efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

CANNON COUNTY RESCUE SQUAD

As Filed Data -

DLN: 93492217003281

D Employer identification number

62-1637420

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

and ending 12-31-2010

Open to Public Inspection

_	ame ch	-	Number and street (or P O box, if mail is not delivered to street address) Ro	oom/suite	E Telephone num	ber	
_	itial ret erminat		618 LETIMAN SI		(615)	563-6148	
_		d return	City or town, state or country, and ZIP + 4		F Group Exempti	on	
_		on pending	WOODBURY, TN 37190		Number 🟲		
			, -				
		:ing method I° :┣► N/A	Cash Accrual Other (specify)		H Check ► 🔽	.6.4.	ganızatıon ıs not
			only one)— 501(c)(3) 501(c)() ◀(Insert no) 4947(a)(1) or		required to at		
		_			(Form 990, 99		
\$5	0,000	A Form 990-1	iization is not a section 509(a)(3) supporting organization and it: EZ or Form 990 return is not required though Form 990-N (e-pos i file a return, be sure to file a complete return				
		b, 6c, and 7b, to li Form 990 instead o	ine 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if	total ass	ets (Part II, line 25, co ► \$	lumn (B) b	pelow) are \$500,000 or 15,023
	rt I	Revenue,	Expenses, and Changes in Net Assets or Fund Ba organization used Schedule O to respond to any question in this		. +	tions for	·
	1		, gifts, grants, and similar amounts received		<u> </u>	1	2,410
	2	•	ice revenue including government fees and contracts			2	0
	3	-	lues and assessments			3	0
	4	Investment in				4	218
	5a	Gross amount	from sale of assets other than inventory	5a			
<u>o</u>	ь	Less cost or	other basis and sales expenses	5b	(<u> </u>	
Revenue	c	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from I	ıne 5a)		5c	0
Rey	6		indraising events	·			
_	a	Gross income from	m gaming (attach Schedule G if greater than \$15,000)	6a			
	ь		from fundraising events (not including \$ <u>12,395</u> of contributions ne 1) (attach Schedule G if the sum of such gross income and co		-		
	c	Less directe	xpenses from gaming and fundraising events	6c	2,24	5	
	d	Net income or	r (loss) from gaming and fundraising events (Add lines 6a and 6b	and su	ıbtract lıne 6c)	6d	10,150
	7a	Gross sales o	finventory, less returns and allowances	7a			
	ь	Less cost of	goods sold	7b	(
	c	Gross profit o	r (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue	e (describe in Schedule O)	•		8	
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	12,778
	10	Grants and si	milar amounts paid (list in Schedule O)		•	10	
	11	Benefits paid	to or for members			11	
	12	Salaries, othe	r compensation, and employee benefits			12	
o o o	13	Professional f	ees and other payments to independent contractors			13	575
Expenses	14	Occupancy, re	ent, utilities, and maintenance			14	3,665
Ë	15	Printing, publi	cations, postage, and shipping			15	835
	16	Other expens	es (describe in Schedule O)	•	•	16	13,303
	17	Total expense	es. Add lines 10 through 16			17	18,378
2	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)			18	-5,600
ς. O	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (m $$	ust agr	ee with		
Net.Assets		end-of-year fi	gure reported on prior year's return)			19	99,888
ž	20	Other change:	s in net assets or fund balances (explain in Schedule O) .			20	
	21	Net assets or	fund balances at end of year $$ Combine lines 18 through 20 $$		•	21	94,288

Check if the organization used	Schedule O to respond to	any question in this Pa	rt II		<u> Y</u>
(See the instruc	tions for Part II)	(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .			38,956	22	26,41
23 Land and buildings			8,331	23	8,33
24 Other assets (describe in Schedule O)		69,725	24	59,54
25 Total assets		🗀	117,012	25	94,28
26 Total liabilities (describe in Schedule	0)		17,124	26	·
27 Net assets or fund balances (line 27 o	f column (B) must agree wit	th line 21)	99.888		94,28
Check if the organization used What is the organization's primary exempt Public Charity	Schedule O to respond to		art III .	(c)(Expenses quired for section 50: 3) and 501(c)(4) anizations and sectio
Describe what was achieved in carrying ou describe the services provided, the number program title	r of persons benefited, and	other relevant informat	ion for each		7 (a)(1) trusts, onal for others)
28 The 12000 plus citizens of Cannon Co weather related incidents, and other hazard (Grants \$) If the	The state of the s	·		28a	18,22
29 THE 12000 PLUS CITIZENS OF CANNEMERGENCIES					
• • • • • • • • • • • • • • • • • • • •	s amount includes foreign		<u>'</u>	29a	
30 The 12000 plus citizens of Cannon Co the Rescue Squad (Grants \$) If the	s amount includes foreign (30a	
31 O ther program services (describe in Sc (Grants \$) If the	hedule O) s amount includes foreign (grants, check here		31a	
32 Total program service expenses (add lin				32	18,22
Part IV List of Officers, Directors, Tru				truction	s for Part IV)
Check if the organization used	1	T ' '			<u>l</u>
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit p		(e) Expense account and
(a) Nume and address	devoted to position	enter -0)	deferred compens		other allowances

Form	990-EZ (2010)				Page
Pa	rt V Other Information (Note the statement requirements in the instr	ructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this	s Part V			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Y description of each activity in Schedule O	, .	33		No
34	Were any significant changes made to the organizing or governing documents? If "Y	es," attach a conformed copy			Νο
	of the amended documents if they reflect a change to the organization's name Othe Schedule O (see instructions)		34		
35	If the organization had income from business activities, such as those reported on l others), but not reported on Form 990-T, explain in Schedule O why the organization Form 990-T	, ,			
а	Did the organization have unrelated business gross income of \$1,000 or more or wa (c)(5), or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and p		35a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disthe year? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
	Did the organization file Form 1120-POL for this year?		37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee	or key employee or were			
500	any such loans made in a prior year and still outstanding at the end of the tax year of		38a		No
h	,	38b	30a		110
	If "Yes," complete Schedule L, Part II and enter the total amount involved.	386	_		
39	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on line 9	39a			
	Gross receipts, included on line 9, for public use of club facilities	39b	_		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri	= :			
	section 4911 -, section 4912 , section 4912				
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any sector transaction during the year or did it engage in an excess benefit transaction in a price reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year that has not been	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org		400		110
d	disqualified persons during the year under sections 4912, 4955, and 4958 . Section $501(c)(3)$ and $501(c)(4)$ organizations Enter amount of tax on line 40c rein				
	organization				
	All organizations. At any time during the tax year, was the organization a party to a p transaction? If "Yes," complete Form 8886-T		40e		No
	List the states with which a copy of this return is filed TN		_		
42a	The organization's books are in care of Fraction Education Services BRUSHABER	Telephone no	• <u>(61</u>	.5)663	-2150
	618 LEHMAN STREET Located at WOODBURY, TN	ZIP + 4	3	7190	
b	At any time during the calendar year, did the organization have an interest in or a si	-		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account)?	count, or other financial	42b		Νο
	If "Yes," enter the name of the foreign country 🕨				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, ReFinancial Accounts.	eport of Foreign Bank and			
С	At any time during the calendar year, did the organization maintain an office outside	of the US?	42c		Νo
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 3 and enter the amount of tax-exempt interest received or accrued during the tax year	1041—Check here			
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be c	completed instead of		Yes	No
	Form 990-EZ.		44a		No
h	Did the organization operate one or more hospital facilities during the year? If 'Yes,'	Form 990 must be completed			+ 110
	instead of Form990-EZ	. o.m 550 mast be completed	44b		No
_	Did the organization receive any payments for indoor tanning services during the ye	ar?			+ 100
·	Did the organization receive any payments for major tallling services duffing the ye	MI:	44c		No
. ا	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	2 If 'No 'nroude an evaluation			+ 100
u	in Schedule O	· 11 NO, PIOVIUE AN EXPIANACION	444		

Form 990	D-EZ (2010)						N	Page 4
					- (1) (1 -)		Yes	No
	any related organization a controlle s, Form 990 and Schedule R must be			fsection 51	2(b)(13)? <i>If</i>	45		Νo
	l the organization receive any payn aning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		No
46 Did	I the organization engage, directly and distance of the control of	or indirectly, in political	campaign activities on b					No
Part V				evemnt c	haritahle tri	46	nlv	No
rure v	All section 501(c)(3) organ 47-49b and 52.			-			-	stions
	Check if the organization used	l Schedule O to respond	to any question in this P	art VI .		<u></u>		
							Yes	No
47 Did	l the organization engage in lobbyir	ng activities? If "Yes," o	omplete Schedule C, Par	rt II		47		
48 Is	the organization a school described	d ın section 170(b)(1)(A	()(II)? If "Yes," complete S	Schedule E		48		
49a Did	I the organization make any transfe	ers to an exempt non-ch	arıtable related organızat	tion?		49a		
b If"	Yes," was the related organization	a section 527 organiza	tion?			49b		
	mplete this table for the organization				•		•	
	ployees) who each received more t	than \$100,000 of compe (b) Title and average			re is none, enter		e " e) Exper	nse
	ne and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	employee I	penefit plans &	a	count a r allowa	and
		devoted to position		deterred c	ompensation	otne	i allowa	inces
			_					
F0(\$) -								
50(f) T	otal number of other employees pa	ıd over \$100,000 .				•		
51 Co	mplete this table for the organization	on's five highest compei		ractors who		nore th	an \$10	0,000
51 Co	mplete this table for the organization	on's five highest compei n If there is none, enter	"None"	1				
51 Co	mplete this table for the organization	on's five highest compei n If there is none, enter	"None"	1	each received me of service		an \$10	
51 Co	mplete this table for the organization	on's five highest compei n If there is none, enter	"None"	1				
51 Co	mplete this table for the organization	on's five highest compei n If there is none, enter	"None"	1				
51 Co	mplete this table for the organization	on's five highest compei n If there is none, enter	"None"	1				
51 Co	mplete this table for the organization	on's five highest compei n If there is none, enter	"None"	1				
51 Co	mplete this table for the organization	on's five highest compei n If there is none, enter	"None"	1				
51 Co	mplete this table for the organization	on's five highest compei n If there is none, enter	"None"	1				
51 Co of (a)	mplete this table for the organization from the organization from the organization. Name and address of each independent	on's five highest compei n If there is none, enter ndent contractor paid m	"None " ore than \$100,000	1				
51 Co of (a)	mplete this table for the organization	on's five highest comper If there is none, enter Indent contractor paid m	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	e of service	(c) C	ompen	trusts
51 Co of (a) 51(d) T 52 [mplete this table for the organization compensation from the organization Name and address of each independent of other independent of	on's five highest comper on If there is none, enter indent contractor paid m contractors each receiving	"None " ore than \$100,000 ng over \$100,000 .	(b) Type	e of service	(c) C	ompen	trusts
51 Co of (a) (a) 51(d) T 52 [mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete Schemust attach a completed Schedule nalties of perjury, I declare that I have	on's five highest compend on If there is none, enterndent contractor paid mondent contractor paid mondent contractors each received a contractor each received a contra	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type		npt cha	aritable (es	trusts No
51 Co of (a) (a) 51(d) T 52 [r	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete. Schemust attach a completed Schedule and belief, it is true, correct, and complete of the organization of the organization complete.	on's five highest compend on If there is none, enterndent contractor paid mondent contractor paid mondent contractors each received a contractor each received a contra	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type		npt cha	aritable (es	trusts No
51 Co of (a) (a) 51(d) T 52 [r	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete. Schemust attach a completed Schedule and belief, it is true, correct, and complete of the organization of the organization complete.	on's five highest compend on If there is none, enterndent contractor paid mondent contractor paid mondent contractors each received a contractor each received a contra	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type		npt cha	aritable (es	trusts No
51 Co of (a) (a) 51(d) T 52 [r Jnder per mowledg	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete. Schemust attach a completed Schedule and belief, it is true, correct, and complete of the organization of the organization complete.	on's five highest compend on If there is none, enterndent contractor paid mondent contractor paid mondent contractors each received a contractor each received a contra	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type	a of service (a)(1) nonexen (a)(1) information of	npt cha	aritable (es	trusts No
51 Coof (a) (a) 51(d) T 52 I mowledgenowle	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete. Old the organization complete Schemust attach a completed Schedule nalties of perjury, I declare that I have and belief, it is true, correct, and coe. ****** Signature of officer MICHAEL UNDERHILL CAPTAIN/PRE	on's five highest compend of the second of t	"None " ore than \$100,000 ng over \$100,000 on 501(c)(3) organizatio	(b) Type	a of service (a)(1) nonexen (a)(1) information of	npt cha	aritable (es	trusts No
51 Coof (a) (a) 51(d) T 52 I mowledgenowle	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization of the organization complete. otal number of other independent of the organization complete. Schemust attach a completed Schedule malties of perjury, I declare that I have and belief, it is true, correct, and coe. ****** Signature of officer MICHAEL UNDERHILL CAPTAIN/PRETITY or print name and title	on's five highest compend on If there is none, enterndent contractor paid months of the property of the proper	"None " ore than \$100,000 Ing over \$100,000 on 501(c)(3) organizatio cluding accompanying scheeparer (other than officer)	(b) Type	a of service (a)(1) nonexen (a)(1) information of	npt cha	aritable /es st of my prepare	trusts No
51 Coof (a) (a) 51(d) The state of the sta	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization otal number of other independent of the organization complete. Old the organization complete Schemust attach a completed Schedule nalties of perjury, I declare that I have and belief, it is true, correct, and coe. ****** Signature of officer MICHAEL UNDERHILL CAPTAIN/PRE	on's five highest compend on If there is none, enterndent contractor paid months of the property of the proper	"None " ore than \$100,000 Ing over \$100,000 Ing o	ons and 4947edules and st is based on a	a of service (a)(1) nonexen (a)(1) information of	npt cha	aritable /es st of my prepare	trusts No
51 Coof (a) 51(d) T 52 I Under per knowledg knowledg Knowledg	mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete. Old the organization complete Schemust attach a completed Schedule malties of perjury, I declare that I have e and belief, it is true, correct, and complete schemust attach a	on's five highest compend on If there is none, enterndent contractor paid months of the property of the proper	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Type ons and 4947 edules and st is based on a	r (a)(1) nonexen atements, and to ill information of	npt cha	aritable /es st of my prepare	trusts No
51 Coof (a) (a) 51(d) T 52 [mplete this table for the organization compensation from the organization. Name and address of each independent of the organization complete. Old the organization complete Schemust attach a completed Schedule complete of the organization complete organization complet	on's five highest compendent of the second o	"None " ore than \$100,000 Ing over \$100,000 Ing o	ons and 4947edules and st is based on a	r of service (a)(1) nonexen (a)(1) nonexen (a)(1) nonexen (b)(1) nonexen (c)(1) nonexen (d)(1) nonexen (e)(1) nonexen (f)(1) nonexen	npt cha	aritable /es st of my prepare	trusts No

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection Employer identification number

CANNON COUNTY RESCUE SQUAD Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

6	action A Public Support	organización i	ans to quanty t	ander the tests	noted below, pic	sase complete	c rait III.
	ection A. Public Support	T		Т	Ţ		
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ")		+	+	+		+
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions by						
,	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)		<u> </u>	<u> </u>			
6	Public Support. Subtract line 5 from						0
	line 4	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
Se	ection B. Total Support						
	endar year (or fiscal year beginning	(=) 200C	(L) 2007	(-) 2000	(4) 2000	(-) 2010	(6) T-4-1
	ın) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						0
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						+
11	Total support (Add lines 7						
4.0	through 10)					1 1	
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fıfth tax year as a	501(c)(3) orga	— '
	check this box and stop here						▶□
	ection C. Computation of Pub					, ,	
14	Public Support Percentage for 2010) (line 6 column (f) divided by line	11 column (f))		14	0 %
15	Public Support Percentage for 2009	Schedule A . Pai	rt II, line 14			15	
				v on line 12 and	line 14 to 22 1/20/		k this hox
168	33 1/3% support test—2010. If the				iine 14 is 33 1/3%	or more, cnec	_
L	and stop here. The organization qua	•	, ,,		Sa and line 1 E :- :	33 1/20/- ^	e chack this
D	33 1/3% support test—2009. If the box and stop here. The organization				oa, anu mie 15 is .	1/070 UI IIIUI	e, check this
172	10%-facts-and-circumstances test-				ne 13 162 or 164	and line 14	FI
_, a	is 10% or more, and if the organizat	-					n
	in Part IV how the organization mee						
	organization	to the lacts allu	cheamstances	test The Organiz	Lation quannes as	a publicly supp	•rted ▶□
h	10%-facts-and-circumstances test-	-2009. If the ora:	anization did not	check a box on lu	ne 13, 16a, 16b o	or 17a and line	- 1
	15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						cly
	supported organization				J	F ·	▶□
18	Private Foundation If the organizati	on did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	•
	instructions		,	. , ,	,		▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	'	,		7.1	•	
	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	360	25,391	60,566	1,272	10	87,59
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	9,077	16,855	6,173	25,266	12,434	69,80
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	2,400	2,400	6,500	11,150	2,400	24,85
6	Total. Add lines 1 through 5	11,837	44,646	73,239	37,688	14,844	182,25
	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 2 and 3						
_	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						182,25
Se	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	ın) A mounts from line 6	11,837	44,646	73,239	37,688	14,844	182,25
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar		2,469	1,062	646	197	4,37
b	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		2,469	1,062	646	197	4,37
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c,						186,62
14	11 and 12) First Five Years If the Form 990 is f check this box and stop here	or the organization	n's first, second,	thırd, fourth, or fi	fth tax year as a	section501(c)(3) organization, ▶
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public Support Percentage for 2010			.3 column (f))		15	97 660 %
16	Public support percentage from 200	9 Schedule A, Pa	rt III, line 15			16	97 550 %
Se	ction D. Computation of Inv						
17	Investment income percentage for 2	•			(f))	17	2 340 %
18	Investment income percentage from					18	2 450 %
19a	33 1/3% support tests—2010. If the	organization did i	not check the box	on line 14, and	line 15 is more t	han 33 1/3% and	line 17 is not

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492217003281

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization CANNON COUNTY RESCUE SQUAD

Employer identification number

62-1637420

ldentifier	Return Reference	Explanation
Form 990EZ, Part I, Line 16		MEETINGS AND CONFERENCES 1193 INTEREST 412 DEPRECIATION 10182 BANK SERVICE CHARGE 5 SUPPLIES 340 FEES 248 BOOKS, SUBSCRIPTIONS, REFERENCE 278 MEMBERSHIP DUES 337 MISCELLANEOUS 308

ldentifier	Return Reference	Explanation
Form 990EZ, Part I, Line 20		BOND OVERSTATED ON 2009 RETURN VEHICLES UNDERSTATED ON 2009 RETURN LIABILITIES UNDERSTATED ON 2009 RETURN

ldentifier	Return Reference	Explanation
Form 990EZ, Part II, Line 24		EQUIPMENT 22233 20580 VEHICLES 47492 38964

ldentifier	Return Reference	Explanation
Form 990EZ, Part II, Line 26		NONE

Additional Data

Software ID: Software Version:

EIN: 62-1637420

Name: CANNON COUNTY RESCUE SQUAD

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
MICHAEL UNDERHILL 556 WILL DANIEL RD WOODBURY,TN 37190	Captain 4 00	0		
CHRIS BRUSHABER 501 MCFERRIN ST WOODBURY,TN 37190	Sec/Treas 4 00	0		
TIMOTHY BELL 439 ICONIUM RD WOODBURY,TN 37190	Unit Director 4 00	0		
ADAM HAYES 208 KIMELA DRIVE WOODBURY,TN 37190	Lt 4 00	0		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93492217003281

OMB No 1545-0172

Form 4562

Attachment Department of the Treasury See separate instructions. Attach to your tax return. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** CANNON COUNTY RESCUE SQUAD Form 990 / Form 990EZ 62-1637420 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount See the instructions for a higher limit for certain businesses 1 \$ 500,000 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$ 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 **15 15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 1,654 18 If you are electing to group any assets placed in service during the tax year into one or more . ▶ general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method period property deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L 39 yrs мм S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System **20a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year ММ S/L 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 8,528 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 10,182 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V

Listed Property (Include automobiles, certain other vehicles, 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 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 (c) (i) (e) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ (business/investment section 179 deduction vehicles first) basis period Convention service use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use 2004-12-01 100 000 % 26,250 26,250 1.875 5 0 2008 Polans Ranger 2008-05-12 100 000 % 11,000 5 0 1,056 5,500 RESCUE UNIT CHASSIS 2008-04-25 100 000 % 58,301 29,150 5 0 5,597 27 Property used 50% or less in a qualified business use S/L -% S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 8,528 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 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 (b) (f) (a) (c) (e) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 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 Yes Nο Yes No Yes Nο Yes No Yes No Yes No during off-duty hours? 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 instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See 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 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** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or section this year amount

	begins	amount	Section	percentage	tins year		
42 A mortization of costs that begins during your 2010 tax year (see instructions)							
43 A mortization of costs that be	gan before your 2	010 tax year		. 43			
44 Total. Add amounts in colum	n (f) See the instr	ructions for where to report		44			
<u> </u>	<u> </u>				Form 4563 (2010		