

Valerie Wagner & Associates, LLC  
P.O. Box 555  
Englewood, FL 32495-0555

2009 Exempt Org. Return  
prepared for:  
LITTLE GASPARILLA ISLAND FIRE & RESCUE  
PO BOX 854  
PLACIDA, FL 33946-0854

**FORM 990-EZ REVENUE**

Contributions, gifts, and grants..... 50,504

Total revenue..... 50,504

**EXPENSES**

Professional fees/pymt to contractors..... 1,993

Occupancy/rent/utilities/maintenance..... 3,421

Printing, publications, and postage..... 1,941

Other expenses..... 17,049

Total expenses..... 24,404

**NET ASSETS OR FUND BALANCES**

Excess or (deficit) for the year..... 26,100

Net assets/fund bal. at beg. of year..... 31,131

Net assets/fund bal. at end of year..... 57,231

2009

Open to Public Inspection

# 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning 2009, and ending

**B** Check if applicable:

- Application pending
- Amended return
- Termination
- Initial return
- Name change
- Address change

**C** Please use label or print or type. See Specific Instructions.

**D** Employer identification number: 47-0851392

**E** Telephone number: 941-697-4398

**F** Group Exemption Number:

**G** Accounting method:  Cash  Accrual

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

**I** Website: N/A

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ.

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

**1** Contributions, gifts, grants, and similar amounts received: 50,504.

**2** Program service revenue including government fees and contracts: 50,504.

**3** Membership dues and assessments: 0.

**4** Investment income: 0.

**5a** Gross amount from sale of assets other than inventory: 0.

**5b** Less: cost or other basis and sales expenses: 0.

**5c** Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a): 0.

**6** Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here:

**a** Gross revenue (not including \$ of contributions reported on line 1): 0.

**b** Less: direct expenses other than fundraising expenses: 0.

**c** Net income or (loss) from special events and activities (Subtract line 6b from line 6a): 0.

**7a** Gross sales of inventory, less returns and allowances: 0.

**b** Less: cost of goods sold: 0.

**c** Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a): 0.

**7c** Other revenue (describe): 0.

**8** Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8: 50,504.

**9** Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8: 50,504.

**10** Grants and similar amounts paid (attach schedule): 0.

**11** Benefits paid to or for members: 0.

**12** Salaries, other compensation, and employee benefits: 0.

**13** Professional fees and other payments to independent contractors: 0.

**14** Occupancy, rent, utilities, and maintenance: 0.

**15** Printing, publications, postage, and shipping: 0.

**16** Other expenses (describe): 0.

**17** Total expenses. Add lines 10 through 16: 0.

**18** Excess or (deficit) for the year (Subtract line 17 from line 9): 50,504.

**19** Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return): 31,131.

**20** Other changes in net assets or fund balances (attach explanation): 0.

**21** Net assets or fund balances at end of year. Combine lines 18 through 20: 31,131.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

50,504

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

**22** Cash, savings, and investments: 34,544.

**23** Land and buildings: 0.

**24** Other assets (describe): See Statement 2

**25** Total assets: 31,131.

**26** Total liabilities (describe): 0.

**27** Net assets or fund balances (line 27 of column (B) must agree with line 21): 31,131.

(A) Beginning of year: 31,131.

(B) End of year: 31,131.

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose? See Statement 3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)

28	IGIFR provides equipment, training, and coordination of services with other responding fire and rescue units.	28a	9,433.
29	IGIFR provides first-responder fire fighter and medical assistance to residents of Little Gasparilla Island.	29a	8,963.
30	IGIFR also obtained support for a permanent funding source for fire fighting and first responder medical services.	30a	1,992.
31	Other program services (attach schedule). See Statement 4. (Grants \$ ) If this amount includes foreign grants, check here.	31a	564.
32	Total program service expenses (add lines 28a through 31a). (Grants \$ ) If this amount includes foreign grants, check here.	32	20,952.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
MARJORIE O'HARA PO BOX 22 PLACIDA, FL 33946	Chairman/Treasr 35.00	0.	0.	0.
RON WATSON PO BOX 3443 PLACIDA, FL 33946	Vice President 10.00	0.	0.	0.
PHYLIS NESMITH PO BOX 234 PLACIDA, FL 33946	Secretary 20.00	0.	0.	0.
SUSAN LEYDON PO BOX 714 PLACIDA, FL 33946	Commissioner 5.00	0.	0.	0.
CHUCK SODERQUIST PO BOX 958 ENGLEWOOD, FL 34224	Commissioner 5.00	0.	0.	0.
MIKE ANDERSON PO BOX 377 ENGLEWOOD, FL 34295	Commissioner 5.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

33	Yes	No	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.
34	X		Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.
35		X	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

36		X	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.
37a		X	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0.
38a		X	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

39		X	Section 501(c)(7) organizations. Enter: amount involved. <b>38b</b> N/A
40a		X	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>
40b		X	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.

41		X	List the states with which a copy of this return is filed <b>None</b>
42a		X	The organization's books are in care of <b>MIDGE O'HARA</b> Located at <b>PO BOX 854 PLACIDA FL</b>
42b		X	Telephone no. <b>941-697-4398</b> ZIP + 4 <b>33946-0854</b>

43		X	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. <b>43</b> N/A
44		X	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.
45		X	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

42c		X	At any time during the calendar year, did the organization maintain an office outside of the U.S.?
42d		X	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

43		X	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. <b>43</b> N/A
44		X	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.
45		X	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

42c		X	At any time during the calendar year, did the organization maintain an office outside of the U.S.?
42d		X	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

43		X	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. <b>43</b> N/A
44		X	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.
45		X	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

See Statement 5

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	X	46
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	X	47
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	X	48
49a	Did the organization make any transfers to an exempt non-charitable related organization?	X	49a
49b	If 'Yes,' was the related organization a section 527 organization?		49b

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

**f** Total number of other employees paid over \$100,000. ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000. ▶

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Margaret N. CHARA* Date: *3/24/10*  
 Signature of preparer: *Margaret N. CHARA* Date: *3/24/10*  
 Type or print name and title: *Chairwoman*

**Sign Here**

Preparer's signature: *[Signature]*  
 Firm's name (or yours if self-employed): *Valeine Wagner & Associates, LLC*  
 address, and ZIP + 4: *Englewood, FL 34223*  
 Phone no.: *941.475.1976*  
 EIN: *N/A*  
 Check if self-employed:  *N/A*  
 Preparer's Identifying Number: *N/A*

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 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.						
4 Total. Add lines 1 through 3.						
5 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).						
6 Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 through 10.						
12 Gross receipts from related activities, etc. (see instructions).						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	%

16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**Section A. Public Support** (Complete only if you checked the box on line 9 of Part I.)

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	15,858.	14,398.	38,088.	32,480.	50,504.	151,328.
2						
3						
4						
5						
6	15,858.	14,398.	38,088.	32,480.	50,504.	151,328.
7a	0.	0.	0.	0.	0.	0.
7b	0.	0.	0.	0.	0.	0.
8	0.	0.	0.	0.	0.	0.
<b>Total</b>	<b>15,858.</b>	<b>14,398.</b>	<b>38,088.</b>	<b>32,480.</b>	<b>50,504.</b>	<b>151,328.</b>

Calendar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	15,858.	14,398.	38,088.	32,480.	50,504.	151,328.
10a						
10b						
11	0.	0.	0.	0.	0.	0.
12						
13						
14						
<b>Total support</b>	<b>15,858.</b>	<b>14,398.</b>	<b>38,088.</b>	<b>32,480.</b>	<b>50,504.</b>	<b>151,328.</b>

**Section B. Total Support**

**Section C. Computation of Public Support Percentage**

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 0.0%

18 Investment income percentage for 2008 Schedule A, Part III, line 17 0.0%

19a 33-1/3 support tests - 2009. 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.

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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.

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



LITTLE GASPARILLA ISLAND FIRE & RESCUE

47-0851392

Statement 1  
Form 990-EZ, Part I, Line 16  
Other Expenses

Advertising and Promotion	271.
BANK SERVICE CHARGES	16.
Depreciation	2,924.
EQUIPMENT MAINT & REPAIR	5,142.
FUNDRAISING SUPPLIES	1,084.
Insurance	5,989.
Office Expenses	680.
TAXES & LICENSES	473.
TELEPHONE & PAGERS	470.
<b>Total</b>	<b>\$ 17,049.</b>

Statement 2  
Form 990-EZ, Part II, Line 24  
Other Assets

Automobiles	Beginning	Ending
	\$ 0.	\$ 22,687.
	\$ 0.	\$ 22,687.
<b>Total</b>	<b>\$ 0.</b>	<b>\$ 22,687.</b>

Statement 3  
Form 990-EZ, Part III  
Organization's Primary Exempt Purpose

LGIFR's mission is to protect the property and lives of residents and visitors on Little Gasparilla Island. LGIFR pursues its mission by providing first-responder fire suppression and emergency medical assistance to barrier island of Little Gasparilla Island.

Statement 4  
Form 990-EZ, Part III, Line 31  
Statement of Program Service Accomplishments

Program Service Expenses	Grants	Description
564.		LGIFR renumbered and installed new dock signs so that County EMS can quickly locate patients. Includes Foreign Grants: No
		LGIFR works with county and state agencies & organizations to provide public education, basic emergency training, and medical & fire hazard awareness. Includes Foreign Grants: No
		<b>Total</b> \$ 0.
		<b>Total</b> \$ 564.

Statement 5  
Form 990-EZ, Part VI  
Regarding Transfers Associated with Personal Benefit Contracts

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No