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# Form 990-EZ

Department of the Treasury Internal Revenue Service\_

## **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 \$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

AF	or the	2009 calend	ar year,	or tax year beginning	January 1	, 2009,	and ending	Dec	ember 3	, 20 09
Вс	heck if ap	plicable:	Please	C Name of organization				D Empl	oyer ideni	tification number
	ddress c	nange	use IRS label or	Bethel Volunteer Emergency	Service Association				92-0	116097
=	larne cha	-	print or	Number and street (or PO box, if	mail is not delivered to stree	et address)	Room/suite	E Telep	hone num	ber
=	nitial retur erminate		type. See	P.O. Box 1611					907-	543-3998
Ħ	vmended	return	Specific Instruc-	City or town, state or country, and	ZIP + 4			F Grou	ıp Exemp	otion
	pplication	pending	tions	Bethel, Alaska 99559-1611				Num	ber ▶	
	• Sect	ion <b>501</b> (c)(3)	organiz	ations and 4947(a)(1) nonexe	mpt charitable trusts m	ust attach	G Accou	inting Me	ethod [	Cash Accrual
			_	npleted Schedule A (Form 990	-			(specify)	▶	
							H Checi	<b>( ▶</b>	if the org	anization is not
i W	/ebsit	e: ►							_	edule B (Form 990,
JT	ax-exe	mpt status (	check o	nly one) — ✓ 501(c) ( 3 ) ◀	(insert no )	) or 52	990-E	Z, or 990	O-PF)	
KC	heck •	if th	e organi	zation is not a section 509(a)(3) s	supporting organization a	nd its gross	s receipts are i	normally	not more	than \$25,000 A
F	orm 99		_	turn is not required, but if the o	· · · - •	-				
LA	dd lines	5b, 6b, and	7b, to line	9 to determine gross receipts, if	\$500,000 or more, file Fori	m 990 inste	ad of Form 990	-EZ ▶	\$	
	art I			enses, and Changes in					ctions f	or Part I.)
	1	Contribute	ons, gif	s, grants, and similar amour	ntsr wyed				1	0
	2		_		h h				2	0
	3			and assessments	ENVELD				3	0
	4	Investmen		e				. 1	4	22
:	5a			m sale of assets other than	avenfer/ <sup>(\\8</sup>	5a	1			
	b	Less: cost	or othe	r basis and sales expense	K.a.a.	5b	-			
	c			sale of assets other than in			ne 5a)		5c	
ja ej	6	Special event	ts and act	ivities (complete applicable parts of	Schedute En it any amount	is from gam	i <b>ng.</b> check here	▶ 🗷	-	
Revenue	а	Gross reve	enue (no	otincluding\$	of contribution	ns	<b>3,</b>	_		
ě	_	reported o				6a	4	5000.00		
-	ь	•		nses <b>other</b> than fundraising e			<u> </u>			
	C		-	ss) from special events and a	•		line 6a)	, ,	6c	45000.00
	7a			entory, less returns and allow		7a		7595.00	-	
	b	Less: cost		-		7b		5116.00		
	C		•	ss) from sales of inventory (S					7c	(7521.00)
	8	Other reve	•	• • •					8	(1021100)
	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c	and 8			— <u>′</u>	9	. 37501.00
=	10	•		r amounts paid (attach sche		<u> </u>	<u> </u>	· · ·	10	22507.4
	11			r for members				• •	11	
S	12			mpensation, and employee t	12	<i>,</i>	(1)	• •	12	
se	13			and other payments to indep	u a				13	
ĕ	14			utilities, and maintenance		5 5		•	14	
Expenses	15			ons, postage, and shipping		€ :> <b>₹₽</b> .		· ·	15	
_	16	٠.		describe					16	
	17	•		Add lines 10 through 16				— <u>'</u>	17	22507.00
_	18			for the year (Subtract line 1)				•	18	14994.00
Assets	19			d balances at beginning of					-10	14004100
SS				reported on prior year's reti					19	9742.00
4	20	-	_	net assets or fund balances					20	0742.00
Net	21		_	d balances at end of year. Co	· · · · · · · · · · · · · · · · · · ·				21	24736.00
Đ	art II	Ralanc	e Shee	ts. If Total assets on line 25	Column (B) are \$1.25	50 000 or	more file Fo	rm 990		
	للبجد	-4.4110		(See the instructions for P		2,000 01		ginning of		(B) End of year
22	<u></u>	eh carriaca		vestments	·				42.00 22	<del></del>
23								- 314	23	<del></del>
23 24									24	
24 25	T-	ital accets	(uestiil)	e▶			_' <del> </del>		25	<del></del>
		itai assets Ital liabilitie				•	\ <del>  -</del>		26	<del> </del>
26 27	I C	t seeste e	r fund b	palances (line 27 of column (	R) must acree with his	na 21\	' <del> </del>	07	42.00 27	
27	146	i assets U	i iuitu L	raianices (inte 27 Of COIDHII) (	וווו הווווא אוווא נים anuaragree with ווו	15 2 1) .		7/1	74.UU 2/	4130.00

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

Cat No 106421

Form 990-EZ (2009)



WILL MAN & O

VIII.	330-22 (2003)	_				raye Z
Par	t III Statement of Program Service Accom	plishments (See the instru	uctions for Part II	1.)		Expenses
Vha	t is the organization's primary exempt purpose?	Please see attachment				ired for section
	cribe what was achieved in carrying out the org		ses. In a clear ar	nd concis		)(3) and 501(c)(4)
nan	ner, describe the services provided, the number of	f persons benefited, and c	other relevant info	rmation fo		izations and section (a)(1) trusts, optional
each	program title.					hers)
28						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	▶ 「		
29					<u> </u>	
	(Grants \$) If this amount					
30	—				- 1	
30						
		·····				
	(Grants \$ ) If this amount	unal und on foreign grants, oh	ook horo	. ▶ [		
24	(Grants \$ ) If this amount Other program services (attach schedule)	- · -		. P L	<u> </u>	
31	, ,				]   ] 31a	
20	(Grants \$ ) If this amount  Total program service expenses (add lines 28a t					
	List of Officers, Directors, Trustees, and Key				-	tions for Part IV \
Гаі	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contrib		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee be	nefit plans &	account and
C		devoted to position	enter -0)	deferred cor	npensation	other allowances
	rge Young	Chairman / 5hrs per wk			0	
	Box 1611 Bethel, Alaska 99559-1611		0	<del>                                     </del>		0
	ey Burke	President / 5hrs per wk			•	,
	Box 1611 Bethel, Alaska 99559-1611		0		0	0
	Albertson	Vice Pres. / 5hrs per wk			•	
	Box 1611 Bethel, Alaska 99559-1611		0	-	0	0
	eph Valadez	Secretary/Treasurer 5hrs		]	•	
	Box 1611 Bethel, Alaska 99559-1611		0	<u> </u>	0	0
	e Kosacheff	Board Member 5hrs				
	Box 1611 Bethel, Alaska 99559-1611		0		0	0
	sa Markham	Board Member 5hrs			0	۱ .
	Box 1611 Bethel, Alaska 99559-1611		0	ļ		<u>_</u>
		Board Member 5hrs			•	
PUI	Box 1611 Bethel, Alaska 99559-1611		0		0	0
			<u> </u>			
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	·····					
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					_	
		I	1	I		i

Part	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	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		<b>√</b>
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9	]		
ь	Gross receipts, included on line 9, for public use of club facilities	]		
40a	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		✓
С	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		<b>√</b>
41	List the states with which a copy of this return is filed. ▶ Alaska	\- <u></u>	·	
42a	The organization's books are in care of ▶ Bethel Volunteer Emergency Service Assoc Telephone no. ▶	907-54	3-3998	3
	Located at ▶ PO Box 1611 Bethel, Alaska ZIP + 4 ▶	99559	-1611	
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		Yes	No
	account)?	42b		<b>✓</b>
	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	·	<b>-</b>
	If "Yes," enter the name of the foreign country: ▶			<u> </u>
43	Section 4947(a)(1) nonexempt charatable 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		. 1	<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	-		لرب
45	Form 990-EZ	44		<b>-</b>
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	AE		
-		45 m 990	 )-F7	(2000)

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) none 947(a)(1) nonexempt chari nd 51.	xempt charita table trusts mu	ble trusts only. A ust answer question	II sec ins 46	tion 5–491	0
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete				46		<b>✓</b>
	Did the organization engage in lobbying activitie		•		47		<b>√</b>
	ls the organization a school as described in secti Did the organization make any transfers to an e		•		48 49a		<b>V</b>
	If "Yes," was the related organization a section	•	~		49b		<b>-</b>
50	Complete this table for the organization's five hemployees) who each received more than \$100	nighest compensated emplo	yees (other than	officers, directors,	truste		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e)	Exper count a allowa	nse and
Not Ap	plicable	-					
		-					
<b></b>							
	······		İ				
f	Total number of other employees paid over \$10	00,000 >	·····	· · · · · · · · · · · · · · · · · · ·			
Not Ap	(a) Name and address of each independent contracto	or paid more than \$100,000	(b) 1	Type of service	(c) Co	mpens	ation
					_		
d	Total number of other independent contractors	each receiving over \$100,00	00 >				
	Under penalties of penjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompan in of preparer (other than officer) is b	lying schedules and s pased on all informati	statements, and to the bes	st of my any kno	knowl wledg	edge e
Sign Here	Signature of officer  Signature of officer  Signature of officer  Type or print name and title	President		3/26/14 Date	,		_ <del></del>
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (Se	e instruc	:tions)
Use On	y yours if self-employed),			EIN ►			
May th	address, and ZIP + 4	vn above? See instructions		Phone no	Yes		No
<b></b>	The state of the s						(2009)

#### 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.

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

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Bet	hel	Volunteer En	nergency Service	ce Association					92		116097
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	_=		•	dation because it is:	•	_		-		•	
2				on 170(b)(1)(A)(ii). (At							
3	$\overline{\Box}$			nospital service organ			ın sectio	n 170(b)(	1)(A)(iii).		
4		A medical re	·	ition operated in conj							)(A)(iii). Enter the
5		An organizat		the benefit of a colle	ge or uni	versity ov	vned or o	perated	by a gov	ernmenta	I unit described in
6		A federal, sta	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(b	)(1)(A)(v	).	
7		•	•	/ receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governm	ental uni	t or from	the general public
8		A community	y trust described	d in section 170(b)(1)	(A)(vi). (C	omplete	Part II.)				
9	Z	receipts from	n activities relate n gross investm	receives: (1) more that ed to its exempt functi ent income and unre a after June 30, 1975.	tions-su lated bus	bject to d siness tax	certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 % of its
10		An organizat	tion organized at	nd operated exclusive	ely to test	t for publ	ic safety.	See sec	tion 509	(a)(4).	
11		purposes of	one or more pul	and operated exclusively blicly supported organited describes the type	nizations	describe	d in secti	on 509(a)	(1) or se	ction 509	(a)(2). See section
		a ☐ Type	ı ь □	] Type II	: 🗆 Тур	e III-Fun	ctionally	integrated	d	d□	Type III-Other
е		• •		tify that the organizat			-	_			• •
		persons other		n managers and othe							
f		_	zation received, check this box	a written determinati	on from	the IRS	that it is	a Type I	, Type II	, or Type	e III supporting
9		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	ny of the	•	<u></u>
			_	r indirectly controls, $\epsilon$ ning body of the supp		-		h person	s descril	bed in (ii)	Yes No
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)
				of a person described		(II) above	?				11g(iii)
h		Provide the	following informa	ation about the suppo	orted orga	anızatıon	(s).				
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ col (i)	ou notify sization in of your port?	organızal (i) organı	Is the tion in col zed in the S?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
			-						_		
•											
										ļ	

**Total** 

Pai	Support Schedule for Org					and 170(b)(	1)(A)(vi)
200	(Complete only if you chec	ked the box	on line 5, 7,	or 8 of Part I	.)		
	tion A. Public Support	(a) 000E	(h) 2006	(-) 0007	40.000	4 > 0000	(A) Total
Va	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) Public support. Subtract line 5 from line 4.						
6	tion B. Total Support		<u> </u>			L	
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2005	(5) 2000	(0) 2007	(u) 2000	(e) 2009	(i) Total
7 8	Amounts from line 4 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>L </u>	
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secor		-		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage	_			
14	Public support percentage for 2009 (line	6, column (f) dı	vided by line 1	i, column (f))		14	%
15	Public support percentage from 2008 Sc					15	
16a	33% % support test—2009. If the organiand stop here. The organization qualifies				line 14 is 331/3 9	% or more, che	eck this box
b	33% % support test—2008. If the organi box and stop here. The organization qua				and line 15 is 3	33½% or more	, check this ▶ □
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" and the companization meets the companiza	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test —2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum ances" test. The	nstances" test, o organization qua	check this box a difies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization	IV how the ▶ □

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

	(Complete only if you checke	ed the box o	n line 9 of Pa	ırt I.)			
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				_		
2				19674.00	9258.00	7595.00	36527.00
3	Gross receipts from activities that are not an unrelated trade or business under section 513			40000.00	32995.00	45000.00	117995.00
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			59674.00	42253.00	52595.00	154522.00
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .				42200.00	02000100	104022.00
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			602.00	425.00	526.00	1553.00
с 8	Add lines 7a and 7b						152969.00
Sec	tion B. Total Support						·
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6			59674.00	42253.00	52595.00	154522.00
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			511.00	201.00	22.00	737.00
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
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, and 12.)			60185.00	42454.00	52617.00	155256.00
14	First five years. If the Form 990 is for to organization, check this box and stop	here	<u> </u>				
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •	<del></del>		<del></del>		00.5
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, P	art III, line 15			15 16	98.5 % 99.3 %
Sec	tion D. Computation of Investmer					<del></del>	<del></del>
17 18	Investment income percentage for 2009 Investment income percentage from 20		• •	-		17 18	0 %
19a b	33½ % support tests – 2009. If the organizer is not more than 33½%, check this be 33½% support tests – 2008. If the organizer	ox and stop h	<b>ere. T</b> he organi	izatıon qualıfies	as a publicly s	supported orga	anization 🕨 🛮
20	line 18 is not more than 33%%, check this	s box and <b>stop</b>	here. The orga	nızatıon qualıfies	s as a publicly	supported orga	inization > _

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide to Provide any oth	the explanations required er additional information	d by Part II, line 10; a. See instructions.
					·
·····					
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					· <i>-</i>
			••••		
···					···
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### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Bethel Volunterer Emergency Service Association 92 0116097 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Lyes Lyes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (ii) Activity (iii) Did fundraiser have (IV) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of contributions? from activity (or retained by) fundraiser listed in (or retained by) organization col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

2 Cash prizes	Γċ	rt II	Fundraising Events. Comore than \$15,000 on F	Form 990-EZ, line 6a. L	ist events with gross r	eceipts greater than \$	5,000.
Cross receipts   Cros				(a) Event #1	(b) Event #2	(c) Other events	(add col (a) through
3 Gross ncome (line 1 minus line 2)  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  10 Direct expenses summary. Add lines 4 through 9 in column (ct) 11 Net income summary. Combine line 3, column (ct), and line 10.  Partial Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-Ez, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b)  1 Gross revenue (675785.00 675785.00  2 Cash prizes 535476.00 535476.00  3 Noncash prizes .  4 Rent/facility costs  5 Other direct expenses .  (a) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) of (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through of (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through of (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) (c) Other gaming (cd) oof (c) Other gami	a)			(event type)	(event type)	(total number)	col (c))
3 Gross ncome (line 1 minus line 2)  4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  10 Direct expenses summary. Add lines 4 through 9 in column (ct) 11 Net income summary. Combine line 3, column (ct), and line 10.  Partial Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-Ez, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b)  1 Gross revenue (675785.00 675785.00  2 Cash prizes 535476.00 535476.00  3 Noncash prizes .  4 Rent/facility costs  5 Other direct expenses .  (a) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) of (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through oof (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through of (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) oof (a) through of (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (cd) (c) Other gaming (cd) oof (c) Other gami	eur		Cross manimum				
contributions of the control of the	æ		<u>.</u>				
Trinus line 2)			contributions				
5 Noncash prizes		3		,			
Food and beverages   Food an		4	Cash prizes				
7 Food and beverages		5	Noncash prizes				
9 Other direct expenses	ses	6	Rent/facility costs				
9 Other direct expenses	≅xpen	7	Food and beverages				
9 Other direct expenses	rect {	8	Entertainment				
Direct expense summary. Add lines 4 through 9 in column (d)    Caming   Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization enswered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization enswered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization enswered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization enswered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization enswered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization on Form 990-EZ, line 6a.    Gaming   Complete if the organization enswered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Complete if the organization enswered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming   Gad octor   Color Part IV, line 19, or reported for li	莅	9	Other direct expenses				
1   Net income summary Combine line 3, column (d), and line 10   Net income summary Combine line 3, column (d), and line 10   Net income summary Combine line 3, column (d), and line 10   Net income summary Combine line 3, column (d), and line 10   Net income summary Combine line 3, column (d), and line 10   Net income summary Combine line 3, column (d), and line 10   Net income summary Combine line 3, column (d), and line 10   Net income summary Combine line 1, column d, and line 7   Net income summary Combine line 1, column d, and line 7   Net income summary Combine line 1, column d, and line 7   Net income summary Combine line 1, column d, and line 7   Net income summary Combine line 1, column d, and line 3   Net gaming income summary Combine line 1, column d, and line 3   Net gaming income summary Combine line 1, column d, and line 3   Net gaming income summary Combine line 1, column d, and line 3   Net gaming income summary Combine line 1, column d, and line 3   Net gaming income summary Combine line 1, column d, and line 3   Net gaming income summary Combine line 1, column d, and line 3   Net gaming income summary Combine line 1, column d, and line 3   Net gaming income summary Combine line 1, column d, and line 5   Net gaming income summary Combine line 1, column d, and line 5   Net gaming income summary Combine line 1, column d, and line 5   Net gaming income summary Combine line 1, column d, and line 7   Net gaming income summary Combine line 1, column d, and line 5   Net gaming income summary Combine line 1, column d, and line 7   Net gaming income summary Combine line 1, column d, and line 7   Net gaming income summary Combine line 1, column d, and line 7   Net gaming income summary Combine line 1, column d, and line 7   Net gaming income summary Combine line 1, column d, and line 7   Net gaming income summary Combine line 1, column d, and line 5   Net gaming income summary Combine line 1, column d, and line 5   Net gaming income summary Combine line 1, column d, and line 1   Net gaming income summa				Id lines 4 through 9 in o	olumn (d)		(
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Gaming. Complete if the organization peraces of the Politic states in each of the same in the part of the part of the part in the part of the organization operate gaming activities in each of these states?   Gaming income summary. Combine line 1, column d, and line 7.   Part of the organization licensed to operate gaming activities in each of these states?   Gaming income summary. In the organization operate gaming activities in each of these states?   Gaming income summary. In the organization operate gaming activities in each of these states?   Gaming income summary. In the organization operate gaming activities in each of these states?   Gaming income summary. In the organization operate gaming activities in each of these states?   Gaming income summary. In the organization operate gaming activities with nonmembers?   Gaming income summary. In the organization operate gaming activities with nonmembers?   Gaming income summary. In the organization operate gaming activities with nonmembers?   Gaming income summary. In the organization operate gaming activities with nonmembers?   Gaming income summary. In the organization operate gaming activities with nonmembers?   Gaming income summary. In the organization operate gaming activities with nonmembers?   Gaming income summary. In the organization operate gaming activities		11	Net income summary Comb	oine line 3, column (d), a	nd line 10		,
Section   Color   Co	Pa	rt II	Gaming. Complete if t	the organization ansv	vered "Yes" to Form	990, Part IV, line 19,	or reported more
2 Cash prizes	<u>e</u>		4 10,000 0 10,111		(b) Pull tabs/instant	(c) Other gaming	
2 Cash prizes	venu				bingo/progressive bingo		col (a) through col (c))
5 Other direct expenses . 95309.00 6 Volunteer labor . No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)	Be	1	Gross revenue		675785.00		675785.00
5 Other direct expenses . 95309.00 6 Volunteer labor . No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)	Ses	2	Cash prizes		535476.00		535476.00
5 Other direct expenses . 95309.00 6 Volunteer labor . No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)	Expe	3	Noncash prizes				
5 Other direct expenses . 95309.00 6 Volunteer labor . No No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)	)irect	4	Rent/facility costs .				
6 Volunteer labor . □ No □		5	Other direct expenses .				95309.00
7 Direct expense summary. Add lines 2 through 5 in column (d)		6	Volunteer labor	=	=	` `	
8 Net gaming income summary. Combine line 1, column d, and line 7  9 Enter the state(s) in which the organization operates gaming activities: Alaska  1 Is the organization licensed to operate gaming activities in each of these states?  9a ✓  Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  10a  Does the organization operate gaming activities with nonmembers?		U	Volunteer labor				,
9 Enter the state(s) in which the organization operates gaming activities: Alaska  a Is the organization licensed to operate gaming activities in each of these states?		7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		( 630785.00)
9 Enter the state(s) in which the organization operates gaming activities: Alaska  a Is the organization licensed to operate gaming activities in each of these states?  b If "No," explain:  Coa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," explain:  1 Does the organization operate gaming activities with nonmembers?  11 ✓		8	Net gaming income summary	y. Combine line 1, colur	nn d, and line 7	<u>.</u> ▶	45000.00
a Is the organization licensed to operate gaming activities in each of these states?	9	En	ter the state(s) in which the o	rganization operates ga	amıng activities: Alas	ka	Yes   No
Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," explain:  1 Does the organization operate gaming activities with nonmembers?		ls t	the organization licensed to o		_	es?	9a ✓
b If "Yes," explain:  1 Does the organization operate gaming activities with nonmembers?	b	lf "	'No," explain:				
b If "Yes," explain:  1 Does the organization operate gaming activities with nonmembers?							0 102
1 Does the organization operate gaming activities with nonmembers?	_			amıng licenses revoke	a, suspended or termin	ated during the tax yea	ar, Iua
The state of the s	-		.,				
The state of the s	4		on the argenization coasts =	amina antiintee with =			11 /
	1 2					a partnership or other	

			Yes	No
13	Indicate the percentage of gaming activity operated in:		; <u> </u>	
а		-	1	ji J
	An outside facility		;	i. ie
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ► Korus Accounting			 1
	Address > 57000 Stoneridge Mall Road Suite 245 Pleasanton, CA 94588			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		<b>√</b>
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party.			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ► Sungsuk Seo			
	Gaming manager compensation ► \$ 76434.00	2		
	Description of services provided ▶ Gaming Operator			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:	:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	X	
b	retain the state gaming license?	,,,		
	or spent in the organization's own exempt activities during the tax year ▶ \$10090 with in I year			

Bethel Volunteer Emergency Services Association

92-01116097

FORM 990EZ 2009- Schedule O

OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
Donation	7,792.00	7,792.00	
Food	1,864.00	1864	
Conference & Continue Education	3,981.00	3,981.00	
Operation	8,870.00		8,870.00
TOTAL to FM 990 EZ LN 17	22,507.00	13,637.00	8,870.00

Bethel Volunteer Emergency Services Association,

SCHEDULE O