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## 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)

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

## C Name of organization Berlin Volunteer Fire Department

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

338 Paine Turnpike North

City, town or country

State ZIP code + 4

Berlin

VT 05602

## F Name and address of principal officer

Keith Van Iderst 338 Paine Turnpike North Berlin VT 05602

## D Employer Identification Number

03-0316384

## E Telephone number

(802) 223-5531

G Gross receipts \$ 214,259.

H(a) Is this a group return for affiliates?

Yes ☐ No ☒

H(b) Are all affiliates included?

Yes ☐ No ☐

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

## J Website: N/A

H(c) Group exemption number

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

L Year of Formation 1957

M State of legal domicile VT

## Part I Summary

Activities &amp; Governance

Expenses

Net Assets or Fund Balances

1 Briefly describe the organization's mission or most significant activities Volunteer Fire Department

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

3 11

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 11

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5

6 Total number of volunteers (estimate if necessary)

6 35

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0.

b Net unrelated business taxable income from Form 990-T, line 34

7b

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

142,448. 165,333.

9 Program service revenue (Part VIII, line 2g)

11,493. 8,738.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

6,542. 240.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8g, 9c, 10c, and 11e)

5,415. 39,948.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

165,898. 214,259.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), lines 4-6)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

75.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

318,005. 328,236.

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

318,005. 328,236.

19 Revenue less expenses. Subtract line 18 from line 12

-152,107. -113,977.

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

1,003,415. 896,013.

21 Total liabilities (Part X, line 26)

36,907. 43,482.

22 Net assets or fund balances Subtract line 21 from line 20

966,508. 852,531.

## Part II Signature Block

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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign  
Here

Signature of officer

Date 5/7/2013

Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if

PTIN

Lee A. White CPA, PFS, CFP

Lee A. White CPA

05/03/13

self-employed

P00750923

Firm's name WHITE &amp; ASSOCIATES, INC.

Firm's address 86 SUMMER STREET

BARRE

VT 05641

Firm's EIN 04-3366373

Phone no (802) 476-6191

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

Form 990 (2011)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:Volunteer Fire Department**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 326,883. including grants of \$ 0.) (Revenue \$ 174,071.)Provide fire and emergency protection to visitors and residents of the Town of Berlin, Vermont and mutual aid services throughout central Vermont.**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services. (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 326,883.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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,' complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2011)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0		
<b>1 b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
<b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.			
<b>4 a</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)?			X
<b>b</b> If 'Yes,' enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?			X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
<b>c</b> Enter the amount of reserves on hand.	13c		
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?			X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.			

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	<b>11</b>	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>11</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers of key employees of the organization	<b>15b</b>	<b>X</b>
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ \_\_\_\_\_

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization

• Scott Bagg 338 Paine Turnpike N. Berlin, VT 05602 (802) 223-5600

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>Scott Bagg</u> Board Member	40.00	X						0.	0.	0.
(2) _____										
(3) _____										
(4) _____										
(5) _____										
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
<b>1 b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ☐

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ☐

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1a Federated campaigns	1a				
	b Membership dues	1b	269.			
	c Fundraising events	1c	3,205.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	161,859.			
	g Noncash contributions included in lns 1a-1f \$					
	h Total. Add lines 1a-1f		165,333.			
<b>PROGRAM SERVICE REVENUE</b>	2a Customer invoices	Business Code 900099	8,738.	8,738.	0.	0.
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		8,738.			
	<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)		240.	0.	0.
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real 223.				
b Less rental expenses						
c Rental income or (loss)		223.				
d Net rental income or (loss)			223.	223.	0.	0.
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 3,205. of contributions reported on line 1c). See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a Insurance Refunds	900099	20,894.	20,894.	0.	0.	
b Miscellaneous Income	900099	12,127.	12,127.	0.	0.	
c Hazmat Calls	900099	1,305.	1,305.	0.	0.	
d All other revenue		5,399.	5,399.	0.	0.	
e Total. Add lines 11a-11d		39,725.				
12 Total revenue. See instructions		214,259.	48,686.	0.	240.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	775.	0.	775.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,396.	1,396.	0.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,076.	2,076.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	158,689.	158,689.	0.	0.
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Annual Dinner Expense	503.	0.	503.	0.
b Building Maintenance	4,659.	4,659.	0.	0.
c Communications	3,419.	3,419.	0.	0.
d Dispatch	22,567.	22,567.	0.	0.
e All other expenses	134,152.	134,077.	0.	75.
25 Total functional expenses. Add lines 1 through 24e	328,236.	326,883.	1,278.	75.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing	30,871.	1	13,164.
	2 Savings and temporary cash investments	22,341.	2	10,866.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,197.	4	3,710.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,430.	8	5,430.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,250,595.		
	b Less: accumulated depreciation	10b 1,387,752.	941,576.	10c 862,843.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		1,003,415.	16	896,013.
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	36,907.	24	43,482.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25		36,907.	26
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	966,508.	27	852,531.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	966,508.	33	852,531.
	34 <b>Total liabilities and net assets/fund balances</b>	1,003,415.	34	896,013.

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Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	214,259.
2	Total expenses (must equal Part IX, column (A), line 25)	2	328,236.
3	Revenue less expenses Subtract line 2 from line 1	3	-113,977.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	966,508.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	852,531.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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Form 990 (2011)

**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. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization

Berlin Volunteer Fire Department

Employer identification number

03-0316384

**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 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I
  - b ☐ Type II
  - c ☐ Type III — Functionally integrated
  - d ☐ Type III — Other
- e ☐ 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)**.
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h 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 in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants'.)	285,164.	193,567.	155,148.	142,448.	165,333.	941,660.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	8,286.	51,918.	24,675.	16,908.	48,686.	150,473.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	293,450.	245,485.	179,823.	159,356.	214,019.	1,092,133.
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						1,092,133.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	293,450.	245,485.	179,823.	159,356.	214,019.	1,092,133.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,855.	3,532.	519.	483.	240.	17,629.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,109,762.
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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.41 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2011. 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2010. 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 <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

**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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

**19a 33-1/3% support tests – 2011.** 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 – 2010.** 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. ▶ ☐



## Part IV

**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)

[illegible]

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Employer identification number

Berlin Volunteer Fire Department

03-0316384

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		808,371.	135,107.	673,264.
c Leasehold improvements				
d Equipment		1,359,499.	1,199,215.	160,284.
e Other		82,725.	53,430.	29,295.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				862,843.

BAA

Schedule D (Form 990) 2011

**Part VII** Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total (Column (b) must equal Form 990 Part X, column (B) line 12)		

**Part VIII** Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		

**Part IX** Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, column (B), line 15)	

**Part X** Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV )	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2 a	
b	Donated services and use of facilities	2 b	
c	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIV )	2 d	
e	Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIV )	4 b	
c	Add lines 4a and 4b		4 c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )		5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
c	Other losses	2 c	
d	Other (Describe in Part XIV )	2 d	
e	Add lines 2a through 2d		2 e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIV )	4 b	
c	Add lines 4a and 4b		4 c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )		5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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## Part XIV Supplemental Information (continued)

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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.



Name of the organization

Employer identification number

Berlin Volunteer Fire Department

03-0316384

Pt VI, Line 7a Yes the stockholders elect the governing body.

Pt VI, Line 7b Decisions of the governing body is subject to approval by members.

Pt VI, Line 11a The accountant prepares the 990 and gives a copy to the governing body  
to review. After they review the 990 they sign it and mail it in.

Pt VI, Line 12c Any conflicts are noted at each meeting and dealt with at that time.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2011**Attachment  
Sequence No **179**

Name(s) shown on return

**Berlin Volunteer Fire Department**

Identifying number

**03-0316384**

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	<b>153,214.</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B — Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		5,428.	5.0 yrs	HY	200 DB	1,086.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property	10/11	13,095.	39 yrs	MM	S/L	238.
	02/12	11,937.	39.0yrs	MM	S/L	115.

**Section C — Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	<b>4,036.</b>
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	<b>158,689.</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost					
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25						
26 Property used more than 50% in a qualified business use													
New Truck	01/12/12	100.00	49,502.	49,502.	5.00	200 DB-HY	3,360.						
Laptop computer - Com	01/08/08	100.00	3,381.	3,381.	5.00	S/L-HY	676.						
27 Property used 50% or less in a qualified business use													
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	4,036.					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29						

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

## Form 4562

Berlin Volunteer Fire Department

## Depreciation and Amortization Report

Tax Year 2011

2011

Form 990 - / Form 990EZ

Keep for your records

03-0316384

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Snow Guards		09/29/11	1,500		100.00			1,500	5.00	200DB/HY		300
Windows		10/29/11	13,095		100.00			13,095	39.00	SL/MM		238
New Truck	A	01/12/12	49,502		100.00			49,502	5.00	200DB/HY		3,360
Windows		02/12/12	11,937		100.00			11,937	39.00	SL/MM		115
Equipment		03/31/12	2,985		100.00			2,985	5.00	200DB/HY		597
Digital Camera		03/31/12	200		100.00			200	5.00	200DB/HY		40
7 Pulse Ox's		04/17/12	413		100.00			413	5.00	200DB/HY		83
E-2 Folding Ladder		05/24/12	330		100.00			330	5.00	200DB/HY		66
SUBTOTAL CURRENT YEAR			79,962	0	0	0	0	79,962			0	4,799
28 8FT TABLES		07/01/05	2,000		100.00			2,000	7.00	200DB/HY	1,732	178
85 FOLDING CHAIRS		07/01/05	1,275		100.00			1,275	7.00	200DB/HY	1,104	114
MICROWAVE		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
17FT REFRIGERATOR		07/01/05	100		100.00			100	7.00	200DB/HY	87	9
GARLAND COMMERCIAL RANGE		07/01/05	1,200		100.00			1,200	7.00	200DB/HY	1,039	107
2 STAINLESS STEEL TABLES		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
2 SMOKECTER		07/01/05	400		100.00			400	7.00	200DB/HY	346	36
2 24" STEEL SHELVES		07/01/05	15		100.00			15	7.00	200DB/HY	13	1
3x5 STEEL SAFE		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
5FT METAL DESK		07/01/05	25		100.00			25	7.00	200DB/HY	22	2
BASE RADIO		07/01/05	100		100.00			100	5.00	200DB/HY	100	0
METAL CABINET		07/01/05	25		100.00			25	7.00	200DB/HY	22	2
SINGLE LOCKER		07/01/05	15		100.00			15	7.00	200DB/HY	13	1
CALIBRATION SKIT FOR MSA		07/01/05	100		100.00			100	7.00	200DB/HY	87	9
TOOL BOOKS		07/01/05	100		100.00			100	7.00	200DB/HY	87	9
1000 GAL HALE PUMP		07/01/05	1,000		100.00			1,000	7.00	200DB/HY	866	89
TIRES		07/01/05	400		100.00			400	5.00	200DB/HY	400	0
PATALLIE AIR COMPRESSOR		07/01/05	200		100.00			200	7.00	200DB/HY	173	18
BENCH		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
BATTERY CHARGER		07/01/05	150		100.00			150	7.00	200DB/HY	130	13
BENCH TOOL BOX		07/01/05	75		100.00			75	7.00	200DB/HY	65	7
LOCKERS		07/01/05	75		100.00			75	7.00	200DB/HY	65	7
7 LENGTHS OF 2 1/2" 50 FT		07/01/05	613		100.00			613	7.00	200DB/HY	531	55
150FT RUBBER HOSE 1 3/4"		07/01/05	60		100.00			60	7.00	200DB/HY	52	5
ROLL AROUND RACK FOR CHAIRS		07/01/05	25		100.00			25	7.00	200DB/HY	22	2
300 GAL PLASTIC WATER TANK		07/01/05	300		100.00			300	7.00	200DB/HY	260	27

Code: S = Sold, A = Auto, L = Listed, C = COGS

## Form 4562

Berlin Volunteer Fire Department

## Depreciation and Amortization Report

Tax Year 2011

2011

Form 990 - / Form 990EZ

► Keep for your records

03-0316384

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
16FT WOODEN LADDER		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
ROOF LADDER		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
28FT EXTENSION LADDER		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
WATER FILTER		07/01/05	1,200		100.00			1,200	7.00	200DB/HY	1,039	107
WET/DRY VAC		07/01/05	85		100.00			85	7.00	200DB/HY	74	8
ICE RESCUE BAGS - 2		07/01/05	1,528		100.00			1,528	7.00	200DB/HY	1,323	136
PERSONAL LIFE PRESERVERS		07/01/05	150		100.00			150	7.00	200DB/HY	130	13
COMPAQ EVO SFF		07/01/05	375		100.00			375	5.00	200DB/HY	375	0
PANASONIC TOUGHBOOK CF29		07/01/05	575		100.00			575	5.00	200DB/HY	575	0
GATEWAY DESKTOP		07/01/05	275		100.00			275	5.00	200DB/HY	275	0
DELL OPTIPLEX GX100		07/01/05	185		100.00			185	5.00	200DB/HY	185	0
DELL OPTIPLEX GX110		07/01/05	75		100.00			75	5.00	200DB/HY	75	0
COMPAQ DESKPRO SFF		07/01/05	100		100.00			100	5.00	200DB/HY	100	0
COMPAQ ARMADA LAPTOP P1		07/01/05	50		100.00			50	5.00	200DB/HY	50	0
HP LASERJET 4P W/ DUPLEXER		07/01/05	135		100.00			135	5.00	200DB/HY	135	0
HP OFFICEJET 7110		07/01/05	100		100.00			100	5.00	200DB/HY	100	0
HP DESKJET 600		07/01/05	25		100.00			25	5.00	200DB/HY	25	0
BROTHER MFC 4800 FAX		07/01/05	99		100.00			99	5.00	200DB/HY	99	0
COPYSTAR CS-1820 COPIER		07/01/05	599		100.00			599	5.00	200DB/HY	599	0
DELL 3200MP DLP PROJECTOR		07/01/05	575		100.00			575	5.00	200DB/HY	575	0
MANUAL MONITOR SWITCH WITH CABLES		07/01/05	25		100.00			25	5.00	200DB/HY	25	0
LINKSYS CABLE MODEM		07/01/05	35		100.00			35	5.00	200DB/HY	35	0
LINKSYS 8 PORT 10/100 HUB		07/01/05	20		100.00			20	5.00	200DB/HY	20	0
NETGEAR WIRELESS G ROUTER		07/01/05	35		100.00			35	5.00	200DB/HY	35	0
LINKSYS 4 PORT 10/100 HUB		07/01/05	13		100.00			13	5.00	200DB/HY	13	0
BAY NETWORK 24 PORT 100 BASE HUB		07/01/05	75		100.00			75	5.00	200DB/HY	75	0
MAINTENANCE SHOP - SMALL TOOLS		07/01/05	6,821		100.00			6,821	7.00	200DB/HY	5,908	609
HAZMAT TRAILERS		07/01/05	18,366		100.00			18,366	7.00	200DB/HY	15,907	1,639
ENGINE 4		07/01/05	32,709		100.00			32,709	7.00	200DB/HY	28,330	2,919
ENGINE 1		07/01/05	262,754		100.00			262,754	7.00	200DB/HY	227,579	23,450
LADDER TOWER		07/01/05	71,253		100.00			71,253	7.00	200DB/HY	61,714	6,359
RESCUE ONE		07/01/05	407,462		100.00			407,462	7.00	200DB/HY	352,914	36,365
BASE RADIOS - 2		07/01/05	4,000		100.00			4,000	7.00	200DB/HY	3,465	357
MOBILE RADIOS - 14		07/01/05	11,200		100.00			11,200	7.00	200DB/HY	9,701	1,000
PORTABLE RADIOS - 28		07/01/05	8,400		100.00			8,400	7.00	200DB/HY	7,275	750
PAGERS		07/01/05	8,600		100.00			8,600	7.00	200DB/HY	7,449	768
REEL LINE		07/01/05	95		100.00			95	7.00	200DB/HY	82	8

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## Form 4562

## Depreciation and Amortization Report

Berlin Volunteer Fire Department  
Form 990 - / Form 990EZ

Tax Year 2011

2011

Keep for your records

03-0316384

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
RESCUE STRETCHER		07/01/05	430		100.00			430	7.00	200DB/HY	372	38
3 LADDER BELTS		07/01/05	400		100.00			400	7.00	200DB/HY	346	36
6 DOUBLE STEEL PULLIES		07/01/05	210		100.00			210	7.00	200DB/HY	182	19
2 TELESCOPIC SCENE LIGHTS		07/01/05	640		100.00			640	7.00	200DB/HY	554	57
3 ORANGE STROBE LIGHTS		07/01/05	288		100.00			288	7.00	200DB/HY	249	26
LARGE SPANNER WRENCHES		07/01/05	120		100.00			120	7.00	200DB/HY	104	11
3 FEDERAL BEACON LIGHTS		07/01/05	252		100.00			252	7.00	200DB/HY	218	22
STREET HAWK LIGHT BAR		07/01/05	460		100.00			460	7.00	200DB/HY	398	41
3 LIGHT BAR LENSE REPLACEMENTS		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
3 SPANER WRENCH & HOLDER SETS		07/01/05	180		100.00			180	7.00	200DB/HY	156	16
2 SPANER HOLDERS		07/01/05	60		100.00			60	7.00	200DB/HY	52	5
30" HALLOGEN BAR		07/01/05	213		100.00			213	7.00	200DB/HY	184	19
HYDRANT WRENCH		07/01/05	30		100.00			30	7.00	200DB/HY	26	3
5 COMPLETE DRAGGER BREATHING SYSTEMS		07/01/05	2,000		100.00			2,000	7.00	200DB/HY	1,732	178
3 DRAGGER SPARE CYLINDERS		07/01/05	300		100.00			300	7.00	200DB/HY	260	27
PIKE POLES		07/01/05	125		100.00			125	7.00	200DB/HY	108	11
5 FLAT HEAD AXES		07/01/05	425		100.00			425	7.00	200DB/HY	368	38
LARGE WHEEL CHOCKS		07/01/05	196		100.00			196	7.00	200DB/HY	170	17
4" HOSE LENGTHS		07/01/05	1,080		100.00			1,080	7.00	200DB/HY	935	96
17 2 1/2" HOSE LENGTHS		07/01/05	1,230		100.00			1,230	7.00	200DB/HY	1,065	110
HONDA GENERATOR FRAME		07/01/05	100		100.00			100	7.00	200DB/HY	87	9
8 - 1 3/4" HOSE LENGTHS		07/01/05	520		100.00			520	7.00	200DB/HY	450	46
SEEDER/SPREADER		07/01/05	55		100.00			55	7.00	200DB/HY	48	5
WHEEL BARREL		07/01/05	80		100.00			80	7.00	200DB/HY	69	7
3 COLLAPSABLE STRETCHERS		07/01/05	300		100.00			300	7.00	200DB/HY	260	27
SMALL FOG NOZZLE		07/01/05	255		100.00			255	7.00	200DB/HY	221	23
FOG NOZZLE HEAD		07/01/05	80		100.00			80	7.00	200DB/HY	69	7
6 SMOOTH BOHR TIP NOZZLES		07/01/05	960		100.00			960	7.00	200DB/HY	831	86
8 FEMALE COUPLINGS		07/01/05	720		100.00			720	7.00	200DB/HY	624	64
6 DRESS FIRE HELMETS		07/01/05	120		100.00			120	7.00	200DB/HY	104	11
2 DOOR METAL LOCKER		07/01/05	75		100.00			75	7.00	200DB/HY	65	7
SIAMESE VALVE		07/01/05	500		100.00			500	7.00	200DB/HY	433	45
2 WYE VALVES		07/01/05	400		100.00			400	7.00	200DB/HY	346	36
BATTERY CONDITIONER		07/01/05	300		100.00			300	5.00	200DB/HY	300	0
6 KENWOOD PORTABLE BATTERY CHARGERS		07/01/05	240		100.00			240	5.00	200DB/HY	240	0
4 KENWOOD BATTERIES		07/01/05	320		100.00			320	5.00	200DB/HY	320	0
PHONE SYSTEM W/ 11 PHONES		07/01/05	3,500		100.00			3,500	5.00	200DB/HY	3,500	0

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## Form 4562

Berlin Volunteer Fire Department

## Depreciation and Amortization Report

Tax Year 2011

2011

Form 990 - / Form 990EZ

Keep for your records

03-0316384

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
TOUGHBOOKS LAPTOP		07/01/05	4,200		100.00			4,200	5.00	200DB/HY	4,200	0
COMPAQ COMPUTER		07/01/05	450		100.00			450	5.00	200DB/HY	450	0
COPYSTAR C5-1820 COPIER		07/01/05	959		100.00			959	5.00	200DB/HY	959	0
HP LASERJET 4PLUS PRINTER		07/01/05	1,400		100.00			1,400	5.00	200DB/HY	1,400	0
2 OFFICE CHAIRS		07/01/05	80		100.00			80	7.00	200DB/HY	69	7
MSA ORLON MULTIGAS DETECTOR		07/01/05	3,924		100.00			3,924	5.00	200DB/HY	3,924	0
BROTHER P-TOUCH LABELMAKER		07/01/05	40		100.00			40	5.00	200DB/HY	40	0
GAS TECH GT-2400 MULTI GAS DETECTOR		07/01/05	2,200		100.00			2,200	5.00	200DB/HY	2,200	0
UTILITRONICS GAS MONITOR - PROPANE		07/01/05	1,575		100.00			1,575	5.00	200DB/HY	1,575	0
OC SENSOR CALIBRATION KIT		07/01/05	150		100.00			150	5.00	200DB/HY	150	0
DUCK LAMINATING HEAT SEALER		07/01/05	75		100.00			75	5.00	200DB/HY	75	0
CASIO LABEL IT		07/01/05	40		100.00			40	5.00	200DB/HY	40	0
DELL OPTIPLEX COMPUTER		07/01/05	450		100.00			450	5.00	200DB/HY	450	0
HP DESKJET 600 PRINTER		07/01/05	75		100.00			75	5.00	200DB/HY	75	0
BEARCAT 200 SCANNER		07/01/05	100		100.00			100	5.00	200DB/HY	100	0
NEPA FIRE CODES		07/01/05	800		100.00			800	5.00	200DB/HY	800	0
METAL DESK		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
3 DRAWER METAL FILE CABINET		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
KENWOOD 790 VHF RADIO		07/01/05	2,000		100.00			2,000	5.00	200DB/HY	2,000	0
3 SHELF BOOKCASE		07/01/05	40		100.00			40	7.00	200DB/HY	35	4
17 METAL FOLDING CHAIRS		07/01/05	204		100.00			204	7.00	200DB/HY	177	18
4 18"x72" FOLDING TABLES		07/01/05	200		100.00			200	7.00	200DB/HY	173	18
CONFERENCE TABLE		07/01/05	150		100.00			150	7.00	200DB/HY	130	13
14 CHAIRS		07/01/05	350		100.00			350	7.00	200DB/HY	303	31
METAL DESK TREASURER'S OFFICE		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
2 WORKSTATIONS		07/01/05	150		100.00			150	7.00	200DB/HY	130	13
4 DRAWER FILE CABINET		07/01/05	75		100.00			75	7.00	200DB/HY	65	7
5 DRAWER FILE CABINET		07/01/05	75		100.00			75	7.00	200DB/HY	65	7
SHARP CALCULATOR		07/01/05	50		100.00			50	5.00	200DB/HY	50	0
HP SCANNER/FAX/PRINTER		07/01/05	350		100.00			350	5.00	200DB/HY	350	0
2 CHAIRS		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
GATEWAY COMPUTER		07/01/05	300		100.00			300	5.00	200DB/HY	300	0
TOASTER		07/01/05	10		100.00			10	5.00	200DB/HY	10	0
KENMORE MICROWAVE OVEN		07/01/05	100		100.00			100	5.00	200DB/HY	100	0
CROSLEY GAS RANGE		07/01/05	450		100.00			450	5.00	200DB/HY	450	0
GE DISHWASHER		07/01/05	250		100.00			250	5.00	200DB/HY	250	0
KENMORE REFRIGERATOR		07/01/05	250		100.00			250	5.00	200DB/HY	250	0

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## Form 4562

Berlin Volunteer Fire Department  
Form 990 - / Form 990EZ

## Depreciation and Amortization Report

Tax Year 2011

2011

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03-0316384

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation
KITCHEN CABINETS		07/01/05	1,500		100.00			1,500	7.00	200DB/HY	1,299	134
KITCHEN TABLE & BENCHES		07/01/05	250		100.00			250	7.00	200DB/HY	217	22
27" TV		07/01/05	150		100.00			150	5.00	200DB/HY	150	0
EMERSON VCR		07/01/05	75		100.00			75	5.00	200DB/HY	75	0
TOSHIBA DVD		07/01/05	100		100.00			100	5.00	200DB/HY	100	0
METAL TV CART		07/01/05	100		100.00			100	7.00	200DB/HY	87	9
2 COUCHES		07/01/05	600		100.00			600	7.00	200DB/HY	520	54
2 RECLINERS		07/01/05	300		100.00			300	7.00	200DB/HY	260	27
KITCHEN CABINET BUNK ROOM		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
2 MATTRESSES		07/01/05	100		100.00			100	7.00	200DB/HY	87	9
2 CHAIRS		07/01/05	50		100.00			50	7.00	200DB/HY	43	4
BERLIN BUILDING		07/01/05	550,000		100.00			550,000	39.00	SL/MM	84,028	14,103
RIVERTON BUILDING		07/01/05	175,000		100.00			175,000	39.00	SL/MM	26,736	4,487
TANKER TRUCK		01/10/07	215,798		100.00			215,798	7.00	200DB/HY	167,649	19,260
TOWER TRUCK		01/10/07	42,500		100.00			42,500	7.00	200DB/HY	33,017	3,793
New Driveway Dubois Construction		09/25/07	28,400		100.00			28,400	15.00	SL/HY	6,627	1,893
Johnson Paving New Driveway		10/09/07	12,155		100.00			12,155	15.00	SL/HY	2,836	810
Frontline Fire		11/20/07	33,330		100.00			33,330	5.00	200DB/HY	27,571	3,840
Air Technology Air Cleaner - Grant Acct		12/11/07	73,353		100.00			73,353	5.00	200DB/HY	60,678	8,450
North America Tower Repair		12/18/07	5,548		100.00			5,548	5.00	200DB/HY	4,589	639
Laptop computer - Computer Barn	L	01/08/08	3,381		100.00			3,381	5.00	ALT/HY	2,367	676
Radio North Grant Account Inv. 27866		02/07/08	3,471		100.00			3,471	5.00	200DB/HY	2,871	400
Radio North Grant Acct.		02/07/08	5,750		100.00			5,750	5.00	200DB/HY	4,756	662
Radio North Grant Acct.		02/07/08	9,770		100.00			9,770	5.00	200DB/HY	8,082	1,126
Vermont Fire Tech Tower Repair		04/04/08	3,400		100.00			3,400	5.00	200DB/HY	2,812	392
Quickbooks Software		07/11/08	794		100.00			794	3.00	200DB/HY	735	59
New Roof		07/22/08	56,839		100.00			56,839	39.00	SL/HY	3,644	1,457
SHREDDER		08/15/08	63		100.00			63	5.00	200DB/HY	45	7
PRINTER		06/22/09	315		100.00			315	5.00	200DB/HY	224	36
Equipment (Bergeron Protective)		06/30/09	7,460		100.00			7,460	7.00	200DB/HY	4,198	932
Equipment		02/01/10	1,663		100.00			1,663	5.00	200DB/HY	865	319
4 Sets Turnout gear		06/24/10	6,847		100.00			6,847	5.00	200DB/HY	3,560	1,315
E-1 TFF Ball Intake		07/20/10	1,360		100.00			1,360	5.00	200DB/HY	272	435
Superpass 3's		10/23/10	4,667		100.00			4,667	5.00	200DB/HY	933	1,494
Radio		10/24/10	752		100.00			752	5.00	200DB/HY	150	240
EMS Equipment		01/31/11	4,640		100.00			4,640	5.00	200DB/HY	928	1,485
Chain Saw		02/21/11	1,304		100.00			1,304	5.00	200DB/HY	261	417

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## Form 4562

## Alternative Minimum Tax Depreciation Report

Berlin Volunteer Fire Department

Tax Year 2011

2011

Form 990 - / Form 990EZ

Keep for your records

03-0316384

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
DEPRECIATION													
Shaw Guards		09/29/11	1,500		100.00			1,500	5.00	150DB/HY		225	75.
Windows		10/29/11	13,095		100.00			13,095	39.00	SL/M		238	0.
New Truck	A	01/12/12	49,502		100.00			49,502	5.00	150DB/HY		3,360	0.
Windows		02/12/12	11,937		100.00			11,937	39.00	SL/M		115	0.
Equipment		03/31/12	2,985		100.00			2,985	5.00	150DB/HY		448	149.
Digital Camera		03/31/12	200		100.00			200	5.00	150DB/HY		30	10.
7 Pulse Ox's		04/17/12	413		100.00			413	5.00	150DB/HY		62	21.
E-2 Folding Ladder		05/24/12	330		100.00			330	5.00	150DB/HY		50	16.
SUBTOTAL CURRENT YEAR			79,962	0	0	0	0	79,962			0	4,528	271.
28 8FT TABLES		07/01/05	2,000		100.00			2,000	7.00	150DB/HY	1,633	245	-67.
85 FOLDING CHAIRS		07/01/05	1,275		100.00			1,275	7.00	150DB/HY	1,041	156	-42.
MICROWAVE		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
17FT REFRIGERATOR		07/01/05	100		100.00			100	7.00	150DB/HY	82	12	-3.
GARLAND COMMERCIAL RAN		07/01/05	1,200		100.00			1,200	7.00	150DB/HY	980	147	-40.
2 STAINLESS STEEL TABL		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
2 SMOKECTER		07/01/05	400		100.00			400	7.00	150DB/HY	327	49	-13.
2 24" STEEL SHELVES		07/01/05	15		100.00			15	7.00	150DB/HY	12	2	-1.
3x5 STEEL SAFE		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
5FT METAL DESK		07/01/05	25		100.00			25	7.00	150DB/HY	20	3	-1.
BASE RADIO		07/01/05	100		100.00			100	5.00	150DB/HY	100		
METAL CABINET		07/01/05	25		100.00			25	7.00	150DB/HY	20	3	-1.
SINGLE LOCKER		07/01/05	15		100.00			15	7.00	150DB/HY	12	2	-1.
CALIBRATION SKIT FOR M		07/01/05	100		100.00			100	7.00	150DB/HY	82	12	-3.
TOOL BOOKS		07/01/05	100		100.00			100	7.00	150DB/HY	82	12	-3.
1000 GAL HALE PUMP		07/01/05	1,000		100.00			1,000	7.00	150DB/HY	816	122	-33.
TIRES		07/01/05	400		100.00			400	5.00	150DB/HY	400		
PATALLIE AIR COMPRESSOR		07/01/05	200		100.00			200	7.00	150DB/HY	163	24	-6.
BENCH		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
BATTERY CHARGER		07/01/05	150		100.00			150	7.00	150DB/HY	122	18	-5.
BENCH TOOL BOX		07/01/05	75		100.00			75	7.00	150DB/HY	61	9	-2.
LOCKERS		07/01/05	75		100.00			75	7.00	150DB/HY	61	9	-2.
7 LENGTHS OF 2 1/2" 50 FT		07/01/05	613		100.00			613	7.00	150DB/HY	500	75	-20.
150FT RUBBER HOSE 1 3/4"		07/01/05	60		100.00			60	7.00	150DB/HY	49	7	-2.
ROLL AROUND RACK FOR C		07/01/05	25		100.00			25	7.00	150DB/HY	20	3	-1.
300 GAL PLASTIC WATER		07/01/05	300		100.00			300	7.00	150DB/HY	245	37	-10.

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## Form 4562

Berlin Volunteer Fire Department  
Form 990 - / Form 990EZ

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16FT WOODEN LADDER		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
ROOF LADDER		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
28FT EXTENSION LADDER		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
WATER FILTER		07/01/05	1,200		100.00			1,200	7.00	150DB/HY	980	147	-40.
WET/DRY VAC		07/01/05	85		100.00			85	7.00	150DB/HY	69	10	-2.
ICE RESCUE BAGS - 2		07/01/05	1,528		100.00			1,528	7.00	150DB/HY	1,247	187	-51.
PERSONAL LIFE PRESERVE		07/01/05	150		100.00			150	7.00	150DB/HY	122	18	-5.
COMPAQ EVO SFF		07/01/05	375		100.00			375	5.00	150DB/HY	375		
PANASONIC TOUCHBOOK CF		07/01/05	575		100.00			575	5.00	150DB/HY	575		
GATEWAY DESKTOP		07/01/05	275		100.00			275	5.00	150DB/HY	275		
DELL OPTIPLEX GX100		07/01/05	185		100.00			185	5.00	150DB/HY	185		
DELL OPTIPLEX GX110		07/01/05	75		100.00			75	5.00	150DB/HY	75		
COMPAQ DESKPRO SFF		07/01/05	100		100.00			100	5.00	150DB/HY	100		
COMPAQ ARMADA LAPTOP P1		07/01/05	50		100.00			50	5.00	150DB/HY	50		
HP LASERJET 4P W/ DUPL		07/01/05	135		100.00			135	5.00	150DB/HY	135		
HP OFFICEJET 7110		07/01/05	100		100.00			100	5.00	150DB/HY	100		
HP DESKJET 600		07/01/05	25		100.00			25	5.00	150DB/HY	25		
BROTHER MFC 4800 FAX		07/01/05	99		100.00			99	5.00	150DB/HY	99		
COPYSTAR CS-1820 COPIER		07/01/05	599		100.00			599	5.00	150DB/HY	599		
DELL 3200MP DLP PROJEC		07/01/05	575		100.00			575	5.00	150DB/HY	575		
MANUAL MONITOR SWITCH		07/01/05	25		100.00			25	5.00	150DB/HY	25		
LINKSYS CABLE MODEM		07/01/05	35		100.00			35	5.00	150DB/HY	35		
LINKSYS 8 PORT 10/100		07/01/05	20		100.00			20	5.00	150DB/HY	20		
NETGEAR WIRELESS G ROU		07/01/05	35		100.00			35	5.00	150DB/HY	35		
LINKSYS 4 PORT 10/100		07/01/05	13		100.00			13	5.00	150DB/HY	13		
BAY NETWORK 24 PORT 10		07/01/05	75		100.00			75	5.00	150DB/HY	75		
MAINTENANCE SHOP - SMA		07/01/05	6,821		100.00			6,821	7.00	150DB/HY	5,568	835	-226.
HAZMAT TRAILERS		07/01/05	18,366		100.00			18,366	7.00	150DB/HY	14,992	2,250	-611.
ENGINE 4		07/01/05	32,709		100.00			32,709	7.00	150DB/HY	26,699	4,006	-1,087.
ENGINE 1		07/01/05	262,754		100.00			262,754	7.00	150DB/HY	214,477	32,185	-8,735.
LADDER TOWER		07/01/05	71,253		100.00			71,253	7.00	150DB/HY	58,161	8,728	-2,369.
RESCUE ONE		07/01/05	407,462		100.00			407,462	7.00	150DB/HY	332,597	49,910	-13,545.
BASE RADIOS - 2		07/01/05	4,000		100.00			4,000	7.00	150DB/HY	3,265	490	-133.
MOBILE RADIOS - 14		07/01/05	11,200		100.00			11,200	7.00	150DB/HY	9,142	1,372	-372.
PORTABLE RADIOS - 28		07/01/05	8,400		100.00			8,400	7.00	150DB/HY	6,857	1,029	-279.
PAGERS		07/01/05	8,600		100.00			8,600	7.00	150DB/HY	7,020	1,053	-285.
REEL LINE		07/01/05	95		100.00			95	7.00	150DB/HY	78	12	-4

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

## Form 4562

Berlin Volunteer Fire Department

## Alternative Minimum Tax Depreciation Report

Tax Year 2011

2011

Form 990 - / Form 990EZ

► Keep for your records

03-0316384

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
RESCUE STRETCHER		07/01/05	430		100.00			430	7.00	150DB/HY	351	53	-15.
3 LADDER BELTS		07/01/05	400		100.00			400	7.00	150DB/HY	327	49	-13.
6 DOUBLE STEEL PULLIES		07/01/05	210		100.00			210	7.00	150DB/HY	171	26	-7.
2 TELESCOPIC SCENE LIG		07/01/05	640		100.00			640	7.00	150DB/HY	522	78	-21.
3 ORANGE STROBE LIGHTS		07/01/05	288		100.00			288	7.00	150DB/HY	235	35	-9.
LARGE SPANNER WRENCHES		07/01/05	120		100.00			120	7.00	150DB/HY	98	15	-4.
3 FEDERAL BEACON LIGHTS		07/01/05	252		100.00			252	7.00	150DB/HY	206	31	-9.
STREET HAWK LIGHT BAR		07/01/05	460		100.00			460	7.00	150DB/HY	375	56	-15.
3 LIGHT BAR LENSE REPL		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
3 SPANNER WRENCH & HOLD		07/01/05	180		100.00			180	7.00	150DB/HY	147	22	-6.
2 SPANNER HOLDERS		07/01/05	60		100.00			60	7.00	150DB/HY	49	7	-2.
30" HALLOGEN BAR		07/01/05	213		100.00			213	7.00	150DB/HY	174	26	-7.
HYDRANT WRENCH		07/01/05	30		100.00			30	7.00	150DB/HY	24	4	-1.
5 COMPLETE DRAGGER BRE		07/01/05	2,000		100.00			2,000	7.00	150DB/HY	1,633	245	-67.
3 DRAGGER SPARE CYLIND		07/01/05	300		100.00			300	7.00	150DB/HY	245	37	-10.
PIKE POLES		07/01/05	125		100.00			125	7.00	150DB/HY	102	15	-4.
5 FLAT HEAD AXES		07/01/05	425		100.00			425	7.00	150DB/HY	347	52	-14.
LARGE WHEEL CHOCKS		07/01/05	196		100.00			196	7.00	150DB/HY	160	24	-7.
4" HOSE LENGTHS		07/01/05	1,080		100.00			1,080	7.00	150DB/HY	882	132	-36.
17 2 1/2" HOSE LENGTHS		07/01/05	1,230		100.00			1,230	7.00	150DB/HY	1,004	151	-41.
HONDA GENERATOR FRAME		07/01/05	100		100.00			100	7.00	150DB/HY	82	12	-3.
8 - 1 3/4" HOSE LENGTHS		07/01/05	520		100.00			520	7.00	150DB/HY	424	64	-18.
SEEDER/SPREADER		07/01/05	55		100.00			55	7.00	150DB/HY	45	7	-2.
WHEEL BARREL		07/01/05	80		100.00			80	7.00	150DB/HY	65	10	-3.
3 COLLAPSABLE STRETCHER		07/01/05	300		100.00			300	7.00	150DB/HY	245	37	-10.
SMALL FOG NOZZLE		07/01/05	255		100.00			255	7.00	150DB/HY	208	31	-8.
FOG NOZZLE HEAD		07/01/05	80		100.00			80	7.00	150DB/HY	65	10	-3.
6 SMOOTH BOHR TIP NOZZ		07/01/05	960		100.00			960	7.00	150DB/HY	784	118	-32.
8 FEMALE COUPLINGS		07/01/05	720		100.00			720	7.00	150DB/HY	588	88	-24.
6 DRESS FIRE HELMETS		07/01/05	120		100.00			120	7.00	150DB/HY	98	15	-4.
2 DOOR METAL LOCKER		07/01/05	75		100.00			75	7.00	150DB/HY	61	9	-2.
SIAMASE VALVE		07/01/05	500		100.00			500	7.00	150DB/HY	408	61	-16.
2 WYE VALVES		07/01/05	400		100.00			400	7.00	150DB/HY	327	49	-13.
BATTER CONDITIONER		07/01/05	300		100.00			300	5.00	150DB/HY	300		
6 KENWOOD PORTABLE BAT		07/01/05	240		100.00			240	5.00	150DB/HY	240		
4 KENWOOD BATTERIES		07/01/05	320		100.00			320	5.00	150DB/HY	320		
PHONE SYSTEM W/ 11 PHO		07/01/05	3,500		100.00			3,500	5.00	150DB/HY	3,500		

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## Form 4562

Berlin Volunteer Fire Department  
Form 990 - / Form 990EZ

## Alternative Minimum Tax Depreciation Report

2011

Tax Year 2011

Keep for your records

03-0316384

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
TOUGHBOOKS LAPTOP		07/01/05	4,200		100.00			4,200	5.00	150DB/HY	4,200		
COMPAQ COMPUTER		07/01/05	450		100.00			450	5.00	150DB/HY	450		
COPYSTAR C5-1820 COPIER		07/01/05	959		100.00			959	5.00	150DB/HY	959		
HP LASERJET 4PLUS PRIN		07/01/05	1,400		100.00			1,400	5.00	150DB/HY	1,400		
2 OFFICE CHAIRS		07/01/05	80		100.00			80	7.00	150DB/HY	65	10	-3
MSA ORION MULTIGAS DET		07/01/05	3,924		100.00			3,924	5.00	150DB/HY	3,924		
BROTHER P-TOUCH LABELM		07/01/05	40		100.00			40	5.00	150DB/HY	40		
GAS TECH GT-2400 MULTI		07/01/05	2,200		100.00			2,200	5.00	150DB/HY	2,200		
UTILITRONICS GAS MONIT		07/01/05	1,575		100.00			1,575	5.00	150DB/HY	1,575		
DC SENSOR CALIBRATION		07/01/05	150		100.00			150	5.00	150DB/HY	150		
DUCK LAMINATING HEAT S		07/01/05	75		100.00			75	5.00	150DB/HY	75		
CASIO LABEL IT		07/01/05	40		100.00			40	5.00	150DB/HY	40		
DELL OPTIPLEX COMPUTER		07/01/05	450		100.00			450	5.00	150DB/HY	450		
HP DESKJET 600 PRINTER		07/01/05	75		100.00			75	5.00	150DB/HY	75		
BEARCAT 200 SCANNER		07/01/05	100		100.00			100	5.00	150DB/HY	100		
NFPA FIRE CODES		07/01/05	800		100.00			800	5.00	150DB/HY	800		
METAL DESK		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2
3 DRAWER METAL FILE CA		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2
KENWOOD 790 VHF RADIO		07/01/05	2,000		100.00			2,000	5.00	150DB/HY	2,000		
3 SHELF BOOKCASE		07/01/05	40		100.00			40	7.00	150DB/HY	33	5	-1
17 METAL FOLDING CHAIRS		07/01/05	204		100.00			204	7.00	150DB/HY	167	25	-7
4 18"x72" FOLDING TABL		07/01/05	200		100.00			200	7.00	150DB/HY	163	24	-6
CONFERENCE TABLE		07/01/05	150		100.00			150	7.00	150DB/HY	122	18	-5
14 CHAIRS		07/01/05	350		100.00			350	7.00	150DB/HY	286	43	-12
METAL DESK TREASURER'S		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2
2 WORKSTATIONS		07/01/05	150		100.00			150	7.00	150DB/HY	122	18	-5
4 DRAWER FILE CABINET		07/01/05	75		100.00			75	7.00	150DB/HY	61	9	-2
5 DRAWER FILE CABINET		07/01/05	75		100.00			75	7.00	150DB/HY	61	9	-2
SHARP CALCULATOR		07/01/05	50		100.00			50	5.00	150DB/HY	50		
HP SCANNER/FAX/PRINTER		07/01/05	350		100.00			350	5.00	150DB/HY	350		
2 CHAIRS		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2
GATEWAY COMPUTER		07/01/05	300		100.00			300	5.00	150DB/HY	300		
TOASTER		07/01/05	10		100.00			10	5.00	150DB/HY	10		
KENMORE MICROWAVE OVEN		07/01/05	100		100.00			100	5.00	150DB/HY	100		
CROSLEY GAS RANGE		07/01/05	450		100.00			450	5.00	150DB/HY	450		
GE DISHWASHER		07/01/05	250		100.00			250	5.00	150DB/HY	250		
KENMORE REFRIGERATOR		07/01/05	250		100.00			250	5.00	150DB/HY	250		

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## Form 4562

## Alternative Minimum Tax Depreciation Report

Berlin Volunteer Fire Department  
Form 990 - / Form 990EZ

Tax Year 2011

2011

Keep for your records

03-0316384

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
KITCHEN CABINETS		07/01/05	1,500		100.00			1,500	7.00	150DB/HY	1,224	184	-50.
KITCHEN TABLE & BENCHES		07/01/05	250		100.00			250	7.00	150DB/HY	204	31	-9.
27" TV		07/01/05	150		100.00			150	5.00	150DB/HY	150		
EMERSON VCR		07/01/05	75		100.00			75	5.00	150DB/HY	75		
TOSHIBA DVD		07/01/05	100		100.00			100	5.00	150DB/HY	100		
METAL TV CART		07/01/05	100		100.00			100	7.00	150DB/HY	82	12	-3.
2 COUCHES		07/01/05	600		100.00			600	7.00	150DB/HY	490	73	-19.
2 RECLINERS		07/01/05	300		100.00			300	7.00	150DB/HY	245	37	-10.
KITCHEN CABINET BUNK R		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
2 MATTRESSES		07/01/05	100		100.00			100	7.00	150DB/HY	82	12	-3.
2 CHAIRS		07/01/05	50		100.00			50	7.00	150DB/HY	41	6	-2.
BERLIN BUILDING		07/01/05	550,000		100.00			550,000	39.00	SL/MM	84,028	14,103	0.
RIVERTON BUILDING		07/01/05	175,000		100.00			175,000	39.00	SL/MM	26,736	4,487	0.
TANKER TRUCK		01/10/07	215,798		100.00			215,798	7.00	150DB/HY	149,716	26,433	-7,173.
TOWER TRUCK		01/10/07	42,500		100.00			42,500	7.00	150DB/HY	29,485	5,206	-1,413.
New Driveway Dubois Co		09/25/07	28,400		100.00			28,400	15.00	SL/HY	6,627	1,893	0.
Johnson Paving New Dri		10/09/07	12,155		100.00			12,155	15.00	SL/HY	2,836	810	0.
Frontline Fire		11/20/07	33,330		100.00			33,330	5.00	150DB/HY	25,001	5,553	-1,713.
Air Technology Air Cle		12/11/07	73,353		100.00			73,353	5.00	150DB/HY	55,022	12,221	-3,771.
North America Tower Re		12/18/07	5,548		100.00			5,548	5.00	150DB/HY	4,162	924	-285.
Laptop computer - Comp	L	01/08/08	3,381		100.00			3,381	5.00	SL/HY	2,367	676	0
Radio North Grant Acco		02/07/08	3,471		100.00			3,471	5.00	150DB/HY	2,604	578	-178.
Radio North Grant Acct		02/07/08	5,750		100.00			5,750	5.00	150DB/HY	4,313	958	-296.
Radio North Grant Acct		02/07/08	9,770		100.00			9,770	5.00	150DB/HY	7,328	1,628	-502.
Vermont Fire Tech Towe		04/04/08	3,400		100.00			3,400	5.00	150DB/HY	2,550	566	-174.
Quickbooks Software		07/11/08	794		100.00			794	3.00	150DB/HY	695	99	-40.
New Roof		07/22/08	56,839		100.00			56,839	39.00	SL/HY	3,644	1,457	0.
SHREDDER		08/15/08	63		100.00			63	5.00	150DB/HY	37	11	-4.
PRINTER		06/22/09	315		100.00			315	5.00	150DB/HY	184	52	-16.
Equipment (Bergerton Pr		06/30/09	7,460		100.00			7,460	7.00	150DB/HY	3,348	914	18.
Equipment		02/01/10	1,663		100.00			1,663	5.00	150DB/HY	674	297	22.
4 Sets Turnout gear		06/24/10	6,847		100.00			6,847	5.00	150DB/HY	2,773	1,222	93.
E-1 Tft Ball Intake		07/20/10	1,360		100.00			1,360	5.00	150DB/HY	204	347	88.
Superpass 3's		10/23/10	4,667		100.00			4,667	5.00	150DB/HY	700	1,190	304.
Radio		10/24/10	752		100.00			752	5.00	150DB/HY	113	192	48.
EMS Equipment		01/31/11	4,640		100.00			4,640	5.00	150DB/HY	696	1,183	302.
Chain Saw		02/21/11	1,304		100.00			1,304	5.00	150DB/HY	196	333	84.

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2017

Berlin Volunteer Fire Department

Tax Year 2011

- Keep for your records

03-0316384

[illegible]

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FDIV3701 09/09/11

Page 6 of 6

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	<b>Berlin Volunteer Fire Department</b>	<input checked="" type="checkbox"/> <b>03-0316384</b>
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	<b>338 Paine Turnpike North</b>	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>Berlin</b>	<b>VT 05602</b>

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Keith VanInderstine

Telephone No. ► (802) 223-5600 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 15, 20 13, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for

- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning Jul 1, 20 11, and ending Jun 30, 20 12

2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)**

Enter filer's identifying number, see instructions

Type or print  File by the extended due date for filing the return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Berlin Volunteer Fire Department	<input checked="" type="checkbox"/> 03-0316384
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	338 Paine Turnpike North	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Berlin VT 05602	

Enter the Return code for the return that this application is for (file a separate application for each return).

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of Keith VanIderstine  
Telephone No (802) 223-5600 FAX No \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until May 15, 20 13
- 5 For calendar year \_\_\_\_\_, or other tax year beginning Jul 1, 20 11, and ending Jun 30, 20 12.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension The client has not been able to provide a full years accounting which is needed in order to prepare the tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Lee A. White Title CRA Date 2-11-13

BAA

FIFZ0502 07/29/11

Form 8868 (Rev 1-2012)

## Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
Donations	5,777.
Town Acc Income	132,912.
Town Spcl Articles	20,170.
Grant Income	3,000.
Total	<u>161,859.</u>



Form 990 p 9. Part VIII Statement of Revenue

**Line 11d - All Other Revenue Smart Worksheet**

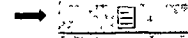
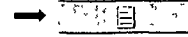
The total of the following items carry to line 11d below:

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Other Refunds	4,334.	4,334.	0.	0.
Soda Machine	680.	680.	0.	0.
Training classes	385.	385.	0.	0.

Form 990 p 10: Part IX Statement of Functional Expenses

**Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet**To enter assets, **QuickZoom** to Asset Entry Worksheet

To view a calculated report of all depreciation information for Form 990,

**QuickZoom** to the Depreciation/Amortization Report**QuickZoom** to Form 4562 for Form 990

The following items carry to line 22 below

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>A</b>	Depreciation	158,689.	158,689.	0.	0.
<b>B</b>	Depletion				
<b>C</b>	Amortization				

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
 Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Electric	7,059.	7,059.	0.	0.
Equipment Maintenance	5,630.	5,630.	0.	0.
Equipment small	1,626.	1,626.	0.	0.
Food	419.	419.	0.	0.
Hazmat	23.	23.	0.	0.
Heating	16,258.	16,258.	0.	0.
Incentive expense	9,575.	9,575.	0.	0.
Insurance	29,768.	29,768.	0.	0.
Lawn Maintenance	2,180.	2,180.	0.	0.
Membership Fees	550.	550.	0.	0.
Miscellaneous	1,404.	1,404.	0.	0.
Other Fundraisers	75.	0.	0.	75.
Plowing expense	890.	890.	0.	0.
Retirement	4,475.	4,475.	0.	0.
Rubbish	838.	838.	0.	0.
Scholarships	300.	300.	0.	0.
Sewer	411.	411.	0.	0.
Shipping & Postage	35.	35.	0.	0.
Soda & Drinks	1,295.	1,295.	0.	0.
Telephone	2,124.	2,124.	0.	0.
Training	3,315.	3,315.	0.	0.
Vehicle Fuel	9,629.	9,629.	0.	0.
Vehicle repairs & maint.	35,436.	35,436.	0.	0.
Cable & Internet	765.	765.	0.	0.
Dues & Subscriptions	65.	65.	0.	0.
Rounding	7.	7.	0.	0.

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Supporting Statement of:

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Sch D, page 2/Other col (b)

Description	Amount
Office Equipment & Furniture	42,170.
Driveway	40,555.
Total	<u>82,725.</u>

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Supporting Statement of:

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Sch D, page 2/Other col (c)

Description	Amount
A/D Office Equipment	41,264.
A/D Driveway	12,166.
Total	<u>53,430.</u>

## Supporting Statement of:

Form 990 p 11/Line 24, column (B)

Description	Amount
N/P VSECU	12,615.
N/P VSECU	13,683.
N/P VSECU	17,183.
Rounding	1.
Total	<u>43,482.</u>