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Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

2012

Open to Public Inspection

<b>A</b> For the 2012 calendar year, or tax year beginning , 2012, and ending , 20	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CLARENDON FIRE ASSOCIATION INC</b>
	<b>D</b> Employer identification number 03-6009083
	<b>E</b> Telephone number 802-773-2425
	<b>G</b> Gross receipts \$ 132159.
	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer <b>STEVE FLANDERS</b> <b>PO BOX 168 NORTH CLAREN VT 05759</b>	
<b>H(b)</b> Are all affiliates included? If "No", attach a list (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) 4947(a)(1) or 527	
<b>J</b> Website: ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation 1963 <b>M</b> State of legal domicile VT	

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO FINANCE TRAINING AND EQUIPMENT FOR THE PURPOSE OF PROVIDING FIRE PROTECTION TO THE TOWN OF CLARENDON RESIDENTS AND THE SURROUNDING AREA</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17	
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	30	
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	<b>9</b> Program service revenue (Part VIII, line 2g)	78541.	123368.	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	697.	532.	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6, 9c, 9e, 10c, and 11e)	7311.	-1543.	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86549.	122357.	
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
<b>15a</b> Professional fundraising fees (Part IX, column (A), line 11e)				
<b>b</b> Total fundraising expenses, (Part IX, column (D), line 25) ▶				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		93297.	84890.	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		93297.	84890.	
<b>19</b> Revenue less expenses Subtract line 18 from line 12		6748.	37467.	
Net Assets or Fund Balances		<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
		<b>21</b> Total liabilities (Part X, line 26)	260489.	243449.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20		8465.	
		260489.	234984.	

## 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.

<b>Sign Here</b>	<b>Signature of officer</b> <i>Steven Flanders</i>	<b>Date</b> 02/01/2014
	<b>STEVEN FLANDERS</b> Type or print name and title	<b>PRESIDENT</b>
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> WENDY A BUSSARD WEBSTER	<b>Preparer's signature</b> <i>Wendy A Bussard Webster</i>
	<b>Date</b> 2/01/2014	<b>Check <input type="checkbox"/> if self-employed</b>
	<b>PTIN</b> P00124213	<b>Firm's EIN</b> 03-0355169
	<b>Firm's name</b> 4 SEASONS ACCOUNTING LLC	<b>Phone no.</b> 802-775-3140
	<b>Firm's address</b> 25 CURTIS AVENUE RUTLAND VT 05701-	

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

BCA

US990\$51

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SCANNED FEB 21 2014

17

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

CLARENDON FIRE ASSOCIATION INC

Employer identification number

03-6009083

**PART VI - LINE 19**

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENT AND FINANCIAL STATEMENTS  
AVAILABLE UPON REQUEST.

**PART VI - LINE 11**

THE ORGANIZATION HAS COPIES OF THE TAX RETURN ON HAND TO SHOW ANY OF  
THE MEMBERS WHO REQUEST TO SEE IT.

**PART XI - LINE 9**

ADJUSTMENT TO RECORD BALANCE OF EQUITY ACCOUNTS.

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