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## 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, 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.

OMB No 1545-1150 2012

Open to Public Inspection

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning and ending Check if applicable. Name of organization D Employer identification number Address change RIVERTON VOLUNTEER FIRE DEPARTMENT 86-0274861 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Terminated PO BOX 753 307-856-4331 City or town state or country ZIP + 4 F Group Exemption Amended return Application pending Number ▶ RIVERTON WY 82501-0753 X Cash H Check ► if the organization is Accounting Method: Accrual Other (specify) Website: ► WWW.RIVERTONFIRE COM not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) X 501(c) ( 4 ) ◀ (insert no ) Tax-exempt status (check only one) — 501(c)(3) 4947(a)(1) or Check | if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 88.291 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I. X Contributions, gifts, grants, and similar amounts received 43,997 2 Program service revenue including government fees and contracts 2 44,294 3 Membership dues and assessments . . . 3 Investment income 4 Gross amount from sale of assets other than inventory. 5a Less: cost or other basis and sales expenses . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5¢ 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . . . 6a Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events. 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . 6d 0 . . . . . . . Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventer (Septract line 7b from line 7a)
Other revenue (describe in Schedule of Control of Cont 7c 0 8 8 9 Total revenue. Add lines , 2 3, 4, 5c, 6d, 7c, and 8 9 88,291 10 Grants and similar amounts paid (list in Sigheddule) 10 4,300 11 Benefits paid to or for members 11 8,195 12 Salanes, other compensation, and employee bene 12 13 Professional fees and other payments to independe 13 1.053 Occupancy, rent, utilities, and maintenance. 14 14 4.899 15 Printing, publications, postage, and shipping . . . 4.290 15 16 Other expenses (describe in Schedule O) . . . 65,355 16 17 Total expenses. Add lines 10 through 16. <u>88,0</u>92 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 18 199 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 25,382 Net Other changes in net assets or fund balances (explain in Schedule O) . 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 25,581

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Form	990-EZ (2012) RIVERTON VOLUNTEER FI	RE DEPARTMENT		86-027	<u> 4861</u>	Page 2
Par	t II. Balance Sheets. (see the instructions for	Part II)		<del></del>		
	Check if the organization used Schedule O to re	espond to any question in the	his Part II .	•		🔲
$\overline{}$			(A)	Beginning of year	Γ	(B) End of year
22	Cash, savings, and investments			25,382	22	25,581
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			•	24	
25	Total assets			25,382	25	25,581
26				20,002	26	20,001
27	Net assets or fund balances (line 27 of column (E			25,382		25,581
	It III Statement of Program Service Accomplis			20,002		Expenses
Гс	Check if the organization used Schedule O	-	· · · · · · · · · · · · · · · · · · ·		(Rec	julred for section
		<del></del>	<del></del>	·	501(	c)(3) and 501(c)(4)
	. , , , , .	FIRE PROTECTION AND		_ <del></del>		nizations and section 7(a)(1) trusts, optional
	cribe the organization's program service accomplishing		• . •	· · · · · · · · · · · · · · · · · · ·		thers)
	neasured by expenses. In a clear and concise manne	•	ovided, the number o	f		
	sons benefited, and other relevant information for each				<u> </u>	
28	PROVIDE FIRE PROTECTION SERVICE TO THE	RESIDENTS OF RIVERTO	ON WYOMING.			
						İ
						İ
		t includes foreign grants, cl		. ▶ 🔝	28a	32,677
29	PROVIDE CONTINUING TRAINING AND EDUCAT	TON FOR VOLUNTEER FI	REFIGHTERS			
	(Grants \$ ) If this amoun	it includes foreign grants, cl	heck here	▶ □	29a	32,678
30						
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	(Grants \$ ) If this amoun	t includes foreign grants, cl	heck here	▶ □	30a	
31	Other program services (describe in Schedule O).			<u> </u>	300	<del> </del>
٠.		t includes foreign grants, cl		· • □	31a	
22	Total program service expenses. (add lines 28a th				32	65,355
D.	art IV List of Officers, Directors, Trustees, and M	(ov Employees List each a		otad (aga tha inat		
1 6	Check if the organization used Schedule O to			ateu (see irie irist	uction	is ioi rait iv)
	——————————————————————————————————————	Tespond to any question i			· .	<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefi contributions to employee benefit pl and deferred compen	ans,	(e) Estimated amount of other compensation
DD/	ADY PATRICK	+	(II NOL PARO, enter -0-)	and deleted compan	Saucii	
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Past V   Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			-02748	61	Page 3
Did the organization engage in any significant activity not previously reported to the IRS7 If "Yes," provide a detailed description of each activity in Schedule C.  Where any significant changes muste to the organization's name. Otherwise, explain the change on Schedule C. (see matrix-toring).  33	Part			art V	
33 Did the organization engage in any significant activity no Exhebute 0 .  34 Were any significant changes made to the organizang or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization of the member of the comments if they reflect a change to the organization of the organization of the organization of the change on Schedule O (see instructions).  35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on time 2, 6s, and 7a, among others)?  36 Did the organization in sold the least of the organization subject to section 803(e) notice reporting, and provy tax requirements during the year? If "Ns," (remiged to the organization subject to section 803(e) notice reporting, and provy tax requirements during the year? If "Ns," (complete Schedule C, Part III and any ever? If "Ns," (complete Schedule C, Part III and the year) of the organization of the organization subject of section 803(e) notice reporting approximate for the time year? If "Ns," (complete Schedule L) Part II and enter the total amount involved.  37b Schedulo (1)(7) organizations. Enter amount of the window of the section 401 (2) organizations. Enter amount of the properties of the section 401 (2) organizations because the section 401 (2) organizations. Enter amount of the properties of the section 401 (2) organizations. Enter amount of the properties of the section 401 (2) organizations. Enter amount of the properties of the section 401 (2) organizations. Enter amount of the properties of the section 401 (2) organizations. Enter amount of the properties the section 401 (2) organizations. Enter amount of the vertice of the section 401 (2) organizations. Enter amount of the vertice of the section 401 (2) organizations and the properties of the section 401 (2) organizations. Enter amount of the vertice of the section 401 (2) organizations. Enter amount of the vertice of the section 401 (2) organi		Instructions for Fart V.) Check if the organization used ochecule of to respond to any question in			No.
detailed description of each activity in Schedule 0  33   X  34   Were any significant changes made to the organization's name Otherwise, explain the change on Schedule 0 (see matructions)  35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business advivities (such as those reported on lines 2, 6s, and 7a, among others)?  5 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? if "No," provide an explanation in Schedule 0 (see source of \$1,000 or more during the year from business advivities (such as those reported on lines 2, 6s, and 7a, among others)?  5 b If "Yes," to line 35a, has the organization of Schedule 0 (see source of \$1,000 or more during the year from business advivities (such as those reported on lines 2, 6s, and 7a, among others)?  5 b Out the organization of schedule 0 (see source) (	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes." provide a		-103	.,,
so opy of the amended documents if they reflect a change to the organization same. Otherwise, explain the change on Schedule O (see instructions)  35 a 10 dh ei organization have unrelated business gross moome of \$1,000 or more during the year from business advitiles (such as those reported on lines 2, 6a, and 7a, among others)?  b   17 kg,* to line 35a, has the organization filed a Form 990-T for the year   17 kg,* provide an explanation in Schedule O .  55b   2 kg			33		X
schange on Schedule O (see instructions).  3	34				
33 a Did the organization have unrelated business gross moorne of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8a, and 7a, among others)?  b if "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0.  Was the organization are described \$10(14), 30(16)), or \$10(16) organization are subject to section 603(s)(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  5 Dd the organization undergo a legislation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spicitoside parts of Schedule N.  7 a Effert amount of political expendituriss, direct or indirect, as described in the instructions \$\bigselow{1}{37a}1					
activities (such as those reported on lines 2, 6a, and 7a, among othersi)?  b (1"Yes,* to line 35a, bas the organization fied an form 990-T for the year? If \n^n\n^n\n^n\node an explanation in Schedule 0.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? If \n^n\n^n\n^n\n^n\n^n\n^n\n^n\n^n\n^n\n^		·	34		X
b If Yes, 1b line 35a, has the organization filed a Form 990-T for the year? If Yes, 2 provide an explanation in Schedule 0.  Vas the organization a section 501(c)(4), 501(c)(6) or 501(c)(6) or 301(c)(6) or 301(c	35 a		350		v
c Was the organization a section 501(c)(4), 501(c)(6), 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.  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete space applicable parts of Schedule N.  37 a Enter amount of political expenditures, clinect or indirect, as described in the instructions ▶ 37a	b				^
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  35c		· · · · · · · · · · · · · · · · · · ·	1002		
during the year? If "Yes," completes applicable parts of Schedule N 37 a			35c		Х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  ▶ 137 a   37 b	36				
b D bit the organization file Form 1120-POL for this year?  8a D lid the organization forms 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 tax year covered by this return?  b If "Yes," complete Schedule L, Part II and enter the total amount involved.  3b Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9, for public use of club facilities.  3ga   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under, section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 4914 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4915 ▶ section 4916 Norganizations. Enter amount of tax imposed on any of its prior Forms 890 or 990-EZ? If "Yes," complete Schedule L, Part II		during the year? If "Yes," complete applicable parts of Schedule N	36		X
Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?    But   Fee, complete Schedule L, Part I and enter the total amount involved.   38b   38   38   38   38   38   38   3			ļ		
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38   X   X    b   f"Yes," complete Schedule L, Part II and enter the total amount involved   38b    38   Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9   39a    b   Gross receipts, included on line 9, or public use of club facilities   39b    d   Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   section 4911   \$\infty\$   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 on any official prior Forms 990 or 990-EZ?   *\infty\$   section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or discussified 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   fives   section 4912   section 4910(a) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization by boths are in care of   *\infty\$ HENRY DECLERCQ   Telephone no.   \$\infty\$   307-856-1373    1 Located at   404 4, 8, BROADWAY   City, RIVERTON   ST   W   ZIP 4   \$\infty\$   \$\infty		•	37b		_ X
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39 Section 501(c)(7) organizations. Enter: a Intiation fees and capital contributions included on line 9. b Gross receipts, included on line 9, for public use of club facilities  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 did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of any of its prior Forms 990 or 980-EZZ in lieu of Excess page in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction of the prior year that has not been reported on any of its prior Forms 990 or 980-EZZ (be enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, "complete Form 8886-T.  List the states with which a copy of this return is filled by the organization of the prior transaction? If Yes, "onely the name of the foreign country (such as a bank account, securities account, or other financial account)?  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.  At any time during the calendar year, did the organization maintain any office outside the U.S.?  At any time during the calendar year, did the organization maintain any office outside the U.S.?  At any time during the calendar year, did the organization maintain any office outside the U.S.?  At any time during the calendar year, did the organization	ь		30a		<u> </u>
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 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-EZ (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 organizations. Enter amount of tax on line 40c reimbursed by the organization. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization is filed ▶  1 List the states with which a copy of this return is filed ▶  1 List the states with which a copy of this return is filed ▶  1 Located at ▶ 404 S. BROADWAY City. RIVERTON ST. WY ZIP 44 ▶ 82501  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)? 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 the U.S.?  If "Yes," enter the name of the foreign country: ▶  3 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  2 Did the organization neceive any payments for indoor tanning services durin		· · · · · -			
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶    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 and prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	b	Gross receipts, included on line 9, for public use of club facilities	]		
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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. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed ▶  Located at ▶ 404 S. BROADWAY City RIVERTON ST WY ZIP +4 ▶ 82501  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)? 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 the U.S.?  If "Yes," enter the name of the foreign country: ▶  3 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.  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization of Form 990-EZ.  c Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of Form 990-EZ.  Did the organization of			40h	1	×
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  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	С		105	<del>                                     </del>	<del>  ^-</del>
4955, and 4958.  d Section 501c(x)(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.  40		· · · · · · · · · · · · · · · · · · ·			
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.  41 List the states with which a copy of this return is filed ▶  42 a The organization's books are in care of ▶ HENRY DECLERCQ Telephone no. ▶ 307-856-1373 Located at ▶ 404 S. BROADWAY City RIVERTON ST WY ZIP +4 ▶ 82501  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)? 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 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  44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  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.  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  44d		4955, and 4958			
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and enter the amount of tax-exempt interest received or accrued during the tax year.    Yes   No					_
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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)	45 a		45a		Х
Form 990-EZ (see instructions)	45 b	· · · · · · · · · · · · · · · · · · ·	1	<u> </u>	ŀ
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Form 9	90-EZ (2012) RIVERTON VOLUNTEER	R FIRE DEPARTMENT			86-02/48		Page 4
	•					Yes	No
46	Did the organization engage, directly or indirectly		ivities on behalf of or	n opposition			
	to candidates for public office? If "Yes," complete		<u> </u>	<u> </u>	. 46	<u> </u>	<u> </u>
Part	VI Section 501(c)(3) organizations on All section 501(c)(3) organizations m 50 and 51.		7-49b and 52, and	complete the table	s for line	s	
	Check if the organization used Sche	dule O to respond to ar	y question in this F	Part VI			
		····		······································		Yes	No
47	Did the organization engage in lobbying activitie year? If "Yes," complete Schedule C, Part II	s or have a section 501(h)	election in effect duri	ng the tax	47		
48	Is the organization a school as described in sect		s " complete Schedule	 .F	48		$\vdash$
49 a	Did the organization make any transfers to an ex	, , , , , , , ,	•		. 49a		
	If "Yes," was the related organization a section 5	-			. 49b		
50	Complete this table for the organization's five high	<del>-</del>	vees (other than office	ers, directors, trustees	and key		
	employees) who each received more than \$100						
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estim	ated amo	
Name	None	· · · · · · · · · · · · · · · · · · ·			1		
Title		Hr/WK 00					
Name							
Title		нг/w/к00			1		
Name							
Trtle		Hr/WK .00			<u>.</u>		
Name							
Title		Hr/WK .00					
Name			1				
Trtle	<del></del>	Hr/WK .00		<u> </u>	<u> </u>		
f	Total number of other employees paid over \$100		<b>&gt;</b>				
51	Complete this table for the organization's five his			o each received more	than		
	\$100,000 of compensation from the organization	n If there is none, enter "I	None "				<del></del>
	(a) Name and address of each independent contractor pake	d more than \$100,000	(b) Type of serv	ice (d	c) Compens	ation	
Name	None str						
City		ZIP					
Name							
City		ZIP					
Name							
City		ZIP					
Name City		ZIP	1				
Name		Δr_					
City		ZIP					
d	Total number of other independent contractors e		000	<u> </u>			
52	Did the organization complete Schedule A? Not	•		a)(1)			
	nonexempt charitable trusts must attach a comp				► X Y	es 🗀	No
Under	penalties of perjury, I declare that I have examined this return, ii	ncluding accompanying schedules	and statements and to the	best of my knowledge and b	ekef.rtis		<del></del>
	prect, and complete Declaration of preparer (other than officer)		·	•	oo.,o		
	Tell House			1-14	-14		
Sign Here		n Fire Chief		Date			
	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature	Date	Check X	PTIN		
	Gerald A. Yennie	sered of	Smuc 12	/16/2013 self-employed	P0097		
	Only Fim's name Geraid A Terinie		·	Firm's EIN ► 8	3-024748	5	
	Firm's address PO Box 361, Ninneai,			Phone no 30	07-857-42	41	
May t	the IRS discuss this return with the preparer show	vn above? See instructions			▶	es 🗀	No

### 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

20**12** 

Open to Public

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► See separate

► See separate instructions.

ns. Inspection
Employer identification number

Name of the organization 86-0274861 RIVERTON VOLUNTEER FIRE DEPARTMENT Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III—Functionally integrated d Type III—Non-functionally integrated a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? . . . . . . 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). (iv) is the organization (iii) Type of organization (v) Did you notify (i) Name of supported (ii) EIN (vi) is the (vii) Amount of monetary (described on lines 1-9 organization in col (i) listed in your the organization in omanization in col support governing document? col (i) of your support? (I) organized in the above or IRC section (see instructions)) 1152 Yes Yes Yes No No (A) (B) (C) (D) (E)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Caler	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")					88,091	88,091
2	Tax revenues levied for the organization's			'			
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the				ļ	j	
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	88,091	88,091
5	The portion of total contributions by each	į					
	person (other than a governmental unit						
	or publicly supported organization)	ļ				ļ	
	included on line 1 that exceeds 2%				i		
	of the amount shown on line 11,					1	
_	column (f)						
6	Public support. Subtract line 5 from line 4						88,091
	ion B. Total Support Idar year (or fiscal year beginning in)	(=) 2000	(h) 2000	(2) 0040	(4) 2044	(-) 0040	(D. Tatal
		(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	0	0	0	0	88,091	88,091
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar					]	•
_	SOURCES				<del></del>		0
9	Net income from unrelated business	1					
	activities, whether or not the business is						0
10	regularly carried on						0
10	loss from the sale of capital assets						
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10		· · · · · · · · · · · · · · · · · · ·	,			88,091
12	Gross receipts from related activities, etc. (se	e instructions)				12	00,091
13	First five years. If the Form 990 is for the org						<del></del>
	organization, check this box and stop here						▶□
Sect	ion C. Computation of Public Support		• • • • • • •				<u> </u>
14	Public support percentage for 2012 (line 6, co		d by line 11 co	lump (ft)		14	100 00%
15	Public support percentage from 2011 Schedu					15	100.00%
16a	33 1/3% support test—2012. If the organization						
	and stop here. The organization qualifies as						▶[X]
b	33 1/3% support test—2011. If the organization						
-	box and stop here. The organization qualifier						
17a	10%-facts-and-circumstances test—2012.		_				
	is 10% or more, and if the organization meets						n
	Part IV how the organization meets the 'facts						
	_			•	•	, , ,	- □
b	10%-facts-and-circumstances test—2011.	If the organizati	on did not chec	k a box on line	13 16a 16b c	or 17a and line	🕨 🗀
-	15 is 10% or more, and if the organization me						ain in
	Part IV how the organization meets the "facts						
	supported organization						▶□
18	Private foundation. If the organization did no						
10	instructions	JULI LEUN A DUX (	лініе IS, IOA,	100, 17a, 0f 17	u, crieck this b	ox and see	_ [
						<u> </u>	· · · <b>&gt;</b> [

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m 990 or 990-EZ) 2012 RIVERTON VOLUNTEER FIRE DEPARTMENT
Support Schedule for Organizations Described in Section 509(a)(2)

6	If the organization fails to qualify u	nder the tests	noted bolow,	picace comp	icte i ait ii.j	<del></del>	
	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received (Do not include any "unusual grants.")						C
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose						<u>C</u>
3	Gross receipts from activities that are not an						_
	unrelated trade or business under section 513 .					<del></del>	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						C
5	The value of services or facilities						<del>_</del>
	furnished by a governmental unit to the		1			j	
	organization without charge						
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						C
b	Amounts included on lines 2 and 3 received		Į				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		i			+	_
	amount on line 13 for the year	0	0	0	0	0	0
8	Public support (Subtract line 7c from	<u> </u>		- U	·····	<u> </u>	
Ü	line 6.).		İ				C
Sec	tion B. Total Support	LL		<del></del>		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	o	o	o	o	ol	C
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						C
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business		1				
	activities not included in line 10b, whether or not the business is regularly carried on		1				
12	Other income Do not include gain or						
	loss from the sale of capital assets		į				
	(Explain in Part IV)						C
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	0	0	o	C
		ation's first, secon	d, third, fourth, o	or fifth tax year as	s a section 501(c	)(3)	
14	First five years. If the Form 990 is for the organization						▶ _
	organization, check this box and stop here			<del></del>		<del></del>	
Sec	organization, check this box and stop here tion C. Computation of Public Support	Percentage			· · · · · · · · · · · · · · · · · · ·		
<u>Sec</u>	organization, check this box and stop here	Percentage (f) divided by line	: 13, column (f)) .			15	0.00%
<u>Sec</u> 15 16	organization, check this box and stop here  tion C. Computation of Public Support Public support percentage for 2012 (line 8, column Public support percentage from 2011 Schedule A,	Percentage (f) divided by line Part III, line 15.	e 13, column (f)) .			15 16	0.00%
Sec 15 16 Sec	organization, check this box and stop here  tion C. Computation of Public Support Public support percentage for 2012 (line 8, column Public support percentage from 2011 Schedule A, tion D. Computation of Investment Inco	Percentage (f) divided by line Part III, line 15. Dime Percenta	: 13, column (f)) . 	<u> </u>		16	0 00%
Sec 15 16 Sec 17	tion C. Computation of Public Support Public support percentage for 2012 (line 8, column Public support percentage from 2011 Schedule A, tion D. Computation of Investment Inco Investment income percentage for 2012 (line 10c,	Percentage (f) divided by line Part III, line 15. Dime Percenta column (f) divided	e 13, column (f)) . 	mn (f))		17	0 00%
Sec 15 16 Sec 17	tion C. Computation of Public Support Public support percentage for 2012 (line 8, column Public support percentage from 2011 Schedule A, tion D. Computation of Investment Inco Investment income percentage from 2012 (line 10c, Investment income percentage from 2011 Schedule	Percentage (f) divided by line Part III, line 15. Dime Percenta column (f) divided e A, Part III, line	e 13, column (f))	mn (f))		16 17 18	0 00%
Sec 15 16 Sec 17	tion C. Computation of Public Support Public support percentage for 2012 (line 8, column Public support percentage from 2011 Schedule A, tion D. Computation of Investment Inco Investment income percentage from 2012 (line 10c, Investment income percentage from 2011 Schedule 33 1/3% support tests—2012. If the organization	Percentage (f) divided by line Part III, line 15. Dime Percenta column (f) divided e A, Part III, line 1 did not check the	e 13, column (f))	mn (f))		16 17 18 and line 17 is	0 00%
Sec 15 16 Sec 17	tion C. Computation of Public Support Public support percentage for 2012 (line 8, column Public support percentage from 2011 Schedule A, tion D. Computation of Investment Inco Investment income percentage from 2012 (line 10c, Investment income percentage from 2011 Schedule	Percentage (f) divided by line Part III, line 15.  DIMPERIOR Percenta column (f) divided e A, Part III, line 1 did not check the ere. The organiza	e 13, column (f))	mn (f))	re than 33 1/3%	17   18   and line 17 is	0 00%

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)	<u>*</u>
· · · · · · · · · · · · · · · · · · ·	instructions).	_
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# SCHEDULE N

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 Attach certified copies of any articles of dissolution, resolutions, or plans.
 Attach to Form 990 or 990-EZ.

1545-0047	12
OMB No	20

Open to Public Inspection

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line Employer Identification number 86-0274861 I am altitude of the shape it will be seen as RIVERTON VOLUNTEER FIRE DEPARTMENT Name of the organization

	(g) IRC section of recipient(s) (if tax-exempt) or type of entry							Yes No
	(f) Name and address of recipient							
	(e) EiN of recipient							
	(d) Method of determining FMV for asset(s) distributed or transaction expenses							
ace is needed.	(c) Fair market value of asset(s) distributed or amount of transaction expenses							
if additional sp	(b) Date of distribution							
36. Part I can be duplicated if additional space is	(a) Description of asset(a) distributed or transaction expenses paid							
	4-			,		:		

Did or will any officer, director, trustee, or key employee of the organization	Become a director or trustee of a successor or transferee organization?
	Ø

- Become an employee of, or independent contractor for, a successor or transferee organization?
- - Become a direct or indirect owner of a successor or transferee organization?
- Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. HTA

Schedule N (Form 990 or 990-EZ) (2012)

**2**p 2 2age Z

£ ax-exempt) or type (g) IRC section of recipient(s) (if Yes of entity Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization **9 2**p **4 6**a 4 S . (f) Name and address of recipient answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III. (e) EIN of recipient Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III 6 a Did the organization have any tax-exempt bonds outstanding during the year? asset(s) distributed or determining FMV for transaction expenses Become an employee of, or independent contractor for, a successor or transferee organization? Did the organization discharge or pay all of its liabilities in accordance with state laws?. (c) Fair market value of Did or will any officer, director, trustee, or key employee of the organization asset(s) distributed or amount of transaction Become a director or trustee of a successor or transferee organization? Liquidation, Termination, or Dissolution (continued) (b) Date of distribution If "Yes," did the organization provide such notice? (Total liabilities), should equal -0-. (a) Description of asset(s) distributed or transaction expenses paid Part II Part I م က S

Schedule N (Form 990 or 990-EZ) (2012)

잃밇

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

Become a direct or indirect owner of a successor or transferee organization?

**0** 0

Schedule N (F	orm 990 or 990-EZ) (2012	) RIVERTON VC	LUNTEER FIRE DE	PARTMENT		86-0274861	Page 3
Part III	Supplemental I				required by Part I,	lines 2e and 6c, a	and Part
	II. line 2e. Also	complete this pa	rt to provide any	additional informa	ation.		
					·		
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### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public

Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization

Inspection Employer identification number

RIVERTON VOLUNTEER FIRE DEPARTMENT	86-0274861
Form 990-EZ, Part I, Line 16, Other Expenses PROGRAM SERVICES - EDUCATION & TRAININ	
Form 990-EZ, Part I, Line 16, Other Expenses PROGRAM SERVICES - FIRE PROTECTION: 32,	

Common of the Lety (Lotte)		raye Z
Name of the organization	Employer identification number	
RIVERTON VOLUNTEER FIRE DEPARTMENT	86-0274861	_
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