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Form **990-EZ**

Department of the Treasury Internal Revenue Service

DAA

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 \$1,000,000 and total assets less than \$2,500,000 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

OMB No 1545-1150

2008

Open to Public Inspection

Α	For the	2008 calend	lar year,	r tax year beginning , and ending				
<u>B</u>	Check if	applicable	Please	C Name of organization	-		D Emp	oloyer identification number
	Address	change	use IRS	KETCHUM SUN VALLEY VOLUNTEER ASS	SOC.			
\Box	Name ch	nange	label or print or	INC.			82	-0448357
П	Initial ret	turn	type	Number and street (or P O box, if mail is not delivered to street address	s) Roon	n/suite	E Tele	ephone number
	Terminat	tion	See	P.O. BOX 1262				8-727-1823
	a	d return	Specific	City or town, state or country, and ZIP + 4				up Exemption
	3	on pending	Instruc- tions	KETCHUM ID 83340				nber •
₹ 5	-			tions and 4947(a)(1) nonexempt charitable trusts must attach	G	Accounting r		X Cash Accrual
Ø,	781			pleted Schedule A (Form 990 or 990-EZ).		r (specify)		
	Websit	e: N/		social delication (Fermi dee of dee LL).		``		e organization is not
· 🗁				ine)— X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527	required to a	ttach Sch	e organization is not . nedule B (Form 990,
	Check			ation is not a section 509(a)(3) supporting organization and its gros				
				zation chooses to file a return, be sure to file a complete return	is receipts are in	ormany no	t more (nan \$25,000 A letum
				determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Fo	orm 000 E7		▶ 9	131,483
<u> </u>	apt I					o inotrii		
	5 1			enses, and Changes in Net Assets or Fund Baland	ces (See in	e instruc		117,800
	1			s, and similar amounts received			1	117,800
	2	ŭ		ue including government fees and contracts			2	
	3	•		assessments			3	5 200
	4	Investment ii			1		4	5,380
	5a	Gross amou	int from s	le of assets other than inventory 5a			4	
_	b			is and sales expenses 5b			- '	
((2) c	, ,		assets other than inventory (Subtract line 5b from line 5a) (attach sch.)		. —	5c	
Ž,	6	Special events	s and activ	es (complete applicable parts of Schedule G) If any amount is from gaming	, check here	▶ □		
Š	a	Gross reven	iue (not ii	cluding \$ of contributions			_	
6	1	reported on I	line 1)	<u>6a</u>		8,30		
Revenue	j b	Less direct	expense	other than fundraising expenses 6b	<u> </u>	14,80	<u>5</u>	
ر	C	Net income of	or (loss)	om special events and activities (Subtract line 6b from line 6a)			6c	-6,502
MAN	7a	Gross sales	of invent	ry, less returns and allowances 7a			_ _	
- -	b	Less cost of	f goods s	7 <u>b</u>	<u> </u>		_	
<u> </u>	, c	Gross profit	or (loss)	om sales of inventory (Subtract line 7b from line 7a)			7с	
	l a	Other revenu	ue (desc	pe ▶)	8	
20 1	9	Total reveni	ue. Add l	es 1, 2, 3, 4, 5c, 6c, 7c, and 8		•	9	116,678
=	10	Grants and s	sımılar ar	ounts paid (attach schedule) SEE S	STATEMEN	T 1	10	22,000
	11	Benefits paid	d to or fo	nembers RECEIVED			11	
s	12	Salaries, oth	er comp	nation and ampleuse has the			12	
enses	13	Professional	fees and	other payments to independent programmed 2010			13	97,731
ē	14	Occupancy,	rent, utili	other payments to independent programmed 2010			14	
Exp	15			postage, and shipping			15	
	16	Other expen	ses (des	ibe > OGDEN UT)	16	
	17	•		ines 10 through 16			17	119,731
ts	18			he year (Subtract line 17 from line 9)	.,,		18	-3,053
Net Assets	19			es at beginning of year (from line 27, column (A)) (must agree with end-of-year figure	re reported on page ve	ar's return)	19	329,614
Ě	20			ssets or fund balances (attach explanation)	re reported on prior ye	ai 5 iciairi,	20	
Š	21	•		ances at end of year Combine lines 18 through 20		•	21	326,561
_p	art II			ts. If Total assets on line 25, column (B) are \$2,500,000 or more,	file Form 000 inc	tood of Fo		
_	416.11	Dalane		he instructions for Part II)	(A) Beginnir		<u> </u>	(B) End of year
22	Cach -	avince and		•		29,614	1 22	326,561
		savings, and ir	ivesiiiei	•		. , 0 + 7		
		nd buildings	ha •	,	<u> </u>		23	
		ssets (descrit	De 🚩)	31	00 61/	1 25	206 561
	Total a		amb = 🕨		34	29,614		326,561
		abilities (des			30	0 61/		306 561
		•		line 27 of column (B) must agree with line 21)	32	29,614	27	326,561
For	Privacy	/ Act and Pap	perwork	leduction Act Notice, see the Instructions for Form 990.				Form 990-EZ (2008)

	m 990-EZ (2008) KETCHUM SUN VALLEY VOLUNTEER		2-0448357		Т		Page 2
	Part III Statement of Program Service Accomplishments (See the instruct	ions for Part II	l.)	┨ .		penses
	at is the organization's primary exempt purpose?						for 501(c)(3)
	SUPPORT OF KETCHUM AND SUN VALLEY FIRE DEPARTMENTS Scribe what was achieved in carrying out the organization's exempt purposes. In a	clear and concise m	anner		7		rganizations (a)(1) trusts,
	cribe the services provided, the number of persons benefited, or other relevant inf				1		or others)
28	SEE STATEMENT 2	Tomation Tor Guerry	og. a.i.i a.i.o		 `) paonari	or directs)
	(Grants \$ 20,000) If this amount includes foreign grants, ch	eck here	•	\Box	28a		103,269
29	SEE STATEMENT 3				T		
	(Grants \$ 2,000) If this amount includes foreign grants, ch	eck here	•	\prod	29a		2,000
30			·· "				
					_		
_	(Grants \$) If this amount includes foreign grants, ch	eck here		\prod	30a		
31	Other program services (attach schedule)						
	(Grants \$) If this amount includes foreign grants, ch	eck here	•		31a		
32	Total program service expenses (add lines 28a through 31a)			>	32		105,269
_ <u>F</u>	Part IV List of Officers, Directors, Trustees, and Key Employees. List ea						art IV)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		Contrib ovee ben	utions to efit plans &	(e) Expense account and
	(a) Name and address	devoted to position	enter -0-)			pensation	other allowances
MA	L PRIOR	PRESIDENT					
			0	<u> </u>		0	0
MA'	TTHEW FILOON	TREASURER					
_		_	0			0	0
DO	N NURGE	VICE PRES.		l			
_			0			0	0
RE	BECCA RUSCH	SECRETARY					
_		-	0			0	0
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		1					

Form	990-EZ (2008) KETCHUM SUN VALLEY VOLUNTEER ASSOC. 82-0	448	357		F	age 3
P	art V Other Information (Note the statement requirements in the instructions	for P	art VI.)			
					Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				l	
	description of each activity			33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	11				
	attach a conformed copy of the changes			34	ļ	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	ıt not				
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T					
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice,	report	ıng,			
	and proxy tax requirements?			35a		X
b		-		_ <u>35b</u> _		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"					•
27-	complete applicable parts of Schedule N	l	I	36		X
37a		37a		⊢		v
b	Did the organization file Form 1120-POL for this year?			37b		X
36a	_ Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or	were				v
	any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	lank	1	38a		X
ъ 39		38b		 		
	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9	200				
a b	Gross receipts, included on line 9, for public use of club facilities	39a 39b		\dashv		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	390	<u> </u>			
700	section 4911	>				
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit	transa	iction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," comp	lete So	chedule			
	L, Part I			40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during					
	the year under sections 4912, 4955, and 4958	▶ _		_ [
d	Enter amount of tax on line 40c reimbursed by the organization	▶ _		_		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter					
	transaction? If "Yes," complete Form 8886-T			40e	_	X_
41	List the states with which a copy of this return is filed NONE					
42a	The books are in care of GRAY OTTLEY	Te	elephone no 🕨 2	08-72	7-1	823
	PO BOX 1262/480 EAST AVE.					
	Located at ► KETCUM, ID		ZIP + 4 ▶ 8	3340		
b	At any time during the calendar year, did the organization have an interest in or a signature or other auth					
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	al		_	Yes	No
	account)?			42b		X
	If "Yes," enter the name of the foreign country			-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B and Financial Accounts.	ank				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?			42c		X
	If "Yes," enter the name of the foreign country			<u> </u>		
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here		· · · · · · · · · · · · · · · · · · ·	_		ightharpoons
	and enter the amount of tax-exempt interest received or accrued during the tax year		▶ 43			
				ſ	,, [
44	Did the expenses mountain any dense advised for the 15 West Town 200 must be seen that			[····	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1			ł	v
45	Form 990-EZ	vo it		44		<u>X</u>
40	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13) "Yes," Form 990 must be completed instead of Form 990-EZ	, · II		4.	ŧ	x
_	1 C3, 1 Offit 330 Hidst be completed instead of Form 330-EZ			45		

	990-EZ (2008) KETCHUM SUN VALLEY VOLUNTEER ** VI Section 501(c)(3) organizations only. All section 50 and complete the tables for lines 50 and 51.		2-0448357 itions must ans	wer questions	46–49	P	age 4
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppos	ition to			Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I				46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II			47		X
48	is the organization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete So	chedule E		48		X
49a	Did the organization make any transfers to an exempt non-charitable related o	rganization?			49a		X
b	If "Yes," was the related organization(s) a section 527 organization?				49b		
	Complete this table for the five highest compensated employees (other than of each received more than \$100,000 of compensation from the organization of the each received more than \$100,000 of compensation from the organization.			yees) who			
	(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 & deferred compensation		xpens unt an llowan	d
NONE							
-	-						
	0400 000						
	number of other employees paid over \$100,000	<u> </u>					
	Complete this table for the five highest compensated independent contractors compensation from the organization. If there is none, enter "None."	wno each received m	ore than \$100,000	OT			
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensa	tion	
NON	NE						<u></u>
Total	number of other independent contractors each receiving over \$100,000	<u> </u>					
Sign Here		officer) is based on all in		parer has any knowled			
Paid	Preparer's A	Date 1.2 / 0.2	Check if self-	Preparer's Identi		er (See	instr)
	Anna Anna Anna Anna Anna Anna Anna Anna	12/02	/ 10 employed	P0032		37-	7.4.2
•	Only Do Torr age	J., F.A.			2-04	<u> </u>	43
230		19		Phone	-788	_0=	:0=
May t	the IRS discuss this return with the preparer shown above? See instructions				Yes	- 9 5	
	and the disease the retain with the proportion shown above. Occ manually		·		m 990	<u>-</u> ΕΖ (No 2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047 2008

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

KETCHUM SUN VALLEY VOLUNTEER ASSOC. INC.

The organization is not a private foundation because it is (Please check only one organization)

Employer identification number 82-0448357

1	Ц	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(Ь)(1)(A)(i).							
2	Ц	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)										
3	\sqcup	A hospital or	a cooperative hospital service	e organization described in secti	<u>on</u> 170(bౖ)(1)(A)(iii)). (A <u>tta</u> ch	Schedu	ıle _. H)					
4		A medical res	search organization operated	in conjunction with a hospital de	scribed in	section	170(b)(1)(A)(iii).	Enter th	ne hosp	utal's name,			
		city, and state	е											
5		An organizati	on operated for the benefit of	f a college or university owned or	operated	by a gov	ernment	al unit de	escribed	l in				
		section 170(b)(1)(A)(iv). (Complete Part I	II)										
6_	\Box			vernmental unit described in sec	tion 170(b)(1)(A)(v	v).	_	-		-			
7	П		• • •	ubstantial part of its support from			-	n the ge	neral pu	plic				
	_	_	ection 170(b)(1)(A)(vi). (Complete Part II)											
8				st described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	X	•		that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross										
-		-		• •				•		. •				
		-	· · · · · · · · · · · · · · · · · · ·	ities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its s investment income and unrelated business taxable income (less section 511 tax) from businesses										
			•	, 1975 See section 509(a)(2).	•		11 (0), 11	0111 2001	,,,,,,,,,,					
10	\Box		-	xclusively to test for public safety		•	a)(4) (s	ee instrii	ctions)					
11	H	_	-	xclusively for the benefit of, to pe										
•	ш	-	· · · · · · · · · · · · · · · · · · ·	d organizations described in sec				-		tion				
		• •		e type of supporting organization	•	, , ,								
		a Type		c Type III–Functiona			d	<u>_</u>	 e III–Ot	hor				
е			<u> </u>	inization is not controlled directly	-					1101				
Ĭ			, ,	and other than one or more public				•		ction				
			section 509(a)(2)	position and or more position	., сорро.	tou organ								
f				mination from the IRS that it is a	Type I. Ty	voe II. or ^a	Type III s	upportin	ια					
•		_	check this box		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. , ,		3				\Box	
g		_		on accepted any gift or contributi	on from a	nv of the							ш	
3		following per		, , , , , , , , , , , , , , , , , , , ,		,								
				ntrols, either alone or together wi	th person:	s describe	ed in (ii)					Yes	No	
			below, the governing body of	-			(,				11g(i)	1.55	110	
		• •	member of a person describe	,,							11g(ii)		1	
			ontrolled entity of a person de	• •							11g(iii			
h			· ·	e organizations the organization	supports							1	<u> </u>	
	Maria		<u> </u>				64.04.		(.2)	- 45 -	(c.55) A			
(1)		e of supported anization	(II) EIN	(III) Type of organization (described on lines 1–9		organization sted in your		ou notify	organizat	s the ion in col	(vii) Am sup			
	Ŭ			above or IRC section	1 ''	document?		of your	(ı) organı					
				(see instructions))		· · · · · · · · · · · · · · · · · · ·		oort?	U					
					Yes	No	Yes	No	Yes	No				
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			VALLEI VO			-0448357	Page 2
Pa	Support Schedule for Or (Complete only if you che				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
Sec	tion A. Public Support	<u> </u>	<u> </u>	0.0., 0.,.,	 		
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
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						
	tion B. Total Support			1		<u> </u>	
	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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	L	I				
12	Gross receipts from related activities, etc. (•				12	
13	First five years. If the Form 990 is for the	•	second, third, fourti	n, or fifth tax year a	is a section 501(c)(3)	. \Box
<u> </u>	organization, check this box and stop here						
	tion C. Computation of Public Su	··				7	
14	Public support percentage for 2008 (line 6,	• •	•	f))		14	<u>%</u>
15	Public support percentage from 2007 Sche					15	<u>%</u>
16a	33 1/3 % support test—2008. If the organi			s, and line 14 is 33	1/3 % or more, che	ck this box	, \Box
	and stop here. The organization qualifies a		•				▶ 📙
þ	33 1/3 % support test—2007. If the organi				s 33 1/3 % or more	e, check this	. \Box
	box and stop here . The organization qualif						▶ [_]
17a	10%-facts-and-circumstances test—200	-			•		
	more, and if the organization meets the "fac				· ·	/ how the	. \square
_	organization meets the "facts-and-circumst				-		▶ ⊔
b	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "fac			•	•	/ how the	. \square
	organization meets the "facts-and-circumst						▶ -
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see in	structions	▶ ⊔

Schedule A (Form 990 or 990-EZ) 2008

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

	(Complete only if you che	ecked the box of	on line 9 of Par	<u>tl)</u>			
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	87,635	70,260	91,246	258,301	117,800	625,24
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 purpose	6,560	8,590	7,240	63,136	8,303	93,82
3	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		_			-	
6	Total. Add lines 1-5	94,195	78,850	98,486	321,437	126,103	719,07
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	7,500	12,500	5,000	90,745		115,74
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000	1,560	3,590	2,240		3,303	68,82
	Add lines 7a and 7b	9,060	16,090	7,240	148,881	3,303	184,57
8	Public support (Subtract line 7c from line 6)	85,135	62,760	91,246	172,556	122,800	E24 40
Sec	tion B. Total Support	l					534,49
	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	94,195	78,850	98,486	321,437	126,103	719,07
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70	88	1,088	5,183	5,380	11,80
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	70	88	1,088	5,183	5,380	11,80
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, 11,	94,265	78,938	99,574	326,620	131,483	720.00
14	and 12) First five years. If the Form 990 is for the c	-	second, third, fourth	ı, or fifth tax year a	s a section 501(c)(3)	730,88
800	organization, check this box and stop here		~~	·		 	▶_∟
	tion C. Computation of Public Su		-			45	70 1006 0
15 16	Public support percentage for 2008 (line 8,			())		15	73.1306 %
_	Public support percentage from 2007 Scher tion D. Computation of Investmen					16	98.1283 %
17	Investment income percentage for 2008 (lin			olumn (ft)		17	1.6157 %
18	Investment income percentage from 2007 S		=	, a.i.i. (1))		18	0.4627 %
19a	33 1/3 % support tests—2008. If the organ 17 is not more than 33 1/3 %, check this bo	nization did not ched	ck the box on line 1			and line	▶ [2
b	33 1/3 % support tests—2007. If the organ	nization did not ched	ck a box on line 14	or line 19a, and line	e 16 is more than 3	3 1/3%, and	, r
20	line 18 is not more than 33 1/3 %, check this Private foundation. If the organization did		=			anization	

Page 3

7347 12/02/2010 11 40 AM Schedule A (Form 990 or 990-EZ) 2008 KETCHUM SUN VALLEY VOLUNTEER ASSOC. 82-0448357 Page 4 Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information. (see instructions)

For calendar year 2008, or tax year beginning	7347 12/02/2010 1							
Employer Identification Numerical	Form 99	0		Special Even	ts Schedule	_		2008
No. Co			For calendar year 2008, or t	ax year beginning	, and e	ending		
(A) (B) (C) Others Total	KETCHUM	SUN	VALLEY VOLUNTE	ER ASSOC.				
Gross receipts			(A)	(B)	(C)	Others		
Less contributions 0 0 0 0 Gross revenue 8,303 0 0 0 0 14,805 0 0 0 14,805 0 0 0 14,805 0 0 0 0 0 0 -6,502 0 0 0 -6,502 0 0 0 -6,502 0 0 0 -6,502 0 0 0 -6,502 0 0 0 0 -6,502 0 0 0 0 0 -6,502 0 0 0 0 0 -6,502 0 <td>Gross receipts</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>8,303</td>	Gross receipts						0	8,303
Less direct expenses 14,805 0 0 14,8 Net income (loss) -6,502 0 0 0 -6,5 Description (A) FIREMANS BALL (B) (C)	Less contrib	utions	0		0		0	0
Net income (loss) -6,502 0 0 -6,5 Description (A) FIREMANS BALL (B) (C) (C)	Gross revenue	!						8,303
Description (A) FIREMANS BALL (B) (C)	Less direct e	xpenses						14,805
(C)	Net income (lo	ss)	-6,502	0	0		<u> </u>	-6,502
Others	Description	_(B)	FIREMANS BAL	L			- -	
Others			 					
		Others		· · · · · · · · · · · · · · · · · · ·				
			-	_				
								
								

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12/2/2010 11:40 AM			Purpose	EQUIPMENT & TRAINING					-
	mounts Paid	Date of Gift	FMV Explanation	2/14/08		-	- -	 	
nts	nts and Similar Ar	Class of Activity	Book Value Explanation				`		
7347 KETCHUM SUN VALLEY VOLUNTEER ASSOC. 82-0448357 FYE: 12/31/2008	Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Relationship to Organization	Noncash Book Contribution Value	AREA FIRE DEPT.					
EY VOLUNTEEI	Statement 1 - F		Cash Contribution	20,000	20,000				
7347 KETCHUM SUN VALL 82-0448357 FYE: 12/31/2008		Name and Address	Description of Property	SUN VALLEY FIRE DEPT. PO BOX 416	ч Э				

7347 KETCHUM SUN VALLEY VOLUNTEER ASSOC.

Federal Statements

FYE: 12/31/2008

82-0448357

12/2/2010 11:40 AM

<u>Statement 2 - Form 990-EZ, Part III, Line 28 - Statement of Program Service</u> Accomplishments

Description

THE ASSOCIATION PROVIDES SPECIALIZED TRAINING AND EQUIPMENT WHICH COULD NOT BE PURCHASED OUT OF THE DEPARTMENTAL BUDGETS OF THE KETCHUM AND SUN VALLEY IDAHO FIRE DEPARTMENTS.

Statement 3 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

Description

THE ASSOCOATION ALLOCATED MONEY TO 31 AREA FIRE DEPTS IN 2007 & 2008 WHO PARICIPATED IN FIGHTING THE 2007 CASTLE ROCK FIRE WHICH THREATENED THOUSANDS OF ACRES OF LAND AND NUMEROUS RESIDENCES IN THE AREA.