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DLN: 93492139012140

2009

OMB No 1545-1150

Form 990-EZ

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 Open to Public 500,000 and total assets less than 1,250,000 at the end of the year may use this form

Inspection

Department of the Treasury Internal Revenue Service

ВС	heck if	2009 calendar year, or applicable	r tax year beginning C Name of organizati	ion	ending 12-		_		entification number	
┌	ddress o	change Please use IRS	RAPID VALLEY VOLU	JNTEER FIRE DEPARTMENT			46-60	19441		
N	ame ch	nange label or		Number and street (or P O box, if mail is not delivered to street address) Room/suite E Te			-	46-6019441 E Telephone number		
	nitial ret	type.	5500 E HIGHWAY 4	4				(605)	393-0848	
_	erminat	ted See Specific	City or town, state	or country, and ZIP + 4			F Group	Exempti		
		on pending Instructions.	RAPID CITY, SD 5				Numb		-	
∌ Se	ection			1) nonexempt charitable trus e A (Form 990 or 990-EZ).	sts	G Accounting n Other (speci		Cash	Accrual	
	ebsite					H Check ► Is not requi		organız ach	ation	
J Ta	x-Exer	mpt status (check only or	ne)— 501(c)(4)	◀(insert no) 4947(a)(1) or	527	•			-EZ, or 990-PF)	
		_		9(a)(3) supporting organizatio						
				t required, but if the organizations, if \$500,000 or more, file Form 990			, be sure ► \$	to file a	a complete return 244.635	
	art I			nges in Net Assets or Fu			- 1	ns for	-,	
	1	Contributions, gifts, g				· · ·	. Instruction	1	96,401	
	2	, - , -	•	rnment fees and contracts			<u> </u>	2	16,835	
	3	Membership dues and		Time it lead and contracts			·	3	0	
	4	Investment income	· dosessiments ·				•	4	13,495	
	-			than inventory		 		4	13,495	
a.	5a	Gross amount from sa		•	⊢		05,716			
Ĕ		Less cost or other ba	•		<u> </u>		06,380	_		
Kevenue	6	Special events an <u>d</u> ac		han inventory (Subtract line 5: applicable parts of Schedule G		•	· · aming,	5c	-664	
	a	check here F Gross revenue (not in	ıcludıng \$ _of contr	ıbutıons						
		reported on line 1)			6	5a	10,549			
	ь	Less direct expenses	s other than fundraı	ising expenses	-	5b	4,493			
	l c	Net income or (loss) f	from special events	and activities (Subtract line 6	— 5b from lın	e 6a)		6c	6,056	
	7a	Gross sales of invento		•	I	, 7a		-	· · · · · · · · · · · · · · · · · · ·	
	h	Less cost of goods s			—	7b	0			
	c	J		tory (Subtract line 7b from line	<u> </u>			7c	0	
	8	Other revenue (descr	<u> </u>	tory (oubtract mile / b mom mile	., ., .		·	8	1,639	
	9	Total revenue (descr		ic 7c and 8			—, ├	9	133,762	
	_	Grants and similar am		<u> </u>	• •		-	-	133,702	
	10			schedule)			-	10		
	11	Benefits paid to or for					•	11		
ı.A	12	Salaries, other compe	·	·				12	4 740	
9	13			independent contractors .			· ·	13	1,743	
Expenses	14	Occupancy, rent, utili	•				-	14	2,866	
ũ	15	Printing, publications,	-	ping			.	15		
	16	Other expenses (desc)	16	145,600	
	17	Total expenses. Add I					•	17	150,209	
B o	18			: line 17 from line 9)			· L	18	-16,447	
Š.	19	Net assets or fund ba	lances at beginning	g of year (from line 27, column	(A)) (mus	t agree with				
etAssets		end-of-year figure rep	orted on prior year	's return)				19	1,003,402	
ž	20	Other changes in net	assets or fund bala	nces (attach explanation) 🕏			. [20	62,926	
	21	Net assets or fund ba	lances at end of ye	ar Combine lines 18 through 2	20 .		►	21	1,049,881	
Pa	rt II	Balance Sheets	—If⊤otal assets o	n line 25, column (B) are \$1,2	50,000 o	r more, file Form	990 inst	ead of F	Form 990-EZ	
		(See t	he instructions for	Part II)	(A) Beginning of y	ear	(B)	End of year	
22	Cash	, savings, and investm	ents			673	,739 22		763,753	
23	Land	and buildings					23			
24	Other	r assets (describe 🟲 💆	<u> </u>			329	,663 24		286,128	
		assets				1,003	,402 25		1,049,881	
26	Total	liabilities (describe 🕨			_)		26			
27	Net a	ssets or fund balances	(line 27 of column	(B) must agree with line 21)		1,003	,402 27		1,049,881	

Part III Statement of Program S		1ents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt purpose? EMERGENCY MEDICAL AND FIRE SERVICES					quired for section 501 3) and 501(c)(4)
Describe what was achieved in carrying out		purposes In a clear a	nd concise mai	nner orga	anizations and section
describe the services provided, the number program title	494	17 (a)(1) trusts, onal for others)			
28 FIRE SUPPRESSION, PREVENTION, T					
PROTECTION OF THE RAPID VALLEY CO	DMMUNITY AND THE SUF	RROUNDING BLACK H	ILLS AREA		
	s amount includes foreign (grants, check here .	🟲	28a	150,209
29					
(Grants \$) If this	s amount includes foreign ç	grants, check here .	▶┌	29a	
30					
(Grants \$) If this	s amount includes foreign ç	grants, check here .	▶┌	30a	
31 O ther program services (attach schedul (Grants \$) If this	e) s amount includes foreign ç	rants check here		24-	
32 Total program service expenses (add line				31a 32	150,209
Part IV List of Officers, Directors, Trus					
	(b) Title and average	(c) Compensation	(d) Contribi		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee ben deferred com		account and other allowances
	•	,			

Pa	rt 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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			Νo
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			
а	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		Νo
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	· · · · · · · · · · · · · · · · · · ·			Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36		
	Did the organization file Form 1120-POL for this year?	37b		Νo
	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		Νo
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	1		
	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	40Ь		Νο
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			
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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ▶ DEB VENABLE	► <u>(60</u>	5)484	-0632
	5500 E HIGHWAY 44 Located at RAPID CITY, SD ZIP + 4	▶ _ 57	7703	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	Al.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	425	Yes	No
	account)?	42b		Νο
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νο
	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	• •		▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		Νo
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		Νο
			90-E7	' /2000

Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectior	1 4947(a)(1) nonexe					stions
46	Did the	e organization engage in direct	or indirect political can	npaign activities on be	half of or in opp	osition to		Yes	No
	candıd	ates for public office? If "Yes,"	complete Schedule C,	Part I			46		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						47			
48	48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						48		
49a Did the organization make any transfers to an exempt non-charitable related organization?						49a			
ь	If"Yes	s," was the related organization	a section 527 organiza	ation?			49b		
		ete this table for the organization							
	Name a	and address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position	e (c) Compensation	(d) Con employee	tributions to benefit plans & compensation	(€ a	e) Expe count r allow	and
51	Compl	I number of other employees pa ete this table for the organization pensation from the organization	on's five highest compe		ontractors who	• • each received m	•	an \$10	0,000
	(a) Nai	me and address of each indepe	ndent contractor paid n	nore than \$100,000	(b) Typ	e of service	(c) (ompen	sation
51(d)		I number of other independent o			• • • • • • • • • • • • • • • • • • •	atements, and to the	ne best o	of my kn	owledge
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to to and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer. Visual content of the properties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to to and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than officer) is based on all information of which preparer (other than off									
Paid		Preparer's RANDY M BAKER CPA		Date 2010-05-19	Check if self-empolyed	Preparer's identify (See instructions)			
_									
Prepa Use C	nlv 🗀	ıf self-employed),				EIN P		104-	

Additional Data

Software ID: Software Version:

EIN: 46-6019441

Name: RAPID VALLEY VOLUNTEER FIRE DEPARTMENT

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
TIM KOBES 5021 JOHNSTON DR RAPID CITY,SD 57703	PRESIDENT 25 00	0		
NATHAN MILLARD 5047 WILLIAMS ST RAPID CITY,SD 57703	VICE PRESIDENT 15 00	0		
SCOTT GREEN 1172 PARKWOOD RD RAPID CITY,SD 57701	SECRETARY 15 00	0		
DEBBIE VENABLE 1512 SHANNON CT RAPID CITY,SD 57703	TREASURER 15 00	0		
JOE TJADEN 4885 JOHNSTON DR RAPID CITY,SD 57703	DIRECTOR 15 00	0		
CASEY WARREN 4014 WINEBERRY LN RAPID CITY,SD 57703	DIRECTOR 15 00	0		

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TY 2009 Other Assets Schedule

Name: RAPID VALLEY VOLUNTEER FIRE DEPARTMENT

Description	Beginning of Year Amount	End of Year Amount
EQUIPMENT, NET OF DEPRECIATION	329,663	286,128

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TY 2009 Other Changes in Net Assets Schedule

Name: RAPID VALLEY VOLUNTEER FIRE DEPARTMENT

Description	Amount
UNREALIZED APPRECIATION OF SECURITIES	62,926

TY 2009 Other Expenses Schedule

Name: RAPID VALLEY VOLUNTEER FIRE DEPARTMENT

Description	Amount
BANK & INVESTMENT FEES	1,021
DEPRECIATION	83,596
EQUIPMENT MAINTENANCE	31,180
MISCELLANEOUS	2,340
OFFICE EXPENSE	2,473
RECRUIT & RETENTION	4,498
SUPPLIES	1,696
TRAINING	17,716
TRAVEL	1,080



TY 2009 Other Revenues Schedule

Name: RAPID VALLEY VOLUNTEER FIRE DEPARTMENT

Description	Amount
MISCELLANEOUS	1,639