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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2014**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Petersburg Volunteer Fire Department
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 75
City or town, state or province, country, and ZIP or foreign postal code
Petersburg, Alaska 99833

D Employer identification number
92-0152454

E Telephone number
907-772-3355

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other

L 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **72,635**

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															1	6,383										
	2	Program service revenue including government fees and contracts															2											
	3	Membership dues and assessments															3											
	4	Investment income															4	121										
	5a	Gross amount from sale of assets other than inventory															5a											
	b	Less: cost or other basis and sales expenses															5b											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)															5c	0										
	6	Gaming and fundraising events																										
Expenses	a	Gross income from gaming (attach Schedule G if greater than \$15,000)															6a	63,559										
	b	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	785										
	c	Less: direct expenses from gaming and fundraising events															6c	36,603										
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)															6d	27,741										
	7a	Gross sales of inventory, less returns and allowances															7a	791										
	b	Less: cost of goods sold															7b	239										
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															7c	552										
	8	Other revenue (describe in Schedule O)															8	996										
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															9	35,793										
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)															10	2,000									
11		Benefits paid to or for members															11	4,388										
12		Salaries, other compensation, and employee benefits															12											
13		Professional fees and other payments to independent contractors															13	660										
14		Occupancy, rent, utilities, and maintenance															14											
15		Printing, publications, postage, and shipping															15											
16		Other expenses (describe in Schedule O)															16	5,750										
17		Total expenses. Add lines 10 through 16															17	12,798										
18	Excess or (deficit) for the year (Subtract line 17 from line 9)															18	22,995											
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	74,727											
20	Other changes in net assets or fund balances (explain in Schedule O)															20												
21	Net assets or fund balances at end of year. Combine lines 18 through 20															21	97,722											

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	74,727	97,722
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	74,727	97,722
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,727	97,722

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

Expenses

What is the organization's primary exempt purpose? See Schedule O, Attachment B

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	See Schedule O, Attachment B		
29	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
30	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
31	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☒

[illegible]

Part 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 ☒

	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	✓
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	✓
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	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c 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	35c	✓
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		
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 tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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), 501(c)(4), and 501(c)(29) 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	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	✓
41 List the states with which a copy of this return is filed ► <u>Alaska</u>		
42a The organization's books are in care of ► <u>Athena Haley</u> Telephone no. ► <u>907-772-3355</u> Located at ► <u>PO Box 75 Petersburg, Alaska</u> ZIP + 4 ► <u>99833</u>		
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: ►	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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: ►	42c	✓
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	<input type="checkbox"/>
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
b 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	✓

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

- b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		<input checked="" type="checkbox"/>

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

(a) Name and title of each employee	(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) Estimated amount of other compensation
None				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

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

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A. ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, current, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Athena Haley</u>		Date <u>5/11/2015</u>
	Type or print name and title <u>Athena Haley, PVFD Treasurer</u>		
Paid Preparer Use Only	Print preparer's name <u>Billie Jo Gehring</u>	Preparer's signature <u>[Signature]</u>	Date <u>5/12/15</u>
	Firm's name	Firm's EIN	Check <input checked="" type="checkbox"/> if self-employed PTIN
	Firm's address	Phone no	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Petersburg Volunteer Fire Department

Employer identification number

92-0152454

Part I 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)**.
- 4 ☐ 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:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,124	4,320	5,564	7,079	6,383	28,470
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	26,736	39,953	49,390	47,469	65,135	228,683
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	31,860	44,273	54,954	54,548	71,518	257,153
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						257,153

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	31,860	44,273	54,954	54,548	71,518	257,153
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39	7	53	10	121	230
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	39	7	53	10	121	230
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	31,899	44,280	55,007	54,558	71,639	257,383
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Petersburg Volunteer Fire Department

Employer identification number

92-0152454

Part I, Line 6 - See Attachment A

Part I, Line 8 - See Attachment A

Part I, Line 10 - See Attachment A

Part I, Line 11 - See Attachment A

Part I, Line 16 - See Attachment A

Part III - See Attachment B

Part IV - See Attachment C

Schedule O, Attach A

Special Events and Activities - Line 6

Division	Description	Revenues	Expenses
Fire/EMS Training & Safety Seminars	See Schedul O, Attachment B		12,734.00
Safety Related Events and Programs	See Schedule O, Attachment B	470 00	3,127.00
Community Events	See Schedule O, Attachment B	315 00	1,284.00
Total Special Event/Activities		785.00	17,145.00

Line 8 - Other Revenues:

<u>Revenue Source</u>	<u>Description</u>	<u>Amount</u>
ASFA	Reimbursement of ASFA Raffle	300.00
Sara Garcia	Reimbursement of Perdiem	696.00
Total Other Revenues		996.00

Schedule O, Attach A

Form 990, Part 1, Line 10 - Grants Paid

<u>Name</u>	<u>Description</u>	<u>Amount</u>
Tyler Wallace	Scholarship	1000
Patricia Jackson	Scholarship	1000
Total		<u><u>2000</u></u>

Schedule O, Attach A

Form 990, Part 1, Line 11 - Direct Aid to Members

<u>Member</u>	<u>Description</u>	<u>Amount</u>
Apollo Medivac Insurance	Insurance	4,388.00
Total		<u><u>\$4,388.00</u></u>

Schedule O, Attach A

Line 16 - Other Expenses:

Expense	Description	Amount
<hr/>		
<hr/>		
Miscellaneous Expenses		
	Food/Beverages	0.00
	Member Dues	500.00
	Fees and Registration	550
	Office Supplies	1,864.00
	Miscellaneous Station Expenses	2836
<hr/>		
Total Other Expenses		<u>5,750.00</u>

Schedule O, Attachment B

990 Part III, Statement of Program Services Accomplishments

Primary Exempt Purpose:

"To serve members in the community through professionalism and leadership thereby enhancing Fire, Emergency Medical, and Search and Rescue Services in the City of Petersburg. In addition, the Association shall serve to promote good will in the community and the State of Alaska"

Program Service Accomplishments:

Fire/EMS Training and Safety Seminars - Expenses 12,734.00

The Petersburg VFD (association) sends members to annual fire and EMS training conferences around the state to train obtain the latest certifications on fire and EMS. The association sends six to eight members to the ASFA/AFCA Fire training conference for five days of training each year. The association also sends 4-8 members to the Southeast Region Emergency Medical Services (SEREMS) for 2 to 4 days of training each year. The association pays for per diem and/or registration and costs of travel for each of these training events and these activities benefit the entire community. There is other training that is considered by the association including CPR, Avalanche, and other fire/EMS related training.

Safety related events and programs - Expenses 3,127.00

Learn not to Burn Program held during Fire Prevention Week. Volunteer firefighters show videos, provide demonstrations, and distribute materials to 10 elementary school classes over the course of 3 days. There are approximately 15 to 25 volunteer hours, including prep time, depending on the number of volunteers.

Early Childhood Education Fair is held bi-annually. Volunteer members take a fire engine and ambulance to the fair for children to be able to tour the vehicles and learn how and why things work during an emergency. Handouts and trinkets are distributed. There are approximately 6 volunteer hours, including prep time, depending on the number of volunteers.

Junior Firefighter program was established for high school students. Training occurs approximately one night per week during the school year. Junior firefighters may respond to calls and are given fire safety related tasks within established guidelines.

Community Events - Expenses 1,284.00

Community activity night held each year to provide information to families regarding preparedness and emergencies. Also, children are given an opportunity to learn and try skills used in firefighting (obstacle course, thermal imager use, emergency medical services, and CPR/First Aid), and search and rescue rope skills. Approximately 30 volunteer hours depending on prep time and number of volunteers.

Booths are held on Main street during Mayfest and 4th of July to provide information to families regarding preparedness and emergencies. Another booth is held during Health Fair every two years. Volunteer members man the booths. Approximately 10 to 32 volunteer hours per booth depending on the number of volunteers and prep time.

The Sign program was initiated to install reflective house numbers in order to be able to locate addresses when responding to an emergency. Time spent is approximately one hour per sign. There is a \$20 fee charged to help cover any material costs. Installation time is donated by the volunteers.

Attachment C - Officers and Boards

OFFICERS

Name	Title	Mailing Address	Annual Compensation	Qualifications	Avg Hours Worked
Sara Garcia	President	PO Box 75 Petersburg, AK 99833		Past Pres/ Vol Firefighter	3 hours/week
Joseph Bertagnoli	Vice President	PO Box 75 Petersburg, AK 99833		Volunteer Member	3 hours/week
Rexanne Stafford	Secretary	PO Box 75 Petersburg, AK 99833		Bookkeeping and secretarial work	3 hours/week
Athena Haley	Treasurer	PO Box 75 Petersburg, AK 99833		Finance	3 hours/week