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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable:
☐ Address change☒ Name change☐ Initial return☐ Terminated☒ Amended return☐ Application pending

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

C Name of organization

STANLEY VOLUNTEER RURAL FIRE ASSOCIATION

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO BOX 926

City, town, or country

State

ZIP + 4

STANLEY

ND

58784

D Employer identification number

45-0375752

E Telephone number**F Group Exemption Number**

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶**I Website:** ▶**J Tax-exempt status** (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H Check** ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ**

▶ \$ 30,397

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	100
	2	Program service revenue including government fees and contracts	2	30,126
	3	Membership dues and assessments	3	
	4	Investment income	4	171
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
Expenses	6b	Less direct expenses other than fundraising expenses	6b	0
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe ▶)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	30,397
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	100
	13	Professional fees and other payments to independent contractors	13	75
	14	Occupancy, rent, utilities, and maintenance	14	2,056
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Attached Statement)	16	39,196
	17	Total expenses. Add lines 10 through 16	17	41,427
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,030
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	62,091	
20	Other changes in net assets or fund balances (attach explanation)	20	0	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	51,061	

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	28,090
23 Land and buildings	23	32,971
24 Other assets (describe ▶)	0 24	0
25 Total assets	0 25	61,061
26 Total liabilities (describe ▶ TRUCK LOAN)	0 26	10,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27	51,061

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

Form **990-EZ** (2009)

(HTA)

SCANNED AUG 31 2011

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	0
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e 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	
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of BRIAN HOLLINGER Telephone no (701) 755-3331		
Located at 8340 66TH ST NW City STANLEY ST ND ZIP + 4 58784		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Bank and Financial Accounts.		
c 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		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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

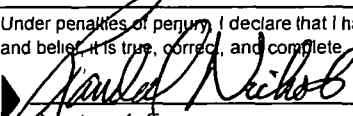

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>

f Total number of other employees paid over \$100,000 0

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>8/12/11</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	Date <u>8/8/2011</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>NORMAN MELL & ASSOCIATES PC</u> <u>10 1ST AVE SE PO BOX 699, STANLEY, ND 58784</u>		EIN <u>45-0399378</u>	Phone no <u>701-628-2185</u>

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

Part I, Line 16 (990-EZ) - Other Expenses

39,196

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	21,758
7	Depletion	7	
8	Equipment rental and maintenance	8	11,018
9	Interest	9	
10	Supplies	10	742
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	ANNUAL BANQUET	13	1,355
14	DUES	14	40
15	FUEL	15	855
16	TRAINING	16	2,002
17	INSURANCE	17	1,422
18	OFFICE SUPPLIES	18	4
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

Part II, Line 26 (990-EZ) - Liabilities

010,000

Description		Beginning	End
1	TRUCK LOAN		10,000
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	100
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	100

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	171
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	171

ON ORIGINAL FILED REPORT, THE ENTITY HAD INCORRECT NAME OF ORGANIZATION.

EXPENSES ON PAGE 1, LINES 10-17: THE TOTAL EXPENSES WERE INCORRECTLY REPORTED ON ORIGINAL FILING. THE EXPENSES WERE OVERSTATED \$665.

LINE 10: THE GRANTS PAID OF \$7,138 WERE INCORRECT; IT SHOULD HAVE BEEN \$0. \$665 OF THIS TOTAL WAS OVERSTATED. A PORTION OF THE EXPENSES, \$2,730, WAS FOR FIXED ASSETS PURCHASED AND HAS BEEN INCLUDED ON THE DEPRECIATION SCHEDULE. THE REMAINING BALANCE OF \$ 3,743 WAS OPERATING EXPENSES OF THE FIRE DEPARTMENT. \$3,643 IS REPORTED ON LINE 16 AND \$100 IS INCLUDED ON LINE 12.

LINE 11: THE BENEFITS PAID TO MEMBERS SHOULD HAVE ALSO BEEN \$0, AS THE ORIGINAL EXPENSE OF \$1,355 WAS FOR THE ANNUAL BANQUET OF THE FIRE DEPARTMENT AND IS INCLUDED IN OTHER EXPENSES ON LINE 16.

LINE 14: ON ORIGINAL FILING, THE EXPENSE INCLUDED EQUIPMENT RENTAL EXPENSE OF \$11,018 AND INSURANCE EXPENSE OF \$1,422. THESE ARE NOW INCLUDED ON LINE 16.

LINE 16: THE ABOVE LISTED EXPENSES INCLUDES THE ABOVE RECLASSIFICATIONS AND THE DEPRECIATION EXPENSE OF \$21,758 WAS OMITTED ON THE ORIGINAL FILING.

LINE 19: THE AMOUNT OF \$10,757 WAS INCORRECTLY REPORTED ON THE ORIGINAL FILING. IT SHOULD HAVE BEEN \$62,091

PART II: COLUMN A SHOULD NOT HAVE BEEN COMPLETED AS THIS WAS THE INITIAL RETURN.

SCHEDULE OF DEPRECIATION

NAME STANLEY VOLUNTEER RURAL FIRE ASSOCIATION

ID# 45-0375752

ATTACHED TO SCHEDULE FORM 990

PAGE 1 OF 1

[illegible]

*** LISTED PROPERTY-LIMITED**

44 LISTED PROPERTY-LIMITED 2

* LISTED PROPERTY-NOT LIMITED

Depict the below - 01/1/83L