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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification										tion number			
VAI	LE'	Y SPRINGS FIRE ASSOCIATION							26				
Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.								ctions.			
The	organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)												
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2											\mathcal{I}		
3		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									\cup $/$		
4)(A)(iii). Enter the		
		hospital's na	me, city, and st	ate:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	Z	An organization that normally receives a substantial part of its support from a governmental unit or from the general pub described in section 170(b)(1)(A)(vi). (Complete Part II.)									the general public		
8		A community	y trust described	in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)						
9		An organizat	ion that normally	receives: (1) more that	an 331/3 %	of its su	pport froi	m contrib	utions, m	nembersh	ip fees, and gross		
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33% support from gross investment income and unrelated business taxable income (less section 511 tax) from business taxable income (less section 512 taxable												
10				nd operated exclusive									
11				ind operated exclusiv									
				olicly supported organ									
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other											
e													
		persons other than foundation managers and other than one or more publicly supported organizations described in section											
		509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting											
f		-			on from	the IRS	that it is	a Type I	, Type II	, or Type	III supporting		
		-	, check this box								📙		
g		_		the organization acce	epted any	/giπ or c	ontributio	on trom a	ny ot the	;			
		following pe		2 P. M. M. M. M. M.	•••	4		ub -			Yes No		
				r indirectly controls, e				in person	is descri	bea in (ii)	11g(i)		
			_	ning body of the supp		yanızano	117 .				11g(ii)		
		(ii) A family member of a person described in (i) above?									11g(iii)		
h													
		Provide the following information about the supported organization(s). Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the									(vii) Amount of		
***		ganization	(.,	(described on lines 1-9	in col (i) listed in your the organization in			organization in col support					
				above or IRC section (see instructions))	governing document?			col. (i) of your support?		zed in the S?	ı		
					Yes	No	Yes	No	Yes	No			
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Tota	al												

Sched	ule A (Form 990 or 990-EZ) 2009					_		Page 2						
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)														
Section A. Public Support														
Ca	endar 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 any "unusual grants.")					8	0,998.00	80,998.00						
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							20.000						
4	Total. Add lines 1 through 3	}	 	 _	ļ	}—		80,998.00						
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.	<u> </u>	L	<u> </u>	L	L		80,998.00						
	tion B. Total Support	(a) 2005	(P) 2006	(c) 2007	(d) 2008	10	1 2000	(f) Total						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(6) 2007	(u) 2006	(e) 2009 80,998.00		80,998.00						
7	Amounts from line 4		 			-	0,996.00	60,556.00						
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 .	<u> </u>	<u> </u>	<u> </u>				80,998.00						
12	Gross receipts from related activities, etc.					12	L							
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													
Sec	tion C. Computation of Public Su							100						
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))						 	100 <u>%</u> %						
15	Public support percentage from 2008 Schedule A, Part II, line 14													
16a	33%% support test-2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box													
	and stop here. The organization qualifies as a publicly supported organization													
Ь		33%% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33%% 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 18	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 ▶ ☐ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐													



OGDEN UT 84201-0034

OMB Clearance No.: 1545-1150

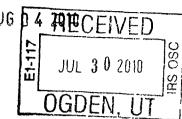
In reply refer to: 0425876267 July 19, 2010 LTR 2695C 0 R 26-2365481 200912 67

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VALLEY SPRINGS FIRE ASSOCIATION PO BOX 13 VALLEY SPRINGS AR 72682



3)

6993

Taxpayer Identification Number: 26-2365481

Form: 990-EZ

Tax Period: Doc. 31, 2009

29492-170-18431-0

Dear Taxpayer:

We received your Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, for the tax period shown above and need additional information. When responding please send only the requested information ATTACHED BEHIND A COPY OF THIS LETTER. Do not send a complete copy of your return unless the requested Information changes your original return.

Schedule A is either missing or the incorrect revision was filed. You must submit the same revision of Schedule A as the revision of the Form 990-EZ filed. If you are required to file a 2008 or subsequent revision of Form 990-EZ you must also submit a 2008 or subsequent revision of Schedule A. If you are filing a 2007 or prior revision of Form 990-EZ you must also submit a 2007 or prior revision of Schedule A. Schedule A, is a requirement for all filers exempt under section 501(c)(3) or section 4947(a)(1). See General Instructions A and Appendix H. If your organization is exempt under section 501(c)(3) or section 4947(a)(1), complete pages 1-4 of Schedule A. Part I, Questions 1-11 must be answered. Not applicable (N/A) is not an acceptable answer for Part I, Questions 1-11. If your organization is not exempt under section 501(c)(3) or section 4947(a)(1), send us a current copy of your determination letter so we can correct your account.

Schedule B is either missing or incomplete. Schedule B, Schedule of Contributors, is a required attachment for all organizations that file a Form 990, 990-EZ, or 990-PF. You need to complete and attach Schedule B or certify you do not meet the requirements of Schedule B. Guidelines for filing Schedule B can be found in Form 990, Form 990-EZ, or Form 990-PF instructions. These instructions can be obtained through our website at www.irs.gov.

Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

If you need additional forms or schedules, you may obtain them by

VALLEY SPRINGS FIRE ASSOCIATION PO BOX 13 VALLEY SPRINGS AR 72682



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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

Date

Title