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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2011

Open to Public Inspection

AI	For the	2011 calendar year, or tax year beginning	, 2011, and ending		, 20		
В	Check if ap	D Emplo		mployer id	entification number		
	Address c	hange WER VOLUNTEER FIRE	455N	45-	4822443		
	Name cha		ess) Room/suite E 1	elephone n			
4	Initial retur			3/	9-984-529		
=	Terminate Amended	City or town, state or country, and ZIP + 4		Group Exe			
=	Applicatio	n pending - DENVER IA 500	672	Number ▶			
G	Account	ting Method		ck ▶ 🛣	if the organization is not		
	Websit			, .	ach Schedule B		
J T	ax-exen	npt status (check only one) — 🗶 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌	4947(a)(1) or 527 (For	m 990, 99	0-EZ, or 990-PF).		
	Check ▶			nd its aros	s receipts are normally		
	not mor	e than \$50,000. A Form 990-EZ or Form 990 return is not required though F					
		inization chooses to file a return, be sure to file a complete return	, , , , ,	•			
L	Add lines	55b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,	000 or more, or if total assets (Pa	rt II,	Δ		
li	ne 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		. ▶ 9	\sim		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fu	nd Balances (see the ins	tructions	s for Part I.)		
		Check if the organization used Schedule O to respond to any			🗆		
	1		·	11	<u></u>		
	2	Program service revenue including government fees and contracts	s	. 2			
	3	Membership dues and assessments		. 3			
	4	Investment income		. 4			
	5a	Gross amount from sale of assets other than inventory	. 5a	4	<u> </u>		
	Ь	Less: cost or other basis and sales expenses	. 5b	_			
	C	Gain or (loss) from sale of assets other than inventory (Subtract lir	ne 5b from line 5a)	. 5c	O		
	6	Gaming and fundraising events	,				
	a	Gross income from gaming (attach Schedule G if greater	than				
ne E	-	\$15,000)	· 6a	Ĭ.			
Revenue	Ь	Gross income from fundraising events (not including \$	of contributions				
<u>§</u>	~	from fundraising events reported on line 1) (attach Schedule G in					
ш		sum of such gross income and contributions exceeds \$15,000).					
	c	Less: direct expenses from gaming and fundraising exemts					
	d	Net income or (loss) from gaming and fundraising events (add to	Thes 6a and 6b and subtra	ct ,			
		line 6c)		. 6d	\mathcal{O}		
	7a	Gross sales of inventory less returns and allowances	. [<u>9</u>]				
	Ь	Less cost of goods sold	14 33				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from		. 7c			
	8	Other revenue (describe in Schedule O)	 1	. 8	0		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	0		
_	10	Grants and similar amounts paid (list in Schedule O)		. 10			
	11	Benefits paid to or for members		. 11			
Ş	12	Salaries, other compensation, and employee benefits		. 12			
JSE	13	Professional fees and other payments to independent contractors					
Expenses	14	Occupancy, rent, utilities, and maintenance			 		
	15	Printing, publications, postage, and shipping					
	16	Other expenses (describe in Schedule O)					
	17	Total expenses. Add lines 10 through 16			0		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		. 18			
	19	Net assets or fund balances at beginning of year (from line 27,					
		end-of-year figure reported on prior year's return)					
	20	Other changes in net assets or fund balances (explain in Schedule			0		
ž	21	Net assets or fund balances at end of year. Combine lines 18 thro	•	_	7		
For		work Reduction Act Notice, see the separate instructions.			Form 990-EZ (2011)		

Cat No 10642I

For Paperwork Reduction Act Notice, see the separate instructions.

Page	2
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Par			avection in this [Oort II		
	Check if the organization used Schedule	O to respond to a		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments			<i>(</i>)	22	0
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)		🗀	0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	0	27	0
Part						Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part III 🔲	(Requii	ed for section
What	is the organization's primary exempt purpose?					3) and 501(c)(4) zations and section
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	anner, describe th	of its three largest pr e services provided	ogram services, the number of)(1) trusts, optional
28	Support Denve		Departmen	T		_
	(Grants \$) If this amount	includes foreign gr	ants, check here	> 🗂	28a	O ,
29	<u> </u>					
	(Grants \$) If this amount	ıncludes foreign gr	ants, check here .	<u> ▶ □</u>	29a	
30						
	(Granta ¢ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	includes foreign ar	ants, check here .	▶ □	30a	
31	(Grants \$) If this amount Other program services (describe in Schedule 0)	002				
٠.	(Grants \$) If this amount	31a				
32	Total program service expenses (add lines 28a				32	0
Par					nstruct	ions for Part IV.)
	Check if the organization used Schedule	O to respond to a			<u> </u>	<u> </u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	oth	stimated amount of her compensation
	Greg Thies	Pres-16	0	0		0
	JUSTIN SOUTH	Y. Pres 14	0	0		0
	Heir Old 10990 Denver the 50622	Treas. 14	0	0		0
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Part		in th	e V	П
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		X
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
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a Did the organization file Form 1120-POL for this year?	37b		-X
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		_
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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	i	X
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
h	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	l	<u> </u>
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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	100	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		χ
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b	L	<u> </u>

Form 99	0-EZ (2	011)						P	age 4
۱. 46		ne organization engage, directly or in andidates for public office? If "Yes,"						Yes	No
Part		Section 501(c)(3) organizations 501(c)(3) organizations and secti and 52, and complete the tables Check if the organization used Sci	on 4947(a)(1) nonex for lines 50 and 51	cempt charitable	trusts mu	st answer qu			。
47 48 49a b 50	year? Is the Did th If "Ye Comp	he organization engage in lobbying of "Yes," complete Schedule C, Par organization a school as described in the organization make any transfers the organization a seplete this table for the organization's oyees) who each received more than	t II	n)? If "Yes," complet ritable related orga in? . sated employees (o	e Schedulonzation?	e E	. 47 . 48 . 49a . 49b ors, truste		
	(a) Name and address of each employee paid more than \$100,000		(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut	ealth benefits, tions to employee lans, and deferred mpensation		Estimated amou other compensati	
		number of other employees paid ov				,			
51 ————————————————————————————————————	\$100	plete this table for the organization, 000 of compensation from the organization address of each independent contractor pa	unization. If there is no		_		received Compensati		than
		None							
52	Did to none	number of other independent contra he organization complete Schedule A xempt charitable trusts must attach	A? Note : All section 5 a completed Schedul	01(c)(3) organizatio	<u> </u>	<u> </u>	► ☐ Yes		No
true, cor	enalties rect, an	of penjury, I declare that I have examined this id complete. Declaration of preparer (other than	return, including a compan n officer) is based on all info	ying schedules and state ormation of which prepar	ements, and t er has any kn	o the best of my knowledge	nowledge an	d belief	f, it is
Sign Here	Type or print name and title			Trea	54181	Date /			
Paid Prep	_	Print/Type preparer's name	Preparer's signature		Date	Check self-emplo			-
Use (Only	Firm's name	<u> </u>			Firm's EIN ▶			
May +L	IDC	Firm's address ▶	r chown chave? Con	inetructions		Phone no	▶ □ ∨		Nc
iviay ir	וב ועס	discuss this return with the prepare	SHOWIT ADOVE? See		<u> </u>	<u> </u>	► Yes	<u> </u>	No