

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)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2003 calendar year, or tax year beginning, 2003, and ending, 20

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: IND HBR BCH VOLUNTEER FIRE DEPT. Address: 1116 PINETREE DRIVE, INDIAN HARBOUR BCH, FL 32937

D Employer identification number: 59-2097488. E Telephone number: (321) 777-7217. F Accounting method: [ ] Cash [ ] Accrual [ ] Other

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [ ] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [ ] Yes [ ] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No.

G Website. J Organization type (check only one): [X] 501(c)(3) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 64,287

I Group Exemption Number. M Check [X] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows and 4 columns: Description, Sub-column, Amount, Total. Includes rows for Contributions (38,409), Program service revenue (22,500), Membership dues, Interest on savings, Dividends (3,257), Gross rents, Net gain or loss, Special events, Gross sales of inventory, Other revenue, Total revenue (64,287), Program services (28,429), Management and general (9,174), Fundraising (1,587), Payments to affiliates (2,131), Total expenses (41,321), Excess or deficit (22,966), Net assets at beginning (321,481), Other changes, Net assets at end (344,447).

2003 JUL 3 2004 OPEN AUG 03 2004

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I |   | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |       |
|--|---|-----------|----------------------|----------------------------|-----------------|-------|
| 22   | Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____ )  | 22        |                      |                            |                 |       |
| 23   | Specific assistance to individuals (attach schedule) . . . . .  | 23        |                      |                            |                 |       |
| 24   | Benefits paid to or for members (attach schedule) . . . . .   | 24        |                      |                            |                 |       |
| 25   | Compensation of officers, directors, etc . . . . .  | 25        |                      |                            |                 |       |
| 26   | Other salaries and wages . . . . .  | 26        |                      |                            |                 |       |
| 27   | Pension plan contributions . . . . .  | 27        |                      |                            |                 |       |
| 28   | Other employee benefits . . . . .   | 28        |                      |                            |                 |       |
| 29   | Payroll taxes . . . . .   | 29        |                      |                            |                 |       |
| 30   | Professional fundraising fees . . . . .   | 30        |                      |                            |                 |       |
| 31   | Accounting fees . . . . .   | 31        | 250                  | 250                        |                 |       |
| 32   | Legal fees . . . . .  | 32        |                      |                            |                 |       |
| 33   | Supplies . . . . .  | 33        |                      |                            |                 |       |
| 34   | Telephone . . . . .   | 34        | 1,351                | 1,351                      |                 |       |
| 35   | Postage and shipping . . . . .  | 35        |                      |                            |                 |       |
| 36   | Occupancy . . . . .   | 36        |                      |                            |                 |       |
| 37   | Equipment rental and maintenance . . . . .  | 37        |                      |                            |                 |       |
| 38   | Printing and publications . . . . .   | 38        |                      |                            |                 |       |
| 39   | Travel . . . . .  | 39        |                      |                            |                 |       |
| 40   | Conferences, conventions, and meetings . . . . .  | 40        |                      |                            |                 |       |
| 41   | Interest . . . . .  | 41        |                      |                            |                 |       |
| 42   | Depreciation, depletion, etc (attach schedule) . . . . .  | 42        | 14,497               | 14,496                     | 1               |       |
| 43   | Other expenses not covered above (itemize) a PGM SVCS   | 43a       | 13,933               | 13,933                     |                 |       |
|  | b MGMT AND GENERAL SVCS   | 43b       | 7,572                | 7,572                      |                 |       |
|  | c FUNDRAISING   | 43c       | 1,587                |                            | 1,587           |       |
|  | d   | 43d       |                      |                            |                 |       |
|  | e   | 43e       |                      |                            |                 |       |
| 44   | Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . . | 44        | 39,190               | 28,429                     | 9,174           | 1,587 |

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . . . . .  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions)

| What is the organization's primary exempt purpose? ►  | Program Service Expenses<br>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.) |
|---|---|
| FIRE FIGHTING<br>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)<br>a FIRE PROTECTION FOR THE CITY OF INDIAN HARBOUR, FL<br>FIRE FIGHTING, FIRE PREVENTION, EDUCATIONAL ACTIVITIES, SAFETY INSPECTIONS, TRAINING OF FIREFIGHTERS<br>(Grants and allocations \$ _____ ) | 28,429  |
| b _____<br>(Grants and allocations \$ _____ )   |   |
| c _____<br>(Grants and allocations \$ _____ )   |   |
| d _____<br>(Grants and allocations \$ _____ )   |   |
| e Other program services (attach schedule) (Grants and allocations \$ _____ )   |   |
| <b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .   | 28,429  |

**Part IV Balance Sheets** (See page 25 of the instructions)

| Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only |   | (A)  |         | (B)         |         |
|---|---|--|---------|-------------|---------|
|   |   | Beginning of year  |         | End of year |         |
| A<br>s<br>s<br>e<br>t<br>s  | 45  | Cash - non-interest-bearing  | 2,768   | 45          | 2,131   |
|   | 46  | Savings and temporary cash investments   | 39,725  | 46          | 44,722  |
|   | 47 a  | Accounts receivable  | 47a     | 47c         |         |
|   | b   | Less allowance for doubtful accounts   | 47b     |             |         |
|   | 48 a  | Pledges receivable   | 48a     | 48c         |         |
|   | b   | Less allowance for doubtful accounts   | 48b     |             |         |
|   | 49  | Grants receivable  |         | 49          |         |
|   | 50  | Receivables from officers, directors, trustees, and key employees (attach schedule)                              |         | 50          |         |
|   | 51 a  | Other notes and loans receivable (attach schedule)   | 51a     | 51c         |         |
|   | b   | Less allowance for doubtful accounts   | 51b     |             |         |
|   | 52  | Inventories for sale or use  |         | 52          |         |
|   | 53  | Prepaid expenses and deferred charges  |         | 53          |         |
|   | 54  | Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 80,821  | 54          | 84,838  |
|   | 55 a  | Investments - land, buildings, and equipment basis   | 55a     | 55c         |         |
|   | b   | Less accumulated depreciation (attach schedule)  | 55b     |             |         |
| 56  | Investments other (attach schedule)   |  | 56      |             |         |
| 57 a  | Land, buildings, and equipment basis  | 57a  | 478,217 | 57c         | 257,300 |
| b   | Less accumulated depreciation (attach schedule)   | 57b  | 220,917 |             |         |
| 58  | Other assets (describe <input type="checkbox"/> )   | 271,796  | 58      |             |         |
| 59  | <b>Total assets</b> (add lines 45 through 58) (must equal line 74)  | 395,110  | 59      | 388,991     |         |
| L<br>i<br>a<br>b<br>i<br>l<br>i<br>t<br>i<br>e<br>s   | 60  | Accounts payable and accrued expenses  |         | 60          |         |
|   | 61  | Grants payable   |         | 61          |         |
|   | 62  | Deferred revenue   |         | 62          |         |
|   | 63  | Loans from officers, directors, trustees, and key employees (attach schedule)                                    |         | 63          |         |
|   | 64 a  | Tax-exempt bond liabilities (attach schedule)  |         | 64a         |         |
|   | b   | Mortgages and other notes payable (attach schedule)  |         | 64b         |         |
|   | 65  | Other liabilities (describe <input type="checkbox"/> )   | 73,629  | 65          | 58,348  |
| 66  | <b>Total liabilities</b> (add lines 60 through 65)  | 73,629   | 66      | 58,348      |         |
| N<br>e<br>t<br>A<br>s<br>s<br>e<br>t<br>B<br>a<br>l<br>a<br>n<br>c<br>e<br>s  | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74                               |  |         |             |         |
|   | 67  | Unrestricted   | 321,481 | 67          | 330,643 |
|   | 68  | Temporarily restricted   |         | 68          |         |
|   | 69  | Permanently restricted   |         | 69          |         |
|   | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74   |  |         |             |         |
|   | 70  | Capital stock, trust principal, or current funds   |         | 70          |         |
|   | 71  | Paid-in or capital surplus, or land, building, and equipment fund  |         | 71          |         |
| 72  | Retained earnings, endowment, accumulated income, or other funds  |  | 72      |             |         |
| 73  | <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) | 321,481  | 73      | 330,643     |         |
| 74  | <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)   | 395,110  | 74      | 388,991     |         |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



| <b>Part VI Other Information</b> (See page 28 of the instructions) |  | Yes        | No |
|--|--|------------|----|
| <b>76</b>  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .   | <b>76</b>  | X  |
| <b>77</b>  | Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . .<br>If "Yes," attach a conformed copy of the changes  | <b>77</b>  | X  |
| <b>78a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   | <b>78a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .  | <b>78b</b> |    |
| <b>79</b>  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .  | <b>79</b>  | X  |
| <b>80a</b>   | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .  | <b>80a</b> | X  |
| <b>b</b>   | If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt  |            |    |
| <b>81a</b>   | Enter direct and indirect political expenditures See line 81 instructions . . . . .  | <b>81a</b> |    |
| <b>b</b>   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .  | <b>81b</b> | X  |
| <b>82a</b>   | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .  | <b>82a</b> | X  |
| <b>b</b>   | If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) . . . . .  | <b>82b</b> |    |
| <b>83a</b>   | Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .  | <b>83a</b> | X  |
| <b>b</b>   | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .   | <b>83b</b> | X  |
| <b>84a</b>   | Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .  | <b>84a</b> | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | <b>84b</b> | X  |
| <b>85</b>  | 501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members? . . . . .  | <b>85a</b> |    |
| <b>b</b>   | Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .<br>If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year        | <b>85b</b> |    |
| <b>c</b>   | Dues, assessments, and similar amounts from members . . . . .  | <b>85c</b> |    |
| <b>d</b>   | Section 162(e) lobbying and political expenditures . . . . .   | <b>85d</b> |    |
| <b>e</b>   | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .   | <b>85e</b> |    |
| <b>f</b>   | Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .  | <b>85f</b> |    |
| <b>g</b>   | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .  | <b>85g</b> |    |
| <b>h</b>   | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .                             | <b>85h</b> |    |
| <b>86</b>  | 501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .  | <b>86a</b> |    |
| <b>b</b>   | Gross receipts, included on line 12, for public use of club facilities . . . . .   | <b>86b</b> |    |
| <b>87</b>  | 501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders . . . . .   | <b>87a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  | <b>87b</b> |    |
| <b>88</b>  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . . | <b>88</b>  |    |
| <b>89a</b>   | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>  |            |    |
| <b>b</b>   | 501(c)(3) and 501(c)(4) orgs 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 a statement explaining each transaction . . . . .          | <b>89b</b> |    |
| <b>c</b>   | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/>  |            |    |
| <b>d</b>   | Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/>  |            |    |
| <b>90a</b>   | List the states with which a copy of this return is filed <input type="checkbox"/>   |            |    |
| <b>b</b>   | Number of employees employed in the pay period that includes March 12, 2003 (See instructions) . . . . .   | <b>90b</b> |    |
| <b>91</b>  | The books are in care of <input type="checkbox"/> EDWARD MCGURK Telephone no <input type="checkbox"/> 321-773-9212<br>Located at <input type="checkbox"/> 204 WATERBURY IND HBR BCH FL ZIP + 4 <input type="checkbox"/> 32937  |            |    |
| <b>92</b>  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/>                     | <b>92</b>  |    |

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or<br>exempt function<br>income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |  |
| <b>Note:</b> Enter gross amounts unless otherwise indicated.           |                           |               |                                      |               |  |
| 93 Program service revenue:  |                           |               |                                      |               |  |
| a _____  |                           |               |                                      |               |  |
| b _____  |                           |               |                                      |               |  |
| c _____  |                           |               |                                      |               |  |
| d _____  |                           |               |                                      |               |  |
| e _____  |                           |               |                                      |               |  |
| f Medicare/Medicaid payments . . . . .                                 |                           |               |                                      |               |  |
| g Fees and contracts from government agencies . . . . .                |                           |               |                                      |               | 22,500   |
| 94 Membership dues and assessments . . . . .                           |                           |               |                                      |               |  |
| 95 Interest on savings and temporary cash investments . . . . .        |                           |               |                                      |               | 121  |
| 96 Dividends and interest from securities . . . . .                    |                           |               |                                      |               | 3,257  |
| 97 Net rental income or (loss) from real estate:                       |                           |               |                                      |               |  |
| a debt-financed property . . . . .                                     |                           |               |                                      |               |  |
| b not debt-financed property . . . . .                                 |                           |               |                                      |               |  |
| 98 Net rental income or (loss) from personal property . . . . .        |                           |               |                                      |               |  |
| 99 Other investment income . . . . .                                   |                           |               |                                      |               |  |
| 100 Gain or (loss) from sales of assets other than inventory . . . . . |                           |               |                                      |               |  |
| 101 Net income or (loss) from special events . . . . .                 |                           |               |                                      |               |  |
| 102 Gross profit or (loss) from sales of inventory . . . . .           |                           |               |                                      |               |  |
| 103 Other revenue:   |                           |               |                                      |               |  |
| a _____  |                           |               |                                      |               |  |
| b _____  |                           |               |                                      |               |  |
| c _____  |                           |               |                                      |               |  |
| d _____  |                           |               |                                      |               |  |
| e _____  |                           |               |                                      |               |  |
| 104 Subtotal (add columns (B), (D), and (E)) . . . . .                 |                           |               |                                      |               | 25,878   |
| 105 Total (add line 104, columns (B), (D), and (E)) . . . . .          |                           |               |                                      |               | 25,878   |

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| 93G      | CONTRACT WITH CITY OF INDIAN HBR BCH TO PROVIDE FIRE PROTECTION SERVICES.   |
| 95       | INTREST ON OPERATING FUNDS.   |
| 96       | DIVIDEND ON INVESTMENT OFR EQPT IMPROVEMENTS & FUTURE REPLACEMENT   |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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) or other individual disqualified under section 179E.

**Please Sign Here**

Signature of officer: *T. W. Knowlton*  
 Type or print name and title: T. W. KNOWLTON

**Paid Preparer's Use Only**

Preparer's signature: *Blond Miller*  
 Firm's name (or yours if self-employed) address, and ZIP + 4: MILLER, MILLER & ASSOCIATES  
 2087A SARNO ROAD  
 MELBOURNE FL



**Part III Statements About Activities** (See page 2 of the instructions )

|           |   | Yes       | No |
|-----------|---|-----------|----|
| <b>1</b>  | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )<br>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | <b>1</b>  | X  |
| <b>2</b>  | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )  |           |    |
| <b>a</b>  | Sale, exchange, or leasing of property? . . . . .   | <b>2a</b> | X  |
| <b>b</b>  | Lending of money or other extension of credit? . . . . .  | <b>2b</b> | X  |
| <b>c</b>  | Furnishing of goods, services, or facilities? . . . . .   | <b>2c</b> | X  |
| <b>d</b>  | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .   | <b>2d</b> | X  |
| <b>e</b>  | Transfer of any part of its income or assets? . . . . .   | <b>2e</b> | X  |
| <b>3a</b> | Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) . . . . .  | <b>3a</b> | X  |
| <b>b</b>  | Do you have a section 403(b) annuity plan for your employees? . . . . .   | <b>3b</b> | X  |
| <b>4</b>  | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .   | <b>4</b>  | X  |

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12**  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  | 11                         |
|  |                            |
|  |                            |

- 14**  An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) . . . ▶  | (a) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | (e) Total         |
|--|----------|----------|----------|----------|-------------------|
| <b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . .   | 22,500   | 22,500   | 17,500   | 17,500   | 80,000            |
| <b>16</b> Membership fees received . . . . .   |          |          |          |          |                   |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .  | 38,409   | 27,259   | 37,052   | 31,321   | 134,041           |
| <b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . .   | 3,378    | 3,032    | 4,159    | 1,288    | 11,857            |
| <b>19</b> Net income from unrelated business activities not included in line 18 . . . . .  |          |          |          |          |                   |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .   |          |          |          |          |                   |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .   |          |          |          |          |                   |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets   |          |          |          |          |                   |
| <b>23</b> Total of lines 15 through 22 . . . . .   | 64,287   | 52,791   | 58,711   | 50,109   | 225,898           |
| <b>24</b> Line 23 minus line 17 . . . . .  | 25,878   | 25,532   | 21,659   | 18,788   | 91,857            |
| <b>25</b> Enter 1% of line 23 . . . . .  | 643      | 528      | 587      | 501      |                   |
| <b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24 . . . . . ▶  |          |          |          |          | <b>26a</b> 1,837  |
| <b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts . . ▶   |          |          |          |          | <b>26b</b>        |
| <b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . . ▶   |          |          |          |          | <b>26c</b> 91,857 |
| <b>d</b> Add Amounts from column (e) for lines 18 <u>11,857</u> 19 _____   |          |          |          |          | <b>26d</b> 11,857 |
| 22 _____ 26b _____ . . . . . ▶   |          |          |          |          |                   |
| <b>e</b> Public support (line 26c minus line 26d total) . . . . . ▶  |          |          |          |          | <b>26e</b> 80,000 |
| <b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶  |          |          |          |          | <b>26f</b> 87.09% |
| <b>27 Organizations described on line 12:</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year   |          |          |          |          |                   |
| (2002) _____ (2001) _____ (2000) _____ (1999) _____  |          |          |          |          |                   |
| <b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year |          |          |          |          |                   |
| (2002) _____ (2001) _____ (2000) _____ (1999) _____  |          |          |          |          |                   |
| <b>c</b> Add Amounts from column (e) for lines 15 _____ 16 _____   |          |          |          |          | <b>27c</b>        |
| 17 _____ 20 _____ 21 _____ . . . . . ▶   |          |          |          |          |                   |
| <b>d</b> Add Line 27a total . . . . . and line 27b total . . . . . ▶   |          |          |          |          | <b>27d</b>        |
| <b>e</b> Public support (line 27c total minus line 27d total) . . . . . ▶  |          |          |          |          | <b>27e</b>        |
| <b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . . ▶   |          |          |          |          | <b>27f</b>        |
| <b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶  |          |          |          |          | <b>27g</b> %      |
| <b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶  |          |          |          |          | <b>27h</b> %      |

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

# Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

**2003**  
Attachment  
Sequence No **67**

|   |  |   |
|---|--|---|
| Name(s) shown on return<br><b>IND HBR BCH VOLUNTEER FIRE DEPT</b> | Business or activity to which this form relates<br><b>PROGRAM SERVICES - 1</b> | Identifying number<br><b>59-2097488</b> |
|---|--|---|

**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.

|          |   |          |           |
|----------|---|----------|-----------|
| <b>1</b> | Maximum amount See page 2 of the instructions for a higher limit for certain businesses . . . . .   | <b>1</b> | \$100,000 |
| <b>2</b> | Total cost of section 179 property placed in service (see page 2 of the instructions) . . . . .   | <b>2</b> |           |
| <b>3</b> | Threshold cost of section 179 property before reduction in limitation . . . . .   | <b>3</b> | \$400,000 |
| <b>4</b> | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .  | <b>4</b> |           |
| <b>5</b> | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see page 2 of the instructions . . . . . | <b>5</b> |           |

|           | (a) Description of property  | (b) Cost (business use only) | (c) Elected cost |
|-----------|--|------------------------------|------------------|
| <b>6</b>  |  |                              |                  |
| <b>7</b>  | Listed property Enter the amount from line 29 . . . . .  | <b>7</b>                     |                  |
| <b>8</b>  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .                                      | <b>8</b>                     |                  |
| <b>9</b>  | Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .   | <b>9</b>                     |                  |
| <b>10</b> | Carryover of disallowed deduction from line 13 of your 2002 Form 4562 . . . . .  | <b>10</b>                    |                  |
| <b>11</b> | Business income limitation Enter the <b>smaller</b> of business income (not less than zero) or line 5 (see instructions) . . . . . | <b>11</b>                    |                  |
| <b>12</b> | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .                                     | <b>12</b>                    |                  |
| <b>13</b> | Carryover of disallowed deduction to 2004 Add lines 9 and 10, less line 12 . ▶   | <b>13</b>                    |                  |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Deduction Allowance and Other Depreciation (Do not include listed property.)**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>14</b> | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) . . . . . | <b>14</b> |  |
| <b>15</b> | Property subject to section 168(f)(1) election (see page 4 of the instructions) . . . . .   | <b>15</b> |  |
| <b>16</b> | Other depreciation (including ACRS) (see page 4 of the instructions) . . . . .  | <b>16</b> |  |

**Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)**

**Section A**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | MACRS deductions for assets placed in service in tax years beginning before 2003 . . . . .   | <b>17</b> |  |
| <b>18</b> | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/> |           |  |

**Section B - Assets Placed in Service During 2003 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 |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| <b>19a</b> 3-year property            |                                      |  |                     |                |            |                            |
| <b>b</b> 5-year property              |                                      |  |                     |                |            |                            |
| <b>c</b> 7-year property              |                                      |  |                     |                |            |                            |
| <b>d</b> 10-year property             |                                      |  |                     |                |            |                            |
| <b>e</b> 15-year property             |                                      |  |                     |                |            |                            |
| <b>f</b> 20-year property             |                                      |  |                     |                |            |                            |
| <b>g</b> 25-year property             |                                      |  | 25 yrs              |                | S/L        |                            |
| <b>h</b> Residential rental property  |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| <b>i</b> Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See page 6 of the instructions)**

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>21</b> | Listed property Enter amount from line 28 . . . . .  | <b>21</b> | 14,496 |
| <b>22</b> | <b>Total.</b> 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 instr . . . . . | <b>22</b> | 14,496 |
| <b>23</b> | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .  | <b>23</b> |        |

Part V Listed Property (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 6 of the instructions) 25
26 Property used more than 50% in a qualified business use (see page 6 of the instructions) STATEMENT # 50 %
27 Property used 50% or less in a qualified business use (see page 6 of the instructions) S/L-
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 14,496
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles - see page 2 of the instructions) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions)
43 Amortization of costs that began before your 2003 tax year 43
44 Total. Add amounts in column (f) See page 9 of the instructions for where to report 44



Name as shown on Return

IND HBR BCH VOLUNTEER FIRE DEPT

Employer identification number

59-2097488

## OTHER EXP-LINE 43A:PGRM SERVICES

| Description       | Amount |
|-------------------|--------|
| BEVERAGES         | 4,142  |
| SERVICE AWARDS    | 809    |
| SOCIAL ACTIVITIES | 8,982  |
| Total             | 13,933 |

## LINE 43A MGMT &amp; GENERAL SVCES

| Description           | Amount |
|-----------------------|--------|
| CORPORATE MEETINGS    | 1,409  |
| HALL CLEANING         | 1,560  |
| TAXES & LISCENSE      | 70     |
| MISCELLANEOUS EXPENSE | 2,101  |
| DRILL NIGHTS          | 2,432  |
| Total                 | 7,572  |

## INVESTMENT SEC PRT IV LINE 54 LST YEAR

| Description         | Amount |
|---------------------|--------|
| COMMON STOCK        |        |
| A CORPORATE         | 20,127 |
| B US GOV SECURITIES | 60,694 |
| Total               | 80,821 |

## INVESTMNT SEC PART IV LINE 54 THIS YR

| Description         | Amount |
|---------------------|--------|
| COMMON STOCK        |        |
| A CORPORATE         | 22,247 |
| B US GOV SECURITIES | 62,591 |
| Total               | 84,838 |

## ART IV LINE 65 OTHER LIABILITIES

| Description       | Amount |
|-------------------|--------|
| YR END-BOOK VALUE |        |
| TRUCK 356         | 29,192 |
| TRUCK 56          | 44,437 |
| Total             | 73,629 |

Name as shown on Return

IND HBR BCH VOLUNTEER FIRE DEPT

Employer identification number

59-2097488

## PART IV LINE 65 OTHER LIABILITIES

| Description       | Amount |
|-------------------|--------|
| YR END-BOOK VALUE |        |
| TRUCK 356         | 20,073 |
| TRUCK 56          | 38,275 |
| Total             | 58,348 |

## -----PAYMENTS-----

| Description              | Amount |
|--------------------------|--------|
| CITY OF MELBOURNE LABLES | 199    |
| US POST OFFICE           | 150    |
| POSTMASTER               | 995    |
| PRINTING                 | 787    |
| Total                    | 2,131  |

## -----FUNDRAISING-----

| Description | Amount |
|-------------|--------|
| FUNDRAISING | 1,587  |
| Total       | 1,587  |

**Statement Summary**

NOT USED

**2003**

STATEMENT 50

|  |                                  |
|--|----------------------------------|
| Name(s) shown on return<br>IND HBR BCH VOLUNTEER FIRE DEPT | Identifying Number<br>59-2097488 |
|--|----------------------------------|

|                       |         |         |      |               |
|-----------------------|---------|---------|------|---------------|
| FIRE HOUSE 1011990100 | 216,991 | 216,991 | 31SB | 6,889         |
| FIRE TRUCK 1011995100 | 175,049 | 175,049 | 5 SL | 1,775         |
| THERMAL IM 1011998100 | 24,000  | 24,000  | 7 SL | 3,429         |
| BUNKER GEA 1011994100 | 1,000   | 1,000   | 7    |               |
| DEFIBRILLA 1011998100 | 3,294   | 3,294   | 7 SL | 471           |
| TWO ICE CH 1011996100 | 80      | 80      | 7 SL | 3             |
| TELEVISION 1011998100 | 400     | 400     | 5 SL | 80            |
| PRINTER 1011999100    | 372     | 372     | 5 SL | 74            |
| FIRE ENGIN 1012000100 | 50,000  | 50,000  | 5 SL | 1,775         |
| <b>TOTALS</b>         |         |         |      | <b>14,496</b> |

NOT USED

STATEMENT 50

|                       |         |         |      |               |
|-----------------------|---------|---------|------|---------------|
| FIRE HOUSE 1011990100 | 216,991 | 216,991 | 31SB | 6,889         |
| FIRE TRUCK 1011995100 | 175,049 | 175,049 | 5 SL | 1,775         |
| THERMAL IM 1011998100 | 24,000  | 24,000  | 7 SL | 3,429         |
| BUNKER GEA 1011994100 | 1,000   | 1,000   | 7    |               |
| DEFIBRILLA 1011998100 | 3,294   | 3,294   | 7 SL | 471           |
| TWO ICE CH 1011996100 | 80      | 80      | 7 SL | 3             |
| TELEVISION 1011998100 | 400     | 400     | 5 SL | 80            |
| PRINTER 1011999100    | 372     | 372     | 5 SL | 74            |
| FIRE ENGIN 1012000100 | 50,000  | 50,000  | 5 SL | 1,775         |
| BODY BLDG 1011994100  | 229     | 229     | 7    |               |
| CHRISTMAS 1011994100  | 302     | 302     | 7    |               |
| PING PONG 1011995100  | 282     | 282     | 7    |               |
| CHRISTMAS 1011995100  | 513     | 513     | 7    |               |
| TELEVISION 1011996100 | 1,677   | 1,677   | 7 SL |               |
| REFRIGERAT 1011996100 | 1,163   | 1,163   | 7 SL | 1             |
| COMPUTER W 1011996100 | 2,665   | 2,665   | 5    |               |
| TRUCK SPEA 1011996100 | 200     | 200     | 5    |               |
| <b>TOTALS</b>         |         |         |      | <b>14,497</b> |

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).

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

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066, or 1041

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: 1116 PINETREE DRIVE, INDIAN HARBOUR BCH, FL 32937

Check type of return to be filed (file a separate application for each return)

- Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

- 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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 07-15, 2004, to file the exempt organization return for the organization named above The extension is for the organization's return for tax year beginning 01-01, 2003, and ending 12-31, 2003

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a 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
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit
3c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Signature and Verification

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: [Handwritten Signature] Title: Acctnt Date: 3-13-04
For Paperwork Reduction Act Notice, see instruction EEA Form 8868 (12-2000)

COPY



- 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 - Must File Original and One Copy.**

|   |   |  |
|---|---|--|
| Type or print<br>File by the due date for filing your return See instructions | Name of Exempt Organization<br>IND HBR BCH VOLUNTEER FIRE DEPT  | Employer identification number<br>59-2097488 |
|   | Number, street, and room or suite no. If a P.O. box, see instructions<br>1116 PINETREE DRIVE                            | For IRS use only                             |
|   | City, town, or post office, state, and ZIP code For a foreign address, see instructions<br>INDIAN HARBOUR BCH, FL 32937 |  |

COPY

Check type of return to be filed (File a separate application for each return).

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

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

- 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 10-15, 2004.
- For calendar year \_\_\_\_\_, or other tax year beginning 01-01, 2003 and ending 12-31, 2003
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension  
AWAIT THIRD PARTY DOCUMENTS

- 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 . . . . . \$ \_\_\_\_\_
- 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 . . . . . \$ \_\_\_\_\_
- Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions . . . . . \$ \_\_\_\_\_

**Signature and Verification**

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 Allen Miller Title ACPTNT Date 10/21/04

**Notice to Applicant - To Be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

|               |   |
|---------------|---|
| Type or print | Name  |
|               | Number and street (include suite, room, or apt. no.) Or a P.O. box number   |
|               | City or town, province or state, and country (including postal or ZIP code) |

COPY