See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

▶ For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.

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

OMB No 1545-1150

1999

This Form is Open to Public Inspection

Department of the Treasury
Internal Revenue Service

STATUTE CLEARED
ENVELOPE POSTMARK DATE DEC 14 2010

A For the 1999 calendar year, OR tax year beginning , 1999, and ending

B Check if
- ☐ Change of address
- ☐ Initial return
- ☐ Final return
- ☐ Amended return (required also for state reporting)

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

C

KETCHUM SUN VALLEY VOLUNTEER ASSOC., INC
P.O. BOX 1262
KETCHUM, ID 83340

D Employer identification number: 82-0448357

E Telephone number

F Check ▶ ☐ if exemption application is pending

H Enter four-digit group exemption number (GEN)

G Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) ▶

Type of organization ▶ ☒ Exempt under section 501(c) (3) ◀ (insert number) OR ▶ ☐ section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check ▶ ☐ 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, the organization should file a return without financial data. **Some states require a complete return.**

K Enter the organization's 1999 gross receipts **(add back lines 5b, 6b, and 7b, to line 9)** ▶ $ 56,777

If $100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors) STATEMENT 1		1	50,006
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	907
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Line 5a less line 5b) (attach schedule)		5c	
	6	Special events and activities (attach schedule): SEE STATEMENT 2			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	5,864	
	b	Less: direct expenses other than fundraising expenses	6b	9,316	
	c	Net income or (loss) from special events and activities (line 6a less line 6b)		6c	-3,452
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	47,461
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 3		10	19,828
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SEE STATEMENT 4)		16	71,207
	17	**Total expenses** (add lines 10 through 16) ▶		17	91,035
NET ASSETS	18	Excess or (deficit) for the year (line 9 less line 17)		18	-43,574
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	115,537
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	71,963

RECEIVED DEC 27 2010 TP-BRANCH OGDEN

RECEIVED DEC 20 2010 IRS-OSC OGDEN, UT

SCANNED JAN 20 2011

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

(See Specific Instructions on page 36)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	115,537	22	71,963
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**	115,537	25	71,963
26	**Total liabilities** (describe ▶ _____)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	115,537	27	71,963

91,9 24

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 36.)

What is the organization's primary exempt purpose? SUPPORT OF KSV FIRE DEPARTMENTS

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.

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

28	SEE STATEMENT 5 (Grants $ 19,828)	28a	61,486
29	(Grants $)	29a	
30	(Grants $)	30a	
31	Other program services (attach schedule) (Grants $)	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	61,486

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See Specific Instructions on page 36)

(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
SEE STATEMENT 6				

Part V Other Information (See Specific Instructions on page 37)

		Yes	No
33	Did organization engage in any activity not previously reported to IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file **Form 1120-POL** for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A		
39	501(c)(7) organizations - Enter: a Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	501(c)(3) organizations. - Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		
b	501(c)(3) and (4) organizations - Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed ▶ NONE		
42	The books are in care of ▶ GRAY OTTLEY Telephone no. ▶ (208) 727-1823		
	Located at ▶ P.O. BOX 1262/480 EAST AVE, KETCHUM, ID ZIP + 4 ▶ 83340		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, incl accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & complete Declaration of preparer (other than officer) is based on all info of w/c preparer has any knowledge

(Important: See General Instruction U, page 14)

Signature of officer | Date 12/14/10 | Type or print name and title PHILIP G. OTTLEY, Jr./TREASURER

Paid Preparer's Use Only

Preparer's signature		Date 12-1-10	Check if self-employed ▶ ☐	Preparer's SSN or PTIN P00327743
Firm's name (or yours if self-employed and address)	BECKER, CHAMBERS & CO, P.A P O. BOX 909 HAILEY, ID 83333		EIN ▶ 82-0437743	ZIP + 4 ▶ 83333

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information – (See separate instructions.)

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No 1545-0047

1999

Name of the organization

KETCHUM SUN VALLEY VOLUNTEER ASSOC., INC

Employer identification number

82-0448357

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions. List each one (whether individuals or firms) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services . . . . . ▶	0	

Part III Statements About Activities

			Yes	No
1	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?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ $ N/A			
	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.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See instructions on page 2)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 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, page 4)

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 4 of the instructions.)

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

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	7,000	6,050	5,077	4,409	22,536
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc , purpose	28,903	47,507	49,694	33,065	159,169
18 Gross income from interest, dividends, amounts received from payments on securities (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	2,524	2,681	2,326	2,090	9,621
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets .SEE STM 7	624				624
23 Total of lines 15 through 22	39,051	56,238	57,097	39,564	191,950
24 Line 23 minus line 17	10,148	8,731	7,403	6,499	32,781
25 Enter 1% of line 23	391	562	571	396	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 . . N/A ▶ **26a**

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a Enter the sum of all these excess amounts. ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c**

d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ **26b** _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** %

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1998) _____ (1997) _____ (1996) _____ (1995) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of all these differences (the excess amounts) for each year:

(1998) _____ (1997) _____ (1996) _____ (1995) _____

c Add: Amounts from column (e) for lines 15 22,536 16 _____ 17 159,169 20 _____ 21 _____ ▶ **27c** 181,705

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e** 181,705

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f** 191,950

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** 94.66%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** 5.01%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.)

Part V **Private School Questionnaire** (See page 4 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)

32 Does the organization maintain the following.

a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to:

a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		

If you answered "Yes" to either 34a or b, please explain using an attached statement

35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 6 of the instructions.) N/A
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here ▶ **a** ☐ if the organization belongs to an affiliated group.
Check here ▶ **b** ☐ if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table –			
If the amount on line 40 is – / **The lobbying nontaxable amount is –**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 7 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 1999	**(b)** 1998	**(c)** 1997	**(d)** 1996	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 8 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of.			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1
FORM 990-EZ, PART I, LINE 1
CONTRIBUTIONS, GIFTS, AND GRANTS

STATEMENT 2
FORM 990-EZ, PART I, LINE 6
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS:
A) FIREMANS BALL
B)
C)
OTHER:

SPECIAL EVENTS	A	B	C	OTHER	TOTAL
GROSS RECEIPTS	$ 5,864			0	5,864
LESS: CONTRIBUTIONS	0			0	0
GROSS REVENUE	5,864			0	5,864
LESS: DIRECT EXPENSES	9,316			0	9,316
NET INCOME (LOSS)	$ -3,452			0	-3,452

STATEMENT 3
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

PAYMENTS TO AFFILIATES

NAME: SUN VALLEY FIRE DEPT.
ADDRESS: PO BOX 416
SUN VALLEY, ID 83354
PURPOSE OF PAYMENT: EQUIIPMENT & TRAINING
AMOUNT: $ 19,828

TOTAL PAYMENTS TO AFFILIATES $ 19,828

TOTAL GRANTS AND SIMILAR AMOUNTS PAID $ 19,828

STATEMENT 4
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

EQUIPMENT	$ 58,555
FUNDRAISING	948
OPERATING EXP.	556
OTHER	8,217
TRAINING	2,931
TOTAL	$ 71,207

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
THE ASSOCIATION PROVIDES SPECIALIZED TRAINING AND EQUIPMENT WHICH COULD NOT BE PURCHASED OUT OF THE DEPARTMENTAL BUDGETS OF THE KETCHUM AND SUN VALLEY ID FIRE DEPARTMENTS	$ 19,828	61,486
	$ 19,828	61,486

STATEMENT 6
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
BLAIR BOAND P.O. BOX 2172 SUN VALLEY, ID 83353	PRESIDENT NONE	$ 0	0	0
JAMES B. MITCHELL P.O. BOX 6231 SUN VALLEY, ID 83353	VICE PRESIDENT NONE	0	0	0
JOHN RATHFON P.O. BOX 2552 KETCHUM, ID 83340	TREASURER NONE	0	0	0
	TOTAL	$ 0	0	0

STATEMENT 7
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 1998	(B) 1997	(C) 1996	(D) 1995	(E) TOTAL
MISCELLANEOUS	$ 624	0	0	0	624
	$ 624	0	0	0	624