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OMB No 1545-1150

Form **990-EZ**

Department of the Treasury

0712 Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

2007

Open to Public Inspection

Δ :	For the	2007 calendar year, or tax year beginning January 1 , 2007, and endin	g Decem	hor 31	, 20 07
	Check if ap				tification number
$\bar{\Box}$	Address cl	hange use IRS Bethel Volunteer Emergency Service Association	92	yei ideii	0116097
ŏ	Name cha	label or Bettier Volunteer Emergency Service Association			
\overline{Z}	Initial retur	type.	om/suite E Teleph		
	Terminatio	Cic-	(907		543-3998
	Amended	return O Instruc- City or town, state or country, and ZIP + 4	F Group		ion
Щ	Application	n pending tions. Bethel, Alaska 99559	Numb	er .	<u> </u>
	• Section	on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting me Other (specify)	-	✓ Cash
	Websit		H Check ► 🔽		•
-			s not required		
		ation type (check only one)—	·		990-EZ, or 990-PF)
		· 🔲 if the organization is not a section 509(a)(3) supporting organization and its gross receipts lired, but if the organization chooses to file a return, be sure to file a complete return.	s are normally not i	more tha	ın \$25,000 A return ıs
L	Add lines	s 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of	of Form 990-EZ.	▶ \$	
P	art I	Revenue, Expenses, and Changes in Net-Assets or Fund Balances (Se	ee page 55 of	the ins	tructions.)
	1	Contributions, gifts, grants, and similar among regarded ED		1	0
	2	Program service revenue including government fees and contracts		2	0
	1			3	0
	3	Membership dues and assessments		4	511.00
	4	Investment income		7	311.00
	5a	Gross amount from sale of assets other than inventor NCH			
	b	Less: cost or other basis and sales expenses ProdDEM			
Ð	C	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach	•	5c	
Revenue	6	Special events and activities (attach schedule). If any amount is from gaming, check h	here 🕨 🔽		
Š	a	Gross revenue (not including \$ of contributions			
æ		reported on line 1)	40000.00		
	ь	Less: direct expenses other than fundraising expenses			
	C	Net income or (loss) from special events and activities. Subtract line 6b from line	6a	6c	40000.00
	7a	Gross sales of inventory, less returns and allowances	19674.00		
	b	Less: cost of goods sold	12671.00		
	С	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a		7c	7003.00
	8	Other revenue (describe >		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	· · · · · ·	9	47514.00
	10	Grants and similar amounts paid (attach schedule)	•	10	48277.00
	11	Benefits paid to or for members		11	
S	1	•		12	
se	12	Salaries, other compensation, and employee benefits		13	
ē	13	Professional fees and other payments to independent contractors		14	
Expenses	14	Occupancy, rent, utilities, and maintenance		15	
_	15	Printing, publications, postage, and shipping			· -
	16	Other expenses (describe Total expenses. Add lines 10 through 16		16	48277.00
_	 			17	(763.00)
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9		10	(103.00)
Š	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mend-of-year figure reported on prior year's return)	ust agree with	19	30244.00
*	20	Other changes in net assets or fund balances (attach explanation)		20	
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	29481.00
Б	art II	Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more,			
	art II		(A) Beginning of		
_		(See page 60 of the instructions.)	30244		(B) End of year
2		h, savings, and investments	30244.		29481.00
2:		d and buildings		23	
24	4 Othe	er assets (describe >)		24	
2	5 Tota	al assets		25	
20	6 Tota	al liabilities (describe		26	
2		assets or fund balances (line 27 of column (B) must agree with line 21)	30244	.00 27	29481.00
E	r Drivos	by Act and Panamuark Paduation Act Nation, see the congrete instructions	Cat No. 106431		Earm UUI / /2007)

	 ^							
Pa	rt III Statement of Program Service Accom	plishments (See page 60	of the instructio	ns.)		Expen		
Wha	at is the organization's primary exempt purpose? _				(Req	uired foi	501(0	(3)
Des	cribe what was achieved in carrying out the organization	ation's exempt purposes. In	a clear and conc	ise manner,		4947(a)		
des	cribe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for o	others)
28								
					1			
	Grants \$) If this amount incl		here	. ▶ □	28a			
	(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ 🗆	29a			
30								
	(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ 🗆	30a			
31								
	(Grants \$) If this amount incl	udes foreign grants, check	here	. ▶ □	31a			
32	Total program service expenses. Add lines 28a th	nrough 31a		▶	32			
Pa	rt IV List of Officers, Directors, Trustees, and Key	Employees (List each one eve	n if not compensate	d. See page 6	1 of th	e instruc	tions.)	
	(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contributio employee benefit	ns to		xpense	
		devoted to position	enter -0)	deferred compe		other a		
	orge Young							
	Box 1611 Bethel, Alaska 99559-1611	Chairman / 5hrs	0		0			0
	sey Burke							
	Box 1611 Bethel, Alaska 99559-1611	President / 5hrs	0		0			0
	omas Fister			•				
	Box 1611 Bethel, Alaska 99559-1611	Vice President / 5hrs	0		0			0
	edrick Watson	-						
	Box 1611 Bethel, Alaska 99559-1611	Secretary/Treasurer	0		0			0
Pa	rt V Other Information (Note the statement	nt requirement in Genera	I Instruction V.)				Yes	No
33	Did the organization make a change in its activities	es or methods of conductin	g activities? If "Ye	es," attach a	3			_
	detailed statement of each change					33		<u> </u>
34	Were any changes made to the organizing or government	verning documents but not	reported to the IF	S? If "Yes,"		1 1		
	attach a conformed copy of the changes					34		<u> </u>
35	If the organization had income from business activities,				not			
	reported on Form 990-T, attach a statement explaining	•						
E	Did the organization have unrelated business gros	ss income of \$1,000 or more	e or 6033(e) notice	e, reporting,	and			,
_						35a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T f					35b	\dashv	
36	Was there a liquidation, dissolution, termination,	or substantial contraction d	uring the year? If	"Yes," attac	h a			,
	statement				· · ,	36		<u> </u>
	Enter amount of political expenditures, direct or inc		structions. > 3/3	а		_		
	Did the organization file Form 1120-POL for this	-				37b	اندوون	<u>√</u>
38 a	Did the organization borrow from, or make any loa					20-		Ţ
	any such loans made in a prior year and still unp		· ·	return? .		38a		<u> </u>
t	If "Yes," attach the schedule specified in the lin	e 38 instructions and ente		_				
	involved		38	D				
39	501(c)(7) organizations. Enter:		20					
E			39				į	
	Gross receipts, included on line 9, for public use	of club facilities	<u> 39</u>	DI				

Par	t V	Other Information (Note the statement requirement in General Instruction V.) (Con	<u>ıtınued)</u>	<i>!</i>		
40a		c)(3) organizations. Enter amount of tax imposed on the organization during the year under: on 4911 ▶; section 4912 ▶; section 4955 ▶		_		
b		c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an expl			40b	s No ✓
С		r amount of tax imposed on organization managers or disqualified persons during lear under sections 4912, 4955, and 4958		0		
d	Enter	r amount of tax on line 40c reimbursed by the organization ▶		0	i	}
е	transa	rganizations At any time during the tax year, was the organization a party to a prohibited tax action?			40e	✓
41		he states with which a copy of this return is filed. ▶ Alaska				
42a		books are in care of ▶ Bethel Volunteer Emergency Service Association Telephone ted at ▶ PO Box 1611 Bethel, Alaska ZIP +			543- 9559-16	
b	over a	ny time during the calendar year, did the organization have an interest in or a signature or oth a financial account in a foreign country (such as a bank account, securities account, or oth unit)?	ner finan	icial	42b	es No ✓
	See th	the instructions for exceptions and filing requirements for Form TD F 90-22.1.				
C	At any	by time during the calendar year, did the organization maintain an office outside of the U.S.?			42c	
	If "Ye	es," enter the name of the foreign country:				
43 ——		ion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check he enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			▶ □
Plea Sigr Her	n	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information. Signature of office. Type or print name and title	ents, and of which p	to the b preparer	est of my kinds any kr	nowledge nowledge
Paid Pren	arer's	Preparer's signature Date Check if self-employed	ıl İ	r's SSN o	r PTIN (See C	ien. Inst. X)
Use		Firm's name (or yours if self-employed),	•			
	·,		no ► ()		
				Fo	rm 990-E	Z (2007)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

2007

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Bethel Volunteer Emergency Service Association 0116097 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.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours employee benefit plans & (c) Compensation account and other than \$50,000 per week devoted to position deferred compensation allowances Total number of other employees paid over \$50,000 . Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 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 Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over \$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)	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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \text{\frac{1}{2}} \te		
	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 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)		
а	Sale, exchange, or leasing of property?		
b	Lending of money or other extension of credit?		
С	Furnishing of goods, services, or facilities?		
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		
e	Transfer of any part of its income or assets?		
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		
b	Did the organization have a section 403(b) annuity plan for its employees?		
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		_
b	Did the organization make any taxable distributions under section 4966?		
С	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 of	f the instruction	ons.)
I cer	tify 1	that the organization is not a privat	e foundation bec	ause it is: (Please check	only ONE app	olicable box.)	
5		A church, convention of churches	, or association o	f churches. Section 170	(b)(1)(A)(ı).		
6		A school. Section 170(b)(1)(A)(ii). (a	Also complete Pa	rt V.)			
7		A hospital or a cooperative hospit	al service organiz	cation. Section 170(b)(1)((A)(III).		
8		A federal, state, or local government	ent or governmen	tal unit. Section 170(b)(1	1)(A)(v).		
9		A medical research organization o and state ▶				(A)(III). Enter the	hospital's name, city,
10		An organization operated for the be (Also complete the Support Sched	•	or university owned or op	perated by a go	overnmental unit	. Section 170(b)(1)(A)(iv)
11a		An organization that normally recei		• • • • • • • • • • • • • • • • • • • •	a governmental	unit or from the	general public. Section
11b		A community trust. Section 170(b))(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	IV-A)	
12		An organization that normally receifrom activities related to its charitafrom gross investment income an organization after June 30, 1975.	able, etc., function nd unrelated busin	ns—subject to certain ex ness taxable income (les	ceptions, and ss section 511	(2) no more that tax) from busin	an 331/3% of its support nesses acquired by the
13		An organization that is not control requirements of section 509(a)(3).					nd otherwise meets the
		☐ Type I ☐ Type II		II-Functionally Integrate		Type III-Other	
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the instri	uctions.)
Na	ame	(a) (s) of supported organization(s)	(b) Employer identification number (EiN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support
					Yes	No	
_							
					-		
Tota	al.				<u> </u>	🕨	
14		An organization organized and or	paratad to toot for	nublic safety. Section 6	509(a)(4) (\$00	nage 8 of the in	estructions \

	t IV-A Support Schedule (Complete on You may use the worksheet in the instructions						accounting.
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200	3	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).						
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's chantable, etc., purpose					,	19674.00
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					2	511.00
19	Net income from unrelated business activities not included in line 18						40000.00
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 schedule. Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						60185.00
24	Line 23 minus line 17						40511.00
25	Enter 1% of line 23						
26 b	Organizations described on lines 10 or 11: Prepare a list for your records to show the na governmental unit or publicly supported organ	me of and amoun	t contributed by	each person (oth	er than a	26a	, ,
	amount shown in line 26a Do not file this list w					26b	····
С	Total support for section 509(a)(1) test: Enter I	-				26c	40511.00
d	Add. Amounts from column (e) for lines: 18		19			26d	511.00
е	Public support (line 26c minus line 26d total)					26e	40000.00
f	Public support percentage (line 26e (numer	ator) divided by	line 26c (denom	inator))		26f	98.7 %
27	Organizations described on line 12: a F person," prepare a list for your records to show Do not file this list with your return. Enter the	/ the name of, and	total amounts re	ceived in each ye	were receive ar from, eac	ed from	n a "disqualified qualified person "
	(2006) (2005)						
b	For any amount included in line 17 that was recesshow the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year.	n year, that was mo 5 through 11b, as d the larger amoun	re than the larger well as individuals t described in (1)	of (1) the amount .) Do not file this li or (2), enter the s	on line 25 for ist with your sum of these	r the y return differe	ear or (2) \$5,000. 1. After computing ences (the excess
	(2006) 0 (2005)		. (2004)		. (2003) .		0
С	Add. Amounts from column (e) for lines. 15 1719674.00 20	and line 27b tota	16 21		▶	27c	19674.00
d	Add. Line 27a total	and line 27b tota	ıl	<u> </u>	▶	27d	0
е	Public support (line 27c total minus line 27d to	otal)			▶	27e	19674.00
f	Total support for section 509(a)(2) test Enter						
g h	Public support percentage (line 27e (numer Investment income percentage (line 18, col					27g	.327 %
						27h	0 %
28	Unusual Grants: For an organization describ prepare a list for your records to show, for ea description of the nature of the grant Do not	ach year, the nam	ie of the contribi	utor, the date and	d amount of	f the g	rant, and a brief

Pai	rt V Private School Questionnaire (See page 9 of the instructions.)			
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		l	
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	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
00	brochures, catalogues, and other written communications with the public dealing with student admissions,		Ĭ .	
	programs, and scholarships?	30	i.	
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.)		ii .	
			1 	
	······			
32	Does the organization maintain the following.			
а	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		
С		00-		
d	with student admissions, programs, and scholarships?	32c 32d		<u> </u>
u	Copies of all material used by the organization of on its benan to solicit contributions:			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		ļ		
33	Does the organization discriminate by race in any way with respect to			
	Does the organization discriminate by face in any way with respect to			
а	Students' rights or privileges?	33a	<u> </u>	
		33b		
b	Admissions policies?	330	<u> </u>	
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		<u> </u>
_	Educational policies?	33e		
е	Educational policies?		1	
f	Use of facilities?	33f	<u> </u>	<u> </u>
g	Athletic programs?	33g		↓

Pa	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					structi	ons.))
Chec	ck ▶ a ☐ if the organization belongs to an affilia		eck ▶ b ☐ if			nited co	ntrol"	provisions apply.
	Limits on Lobbyir (The term "expenditures" mea	•			Affi	(a) liated gr totals	oup	(b) To be completed for all electing organizations
				30	_			organizations
36	Total lobbying expenditures to influence public			· · ·				
37 38	Total lobbying expenditures to influence a legis Total lobbying expenditures (add lines 36 and 3							
39	Other exempt purpose expenditures	•		· · · -				
40	Total exempt purpose expenditures (add lines)			· · · ·				
41	Lobbying nontaxable amount Enter the amount							
71			able amount is—	_				
	Not over \$500,000 20% (
	Over \$500,000 but not over \$1,000,000 . \$100,0							
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	•		_	i			
	Over \$1,500,000 but not over \$17,000,000. \$225,0				1			
42	Grassroots nontaxable amount (enter 25% of li				2			
43	Subtract line 42 from line 36. Enter -0- if line 4	2 is more than I	ne 36	4	3		_	
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than li	ne 38	4	1			
	Caution: If there is an amount on either line 43	Corline 44 vou	must file Form 47	720				
								
	(Some organizations that made a section See the instructions for	n 501(h) election		complete all of		colum	ıns be	elow.
		Lol	obying Expenditu	ures During 4-	Year A	veragir	ng Pe	eriod
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005		(d) 2004		(e) Total
	noodi you. Dogiming my	200.			 			10.0.
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))				į.			
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))				_			
50	Grassroots lobbying expenditures							
_	rt VI-B Lobbying Activity by Noneled			Don't) (I A) (C.				_ (
	(For reporting only by organiza					T 14 1	OI LII	e mstructions.)
	ng the year, did the organization attempt to influ				g any	Yes	No	Amount
	mpt to influence public opinion on a legislative n	natter or referen	dum, through the	use of:				
a	Volunteers					-		
b				c through h.).				
C	Media advertisements				•			-
d								
e								<u> </u>
1	Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gov							
y h	Rallies, demonstrations, seminars, conventions							
i	Total lobbying expenditures (Add lines c through							
•	If "Yes" to any of the above, also attach a stat	ement giving a	detailed description	on of the lobby	ng acti	vities.		

Sche	dule A	(Form 990 or 990-EZ)	2007				F	age 7
Pai	rt VI		n Regarding Toganizations (Se	ransfers To and Transa e page 14 of the instruction	ctions and Relationships \ns.)	With None	chari	table
51					following with any other organization 527, relating to political organization		d in s	ection
а	Tra	nsfers from the rep	orting organization	to a noncharitable exempt orga	inization of		Yes	No
	(i)	Cash				51a(ī)	ļ	L
	(ii)	Other assets				a(ii)	<u> </u>	
b		er transactions.						
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organiza	tion	b(i)		ļ
	(ii)	Purchases of asse	ets from a nonchar	table exempt organization		b(ii)	ļ	<u> </u>
	(iii)	Rental of facilities	, equipment, or oth	ner assets		b(iii)		ldash
	(iv)	Reimbursement a	rrangements			b(iv)		<u> </u>
	(v)	Loans or loan gua	arantees			_b(v)	ļ	<u> </u>
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations		b(vi)		<u> </u>
C				sts, other assets, or paid emplo		С		<u> </u>
d	goo	ds, other assets, o	r services given by	the reporting organization. If the	. Column (b) should always show the organization received less than is, other assets, or services received:	fair market v	value value	of the in any
	a)	(b)		(c)	(d)			
Line	e no	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions,	and sharing arr	angem	ents
								
_								
-								
		-						
				-				
								_
	des	he organization dir scribed in section 50 Yes," complete the	01(c) of the Code (other than section 501(c)(3)) or i	ne or more tax-exempt organization section 527?	ons Yes	; [] No
		(a)		(b)	(c)			
		Name of organiz	zation	Type of organization	Description of relat	ionship		
		<u> </u>						
				<u> </u>				
						<u> </u>		
			 					

Bethel Volunteer Emergency Services Association

92-01116097

FORM 990EZ 2007- Schedule O

OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
Conto	00.000	00.000	
DOLARIOI	34,986.00	34,968.00	
Food	4,017.00	4,017.00	
Conference & Continue Education	4,838.00	4,838.00	
Operation	4,436.00		4,436.00
Bank Fees			

TOTAL to FM 990 EZ LN 17.....

43,841.00

48,277.00

4,436.00

BETHEL VOLUNTEER EMERGENCY SERVICES ASSOCIATION,

SCHEDULE O