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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see Instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	Fort	the 2012 calendar year, or tax year beginning 4/01 , 2012, and ending 3/31		2013
'n	Addre	If applicable Ses change	mployer iden	tification number
H			03-0216	885
H	Initial	C/O DONATO RIVEY D.O. BOY 355	elephone nun	
님		TIDION VT OE 140	302-228	0_0022
닖	Termi	iateu .		
닏			roup Exer	
Ш				
G	Acco	ounting Method: X Cash Accrual Other (specify) ► H Check ► X	K if the or	ganization is not
ı	Web			hedule B (Form
J	Tax-e	xempt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527 990, 990-E.	Z, or 990-	PF).
ĸ	Chec	by b 1 the average time is not a cost of 500(a)(2) average time average to a cost of 527 averagination	and its a	
r,		:k ► ∐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization hally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-post	anu na yi toard) mai	he required (see
	instr	uctions). But if the organization chooses to file a return, be sure to file a complete return.	icaru) maj	y be required (see
ī		lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	al	
_	asse		\$	67,602.
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	ions for	
1.0		Check if the organization used Schedule O to respond to any question in this Part I		
	1 1	Contributions, gifts, grants, and similar amounts received	1 4 1	
			'	29,458.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	448.
	5 a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses	1	
R	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events		
		Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a		
一 と と と と と と と と と と と と と と と と と と と		Gross income from fundraising events (not including \$ of contributions	1	
E				
įμ		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
-	_		-	
		5,012.	1 1	
,	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
3	_	ob and subtract line oc)	6 d	28,316.
3			1	
5	þ	Less: cost of goods sold	J	
	C	Gross profit or (loss) from sales of inventors (Subtract line 7b from line 7b). Other revenue (describe in Schedule O) Other revenue (describe in Schedule O)	7 c	
	8	Other revenue (describe in Schedule O) Other revenue (describe in Schedule O) See Schedule O	8	738.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	58,960.
	10	Grants and similar amounts paid (list in Schedul DEN, UT	10	
	11	Benefits paid to or for members	11	5,186.
E	12	Salaries, other compensation, and employee benefits	12	3,100.
X	13	Professional fees and other payments to independent contractors	13	300
EXPERSES	14	Occupancy, rent, utilities, and maintenance.	14	300.
Ş				·····
5	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O)	15	
	16		16	57,668.
\dashv	17	Total expenses. Add lines 10 through 16.		63,154.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,194.
A NS E E T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		
ΕĒ	-	figure reported on prior year's return)	19	117,496.
's	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	113,302.
BA	\ Fo	Paperwork Reduction Act Notice, see the separate instructions.		orm 990-EZ (2012)

	990-EZ (2012) LUDLOW VOLUNTEEN				03-	021	6885 Page 2
Par	Balance Sheets. (see the instance Check if the organization used Sche	tructions for Part II.)	in this David II				
	Check if the organization used Sche	dule O to respond to any qui	estion in this Part if	(A)	Beginning of yea	r T	(B) End of year
22	Cash, savings, and investments				117,496.		113,302.
23	Land and buildings				22,7150.	23	110/002.
24	Other assets (describe in Schedule O)					24	
25	Total assets				117,496.	25	113,302.
26	Total liabilities (describe in Schedule O)				0.	26	0.
	Net assets or fund balances (line 27 of c		,		117,496.	27	<u>113,302.</u>
Par	t III Statement of Program Service Ac Check if the organization used Sch	complishments (see the inst	rs for Part III.)	101	[X]	(Pegi	Expenses ured for section 501
What	s the organization's primary exempt purpose? See	Schodulo O	juestion in this Fart		·	(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service as	ccomplishments for each of i	ts three largest pro-	oram	services, as	organ	nizations and section (a)(1) trusts; optional
meas	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	e mariner, describe the service ach program title	ces provideď, thé nú	ĭmbeı	r of persóns		hers.)
28	VOLUNTEER FIREFIGHTERS SE					T	
	FIRE FIGHTING EQUIPMENT,						
						ŀ	
	(Grants \$) If thi	is amount includes foreign gi	rants, check here .	· - · - ·	F	28 a	57,520.
29							
]		
	7.7						
20	(Grants \$) If the	is amount includes foreign gi	rants, check here	•••	. •	29 a	
30							
	(Grants \$) If thi	is amount includes foreign gi	rants check here			30 a	
31	Other program services (describe in Sch					30 a	
٠.		is amount includes foreign gi		•	▶ □	31 a	
32	Total program service expenses (add lin					32	57,520.
	t IV List of Officers, Directors, 1			e even	of not compensated (see the	
	Check if the organization used Sch	hedule O to respond to any o	uestion in this Part	IV.			
	(a) Name and Title	(b) Average hours per	(c) Reportable compensa (Forms W-2/1099-MIS)	tion	(d) Health benefits contributions to emplo	, vee	(e) Estimated amount of
	(a) Name and The	week devoted to position	(If not paid, enter -0-)	5'	benefit plans, and defe compensation	rred	other compensation
PET	ER KOLENDA			十			
Chi		20		0.		0.	0.
	LIAM TUOMISTO						
	outy Chief	1		0.		0.	0.
	ALD BIXBY						
	asurer	5		0.		0.	0.
	ER SOUTHWORTH					ا ۾	_
<u>sec</u>	retary			<u>0. </u>		0.	<u> </u>
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orr	n 990-EZ (2012) LUDLOW VOLUNTEER FIRE FIGHTERS INC. 03-021688	5	P	age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule A	ule	5	<u> </u>
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.		٠.,	<u>. X</u>
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		Yes	No
34	the contract of the contract o	33		X
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	.	Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			
	(such as those reported on lines 2, 6a, and 7a, among others)?.	35 a	- 1	X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	. 35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III.	25.0		
	Did the organization undergo a liquidation, dissolution, termination, or significant	35 c		<u>X</u>
30	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions. > 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities	1		
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	<u> </u>		
	transaction dùring the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь		x
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization	10.5		
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 •			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed None			<u> </u>
	a The organization's books are in care of ► RONALD BIXBY Located at ► LUDLOW, VT Telephone no. ► 802-2 ZIP + 4 ► 05149 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	<u>28-8</u>	823 Yes	No No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country.►			
,	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country:	42 c		х
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	 	► [N/A N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	 	X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	<u> </u>		
	ınstead of Form 990-EZ	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	- A	<u> </u>	آــــا
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d 45 a	<u> </u>	X
	· · · · · · · · · · · · · · · · · · ·		 	<u> </u>
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45 b		X
	TEEA0812L 103/14/13 Fc	00	0 E7	(2012)

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. .

						Yes	1110
46 Did t	he organization engage, directly or indire	ctly, in political campai	-	f or in opposition to	1424	140	HTE!
	idates for public office? If 'Yes,' complete			· · · · · · · · · · · · · · · · · · ·	46	<u> </u>	<u> X</u>
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization	s only	uastians 17 10h an	d EO and samplets	s the teble		
	for lines 50 and 51.	nis must answer q	uestions 47-490 and	a 52, and complete	the table	25	
	Check if the organization used Schedul	le O to respond to any	question in this Part VI				П
		o to roopona to any	quodon in the rait tr		· · · · ·	Yes	No
	ne organization engage in lobbying activities	or have a section 501(h)	election in effect during t	he tax year? If 'Yes,'		103	
•	olete Schedule C, Part II				47		X
	e organization a school as described in se			dule E	48		X
	he organization make any transfers to an es,' was the related organization a sectior	•	related organization?	•	49 a	-	<u>X</u>
	blete this table for the organization's five high	-	vees (other than officers	directors trustees and k	L	ļi	
empl	oyees) who each received more than \$100,0	00 of compensation from	the organization. If there	is none, enter 'None.'	,		
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
None							
							,
				 	ļ		
f Total	number of other employees paid over \$1	<u> </u> ∩∩ ∩∩∩	<u></u>				
	plete this table for the organization's five high	· ·	endent contractors who ea	ich received more than \$	100 000 of		
comp	pensation from the organization. If there is	s none, enter 'None '		ion received more than q	7100,000 01		
(a) N	Name and address of each independent contractor paid	more than \$100,000	(b) Type (of service	(c) Com	pensatio	n
None							
None_							
None							
None							
None							
None							
None							
None_							
None							
	number of other independent contractors	s each receiving over \$	100.000				
d Total	number of other independent contractors the organization complete Schedule A? No	ote: All section 501(c)(► 47(a)(1) nonexempt			
d Total 52 Did ti chari	he organization complete Schedule A? N table trusts must attach a completed Sch	ote: All section 501(c)(edule A	3) organizations and 49		. ► X Yes	s [
d Total 52 Did ti chari	he organization complete Schedule A? N table trusts must attach a completed Sch	ote: All section 501(c)(edule A	3) organizations and 49			s [No.
d Total 52 Did ti chari	he organization complete Schedule A? N	ote: All section 501(c)(edule A	3) organizations and 49			s [No
d Total 52 Did ti chari Under penaltic true, correct, a	he organization complete Schedule A? N table trusts must attach a completed Sch	ote: All section 501(c)(edule A	3) organizations and 49			<u>s</u> [
d Total 52 Did ti chari	table trusts must attach a completed Sch es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	ote: All section 501(c)(edule A	3) organizations and 49	be best of my knowledge and be edge		s [
d Total 52 Did ti chari Under penaltic true, correct, a	the organization complete Schedule A? Notable trusts must attach a completed Sches of perjury. I decide that I have examined this return, and complete Declaration of preparer (other than office Signature of officer Type or print name and title	ote: All section 501(c)(edule A including accompanying scherr) is based on all information of the section of th	3) organizations and 49	e best of my knowledge and be edge	ellef, it is	5 [No.
d Total 52 Did ti chari Under penaltic true, correct, a	table trusts must attach a completed Sch es of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	ote: All section 501(c)(edule A including accompanying scherr) is based on all information of	3) organizations and 49 dules and statements, and to the of which preparer has any knowledge.	e best of my knowledge and be edge		s [No
d Total 52 Did ti chari Under penaltic true, correct, a	he organization complete Schedule A? Notable trusts must attach a completed Sches of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office Signature of officer Type or print name and title Print/Type preparer's name Timothy L. Faulkner	ote: All section 501(c)(edule A including accompanying scheir) is based on all information of the section of th	3) organizations and 49	best of my knowledge and beedge Date Check I if	ellef, it is		
d Total 52 Did ti chari Under penaltie true, correct, a	he organization complete Schedule A? Notable trusts must attach a completed Schess of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office) Signature of officer Type or print name and title Print/Type preparer's name Timothy L. Faulkner Firm's name Timothy L. Faulk	ote: All section 501(c)(edule A including accompanying scheir) is based on all information of the section of th	dules and statements, and to the first which preparer has any knowledge.	best of my knowledge and be edge	PTIN	16	
d Total 52 Did ti chari Under penaltie true, correct, 2	he organization complete Schedule A? Notable trusts must attach a completed Schess of perjury. I decade that I have examined this return, and complete Declaration of preparer (other than office) Signature of officer Type or print name and title Print/Type preparer's name Timothy L. Faulkner Firm's name Timothy L. Faul Firm's address 28 Pond St.	ote: All section 501(c)(edule A including accompanying schero) is based on all information of the section of th	dules and statements, and to the first which preparer has any knowledge.	c best of my knowledge and be edge	PTIN P0121957	'6 1408	No.
d Total 52 Did ti chari Under penaltie true, correct, a Sign Here Paid Preparer Use Only	he organization complete Schedule A? Notable trusts must attach a completed Sches of perjury. I decade that I have examined this return, and complete Declaration of preparer (other than office) Signature of officer Print/Type of print name and title Print/Type preparer's name Timothy L. Faulkner Firm's name Timothy L. Faul Firm's address 28 Pond St. Ludlow, VT 0514	ote: All section 501(c)(edule A including accompanying scheir) is based on all information of the preparation of the preparatio	dules and statements, and to the first which preparer has any knowledge. Date Likner	c best of my knowledge and be edge	PTIN P0121957 03-033402) 228-5	1408 575	
d Total 52 Did ti chari Under penaltie true, correct, a Sign Here Paid Preparer Use Only	he organization complete Schedule A? Notable trusts must attach a completed Schess of perjury. I decade that I have examined this return, and complete Declaration of preparer (other than office) Signature of officer Type or print name and title Print/Type preparer's name Timothy L. Faulkner Firm's name Timothy L. Faul Firm's address 28 Pond St.	ote: All section 501(c)(edule A including accompanying scheir) is based on all information of the preparation of the preparatio	dules and statements, and to the first which preparer has any knowledge. Date Likner	c best of my knowledge and be edge	PTIN P0121957	76 1408 575	No

03-0216885

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Form 990-EZ (2012) LUDLOW VOLUNTEER FIRE FIGHTERS INC.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public , Inspection

Employer Identification number

Schedule A (Form 990 or 990-EZ) 2012

LUDI			RE FIGHTERS I							216885		
Part				(All organizations					See ii	nstruct	ions.	
The or	gar	nization is not a priva	te foundation because	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box)				
1		A church, convention	of churches or assoc	ciation of churches des	cribed in	section	n 1 70 (b)	(1)(A)(i)				
2	Π.	A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)							
3	Π	A hospital or a coope	erative hospital servic	e organization describe	ed in sec	ction 17	0(b)(1)(A	A)(iii).				
4	Π.	A medical research of	organization operated	in conjunction with a h	nospital o	describe	d in sec	tion 17	0(b)(1)(A	XXIII) . Er	nter the hos	spital's
		name, city, and state	: :									
5		An organization operation (Control of the Annual of the An	ted for the benefit of a modete Part II.)	college or university own	ed or op	erated by	y a gove	rnmenta	unit des	scribed in	section	
6				overnmental unit descri								
7	in section 170(b)(1)(A)(vi). (Complete Part II)											
8		•		'0(b)(1)(A)(vi). (Comple		•						
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	_		•	xclusively to test for pu		•		٠,				
11	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 — Non-functionally integrated											
е	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	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.											
g		Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	s?	
							•		_	•		Yes No
	1	(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or opported organization?	togethe	r with pe	ersons d	lescribe ·	d ın (ıı)	and (III)	11 g (i)	
	((ii) A family memb	er of a person describ	oed in (i) above?							11 g (ii)	
		(iii) A 35% controlle	ed entity of a person o	described in (i) or (ii) a	bove?						11 g (iii)	
h		Provide the following	information about the	e supported organization	on(s).						,	
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	organiz column (i your go	Is the tation in in its library in i	(v) Did yo the organ column (supp	ization in	organiz	s the ation in in (i) ed in the 5.7		t of monetary oport
					Yes	No	Yes	No	Yes	No		
(A)												
												
(B)									· · · · ·			
(C)					ļ							
(D)												
(E)							<u> </u>					
Total							,					

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

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.)

Sec	Section A. Public Support								
begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	25,314.	36,075.	30,976.	28,737.	29,458.	150,560.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	25,314.	36,075.	30,976.	28,737.	29,458.	150,560.		
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).					. #	0.		
6	Public support. Subtract line 5 from line 4						150,560.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
7	Amounts from line 4.	25,314.	36,075.	30,976.	28,737.	29,458.	150,560.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,951.	457.	609.	597.	448.	4,062.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	766.	1,815.	5,636.	4,690.	738.	13,645.		
11	Total support. Add lines 7 through 10 .						168,267.		
12	Gross receipts from related activ	rities, etc (see inst	tructions)			12	0.		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	s's first, second, the	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □		
Sec	tion C. Computation of Pul	blic Support P	ercentage						
	Public support percentage for 20			e 11, column (f))		. 14	89.48%		
15	Public support percentage from 2	2011 Schedule A,	Part II, line 14.			15	88.06%		
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the blicly supported or	box on line 13, ai rganization	nd the line 14 is 3	3-1/3% or more,	check this box		
t	33-1/3% support test — 2011. If t and stop here. The organization	the organization d qualifies as a put	id not check a bo olicly supported o	x on line 13 or 16 rganization	sa, and line 15 is 3	33-1/3% or more,	check this box		
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Parl	· IV how		
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organiza	s' test, check this ition qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	IV how the ►		
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	l3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	structions		
BAA					Sch	nedule A (Form 99	90 or 990-EZ) 2012		

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis-		-				· -·
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
3	tax-exempt purpose Gross receipts from activities				,		
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
	its behalf	;					
5	The value of services or facilities furnished by a						
	governmental unit to the						
_	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1,						
/ 0	2, and 3 received from						
	disqualified persons						
t	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						
C	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from line 6)	, પ્ર		The state of			
Sec	tion B. Total Support	•		•	<u></u>	· - · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received	-					
	on securities loans, rents,						
	royalties and income from similar sources			ľ	'		
b	Unrelated business taxable						
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975.				i		
c	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of					-	
	capital assets (Explain in Part IV.).						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, seco	nd, third, fourth, o	r fifth tax year as	a section 501(c)((3) ▶ □
Sec			lara antaga	<u>.</u> :	· · · · · · · · · · · · · · · · · · ·	- · ·	
.,	tion C. Computation of Pul	blic Support P	ercentage				
15	tion C. Computation of Pul Public support percentage for 20			ne 13, column (f))		15	8
		12 (line 8, columi	n (f) divided by lii	ne 13, column (f))		16	90
16	Public support percentage for 20	012 (line 8, columi 2011 Schedule A,	n (f) divided by lii Part III, line 15	<u> </u>			
16 Sec 17	Public support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for 20 Public support percentage for 20 Public	112 (line 8, columi 2011 Schedule A, estment Incor or 2012 (line 10c,	n (f) divided by li Part III, line 15 ne Percentag column (f) divide	ed by line 13, colu			
16 Sec 17	Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	112 (line 8, columi 2011 Schedule A, estment Incor or 2012 (line 10c,	n (f) divided by li Part III, line 15 ne Percentag column (f) divide	ed by line 13, colu		16	8
16 Sec 17 18	Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment income percentage for 33-1/3% support tests — 2012. If	112 (line 8, column 2011 Schedule A, estment Incor or 2012 (line 10c, rom 2011 Schedu the organization	n (f) divided by his Part III, line 15 ne Percentag column (f) divided le A, Part III, lined did not check the	ed by line 13, colue 17	mn (f))and line 15 is more	16 17 18 e than 33-1/3%, a	% % % and line 17 —
16 Sec 17 18 19 a	Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 2 Investment income percentage from 33-1/3% support tests — 2012. If it is not more than 33-1/3%, check	112 (line 8, column 2011 Schedule A, estment Incor or 2012 (line 10c, rom 2011 Schedu the organization this box and sto	n (f) divided by his Part III, line 15 ne Percentag column (f) divided le A, Part III, lined did not check the phere. The organism of the column (f) divided le A, Part III, lined le A, Part III, li	ed by line 13, colue 17 be box on line 14, anization qualifies a	mn (f)) and line 15 is more as a publicly suppo	17 18 e than 33-1/3%, a ported organization	% % and line 17
16 Sec 17 18 19 a	Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment income percentage for 33-1/3% support tests — 2012. If	112 (line 8, column 2011 Schedule A, estment Incor or 2012 (line 10c, rom 2011 Schedu the organization this box and sto	Part III, line 15 The Percentage column (f) divided le A, Part III, line did not check the phere. The organ did not check at the phere	ed by line 13, colue 17 be box on line 14, anization qualifies a	mn (f)) and line 15 is more as a publicly suppoine 19a, and line	17 18 e than 33-1/3%, a ported organization 16 is more than 3	\$ \$ and line 17 n
16 Sec 17 18 19 a	Public support percentage for 20 Public support percentage from 2 tion D. Computation of Invitroestment income percentage for 13-1/3% support tests — 2012. If its not more than 33-1/3%, check 233-1/3% support tests — 2011. If	2011 Schedule A, restment Incorpor 2012 (line 10c, rom 2011 Schedule the organization this box and stop, check this box as	n (f) divided by his Part III, line 15 ne Percentage column (f) divided le A, Part III, lined did not check the phere. The organistic did not check a tend stop here. The	ed by line 13, colue 17 be box on line 14, anization qualifies a box on line 14 or line organization qu	mn (f)) and line 15 is more as a publicly suppoine 19a, and line alifies as a public	17 18 e than 33-1/3%, a priced organization 16 is more than 3 ly supported organization 15 supported organization 16 supported organization 17 supported organization 18 suppo	8 8 8 and line 17 13:1/3%, and anization .

Schedule A	(Form 990 or 990-EZ) 2012	LUDLOW VOLUN	EER FIRE	FIGHTERS	INC.	03-0216885	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b (See instructions).	tion. Complete thi and Part III, line	s part to pro 12. Also cor	ovide the exp nplete this p	olanations requart for any add	uired by Part II, line litional information.	10;
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number								
LUDLOW VOLUNTEER FIRE FIG	SHTERS INC				1	03-021688	5	
Part I Fundraising Activities. Comp	Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization	raised funds thi	rough any	of the foll	owing activities. Check	all that a	ipply.		
a Mail solicitations			е	Solicitation of non-	-governm	ent grants		
b Internet and email solicitations	5		f	Solicitation of gove	ernment g	rants		
c Phone solicitations			g	片 。				
d n-person solicitations			,	<u> </u>	•			
2a Did the organization have a written o	r oral agroomoni	t with any i	ndwadual (encluding officers, directo	re tructor	oc or kov		
employees listed in Form 990, Par	t VII) or entity i	in connect	ion with p	rofessional fundraising	services:	?	Yes No	
b If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by th	iduals or entities	(fundraise	-	_			be	
(i) Name and address of individual	(ii) Activity	(iii) Dıd	fundraiser	(iv) Gross receipts	(v) Am	ount paid to	(vi) Amount paid to	
or entity (fundraiser)		have custo of contr	dy or control ibutions?		(or re	tained by) iser listed in	(or retained by) organization	
		Yes	No		со	lumn (i)		
1								
2								
3								
4								
5								
6								
7								
8								
					ļ			
9								
10								
Total		•	. •					
3 List all states in which the organization or licensing	on is registered o	or licensed	to solicit c	ontributions or has been	notified it	is exempt from	registration	
								
								
								
								

Schedule G (Form 990 or 990-EZ) 2012 LUDLOW VOLUNTEER FIRE FIGHTERS INC 03-0216885 Part II | Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) through column (c)) (b) Event #2 (c) Other events (a) Event #1 ANNUAL AUCTION None (event type) (event type) (total number) 1 Gross receipts 36,958. 36,958. 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 36,958. 36,958 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages EXPENSES 8 Entertainment 9 Other direct expenses 8,642. 8,642. 10 Direct expense summary Add lines 4 through 9 in column (d) 8,642. Net income summary. Combine line 3, column (d), and line 10 28,316. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (a) Bingo (c) Other gaming (d) Total gaming REVENUE bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes . 4 Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)... 8 Net gaming income summary. Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? No **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If 'Yes,' explain:

Schedule G (Form 990 or 990-EZ) 2012 LUDLOW VOLUNTEER FIRE FIGHTERS INC.	03-02168	885 Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formadminister charitable gaming?	ned to	Yes No
13 Indicate the percentage of gaming activity operated in:	1 1	
a The organization's facility	13a	ક
b An outside facility	13b	8
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records:	
Name •		
Address •		
15a Does the organization have a contact with a third party from whom the organization receives gaming b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ of gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party:		Yes No
Name ►		
Address ►		
16 Gaming manager information.		
Name •		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?		Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s organization's own exempt activities during the tax year ► \$	pent in the	
Supplemental Information. Complete this part to provide the explanations re columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as this part to provide any additional information (see instructions).	quired by Part applicable. Al	t I, line 2b, so complete
		
		

TEEA3703L 01/07/13

Schedule **G** (Form 990 or 990-EZ) 2012

BAA

SCHEDULE O (Form 990 or 999-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number 03-0216885 LUDLOW_VOLUNTEER FIRE FIGHTERS INC Form 990-EZ, Part III - Organization's Primary Exempt Purpose VOLUNTEER FIRE FIGHTERS Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

2012 Schedule A, Part IV - Supplemental Information Page 5 **Client LFDINC LUDLOW VOLUNTEER FIRE FIGHTERS INC.** 03-0216885 11/12/13 10:18AM Part II, Line 10 - Other Income Nature and Source 2012 2011 2010 2009 2008 Total $\frac{\$}{\$}$ $\frac{738.}{738.}$ $\frac{\$}{\$}$ $\frac{4,690.}{\$}$ $\frac{\$}{5,636.}$ $\frac{\$}{\$}$ $\frac{1,815.}{\$}$ $\frac{\$}{\$}$

Form 990-EZ, Part I, Line 8 Other Revenue SALE OF HATS & SHIRTS. SODA MACHINE FIRE REPORTS	UDLOW VOLUNTEER FIRE FIGHTERS INC.	03-021688 5
Form 990-EZ, Part I, Line 8 Other Revenue SALE OF HATS & SHIRTS. SODA MACHINE		
Other Revenue SALE OF HATS & SHIRTS. SODA MACHINE		
SODA MACHINE		
		332. 371. 35. 738.
ANNUAL FIRE SCHOOL. DUES EQUIPMENT FUNERAL & SICKNESS GIFTS GROCERIES Insurance MISCELLANEOUS Office Expenses REPAIRS	\$	1,465. 1,035. 494. 43,002. 61. 3,194. 1,021. 3,111. 1,492. 755. 624. 1,414. 57,668.

Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.

OMB No -1645-1709

X

Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you a	re filing for an Additional (Not Automatic) 3-Mon	th Extensio	on, complete only Part II (on page 2 of t	his form)			
Do not con	nplete Part II unless you have already been grante	ed an autor	natic 3-month extention on a previously	filed Form 8868			
corporation request an e Associated	filing (e-file). You can electronically file Form 886, required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which milling of this form, visit www.irs.gov/efile.and.click	it automatic : I or Part II i nust be sen	 3-month extension of time You can e with the exception of Form 8870, Information to the IRS in paper format (see instruct 	lectronically file Form on Return for Transfer	n 8868 to s		
Part I	Automatic 3-Month Extension of Time	. Only su	bmit original (no copies needed)).	 		
A corporation	on required to file Form 990-T and requesting an	automatic 6	5-month extension — check this box and	I complete Part I onl	y • 🗆		
All other co income tax	rporations (including 1120-C filers), partnerships, returns	REMICs, a		st an extension of tir tifying number, see			
	Name of exempt organization or other filer, see instructions			Employer identification			
Type or print	LUDLOW VOLUNTEER FIRE FIGHTER:	S TNC		03-0216885			
File by the	Number, street, and room or suite number If a P O box, see in			Social security nur	nber (SSN)		
due date for filing your	C/O RONALD BIXBY P.O. BOX 355						
return See	See City, town or post office, state, and ZIP code. For a foreign address, see instructions						
	LUDLOW, VT 05149						
Enter the Re	eturn code for the return that this application is fo	or (file a sej	parate application for each return)		01		
Application Is For		Return Code	Application Is For		Return Code		
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07		
Form 990-Bl	-	02	Form 1041-A		08		
Form 4720 (ıı	ndividual)	03	Form 4720		09		
orm 990-PF		04	Form 5227		10		
orm 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11		
orm 990-T	(trust other than above)	06	Form 8870		12		
Telephone If the org If this is the check the exten	sion is for	digit Group heck this bo	e United States, check this box Exemption Number (GEN) ox I and attach a list with the na	f this is for the whole	5		
until 1 The ext ► X 2 If the ta	at an automatic 3-month (6 months for a corporation of $1/15$, 20 13 , to file the exempt organization is for the organization's return for calendar year 20 or tax year beginning $4/01$, 20 12 ix year entered in line 1 is for less than 12 monthinge in accounting period	nization ret	g _3/31, 20 13_	nal return			
	pplication is for Form 990-BL, 990-PF, 990-T, 472 ndable credits. See instructions.	20, or 6069	, enter the tentative tax, less any	3 a \$	0.		
	pplication is for Form 990-PF, 990-T, 4720, or 60 ts made Include any prior year overpayment allo			3ь\$	0.		

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

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