . N/A

If "Yes," enter the name of the foreign country: ▶ N/A

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 0

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

Please Sign Here

Signature of officer: Steve Goins Date: 10/15/2010

Type or print name and title: Steve Goins, Director

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____

EIN: _____ Phone no: () _____