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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1. 2012and ending JUN 30, 2013 Check if applicable C Name of organization D Employer identification number Address change CORNWALL VOLUNTEER FIRE DEPARTMENT ]Name Jchange 22-3041895 Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin 1952 ROUTE 30 802-462-2990 Amended return City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-CORNWALL, VT 05753 H(a) Is this a group return pending F Name and address of principal officer. DENNIS RHEAUME Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes No. Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ X Other ► VOLUN L Year of formation 1951 M State of legal domicile VT Trust Association K Form of organization Corporation Part I Summary Briefly describe the organization's mission or most significant activities: FIRE PROTECTION AND EMS Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 26 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 71,773 Contributions and grants (Part VIII, line 1h) 311,211. 0. 0. Program service revenue (Part VIII, line 2g) 82. 78. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 71,855. 311,289. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Ō. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) Ō. 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ò. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 91,986. 104,109. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 104,109. 91,986. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 219,303. <32,254.> Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 497,879. 278,576. 20 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 278,576. 22 Net assets or fund balances Subtract line 21 from line 20 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 -4-13 enu Signature of officer Sign Dennis Rheavme Here Type or print name and title Date PTIN Print/Type preparer's name Check Preparer's signeture 10/24/13 Man F.V. P00206662 Paid VANCE P. DEBOUTER Firm's name VANCE P DEBOUTER CPA PC 03-0370880 Preparer Firm's EIN Firm's address 181 WEST COLLEGE Use Only STREET 440-774-6400 OBERLIN, OH 44074 Phone no X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2012)

Forn	n 990 (2012) CORNWALL VOLUNTEER FIRE DEPARTMENT 22-3041895 Page	<u>2</u>
Pa	rt III Statement of Program Service Accomplishments	7
	Check if Schedule O contains a response to any question in this Part III	ᆚ
1	Briefly describe the organization's mission:  VOLUNTEER FIRE DEPARTMENT SERVING THE TOWN OF CORNWALL AND SURROUNDING	
	TOWNS AS NEEDED.	_
	TOWNS AS REEDED.	_
		_
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the prior Form 990 or 990-EZ?	5
	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?	0
	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 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 \$ 89,818. including grants of \$) (Revenue \$)	. )
	RESPOND TO FIRE AND MEDICAL EMERGENCIES AS NEEDED	_
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4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	, )
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4c	(Code ) (Expenses \$	<u> </u>
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4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
<u>4e</u>	Total program service expenses ► 89,818.	_
	Form <b>990</b> (201)	2)

Form 990 (2012) CORNWALL VOLUNTEER FIRE DEPARTMENT

Part IV Checklist of Required Schedules

<u> </u>			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		X
4	Section 501(c)(3) organizations. 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	4		Х
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 98-197 If "Yes," complete Schedule C, Part III	5		Х
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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	9		Х
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	10		Х
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.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	X_	
ь	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	11b		X
С	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	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	•	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Ì	
	Schedule D, Parts XI and XII	12a		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 and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	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	14b		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	15		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	16		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	17_	<u> </u>	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	18		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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990	(2012)

Par	t IV Checklist of Required Schedules (continued)			
			Yes_	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ĺ	Į
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b></b>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			l
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ĺ
	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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		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	27	ļļ	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	۱.,		v
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	_38_	X	$\bot$

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18 Enter the number reported in Box 3 of Form 1096. Enter 0-f not applicable  19 Enter the number of Forms W2G included in line 1a Enter 0-f not applicable  10 Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  20 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  10 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  30 Id the organization have unrelated business gross sincome of \$1,000 or more during the year?  31 If 'Yes,' and stilled a Form 990 T for this year? If 'No,' provide an explanation in Schedule O  42 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 (left)  32 If 'Yes,' refer the name of the foreign country   Power of the properties of	1a Enter the number reported in Box 3 of Form 1096. Enter 0-ff not applicable Enter the number of Forms V30 finducids in the 1s Enter 0-ff not applicable Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners?  2a		Check if Schedule O contains a response to any question in this Part V				
b Enter the number of Forms W-22 included in line 1a Enter-0-if not applicable  Old the organization comply with backup withholding jules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendary year ending with or within the year covered by this return  I to life it least one is reported on line 2a, did the organization file ell required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If Yes, has it filed a Form 990-Tf or this year? If Y-No, 'provide an explanation in Schedule O  4a At any time during the celendary year, did the organization was 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)?  5b If Yes, 'to life or foring requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization at party to a prohibited tax shelter transaction?  5c If Yes, 'to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes, 'to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5d Does the organization include with every solicitation an expresses statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions?  8b If Yes, 'to dit the organization include with every solicitation an expresses statement that such contributions or gifts were not tax deductible?  9c Did the organization selected and include with every solicitation and party for goods and services provided to the payor?  7d If Yes, 'to did the organization notify the donor of the value o	Enter the number of Forms W22 included in line 1a Enter O- if not applicable  De the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) with nonnegs to prze winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. It is a complete the property of the pr					Yes	No
b Enter the number of Forms W2G included in line 1a Enter O-If not applicable  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return    b   If at least one is reported on line 2a, did the organization file all required federal employment tax returne?   D   Very State of the winners of the winne	be Enter the number of Forms W2G included in line 1a. Enter 0-if not applicable   Dot the organization concly with backup with blocking rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. 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.  1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a. Did the organization have unrelated business gross income of \$1.000 or more during the year?  3b. If Yee, 1 are tifed a Form 930-for for this year If "No, *provide an explanation in Schedule O  4b. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account)?  4c. If Yes, 1 are tifed a Form 930-for for the year If "No, *provide an explanation in Schedule O  4c. If Yes, 1 and 1 are 1	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		<b>⊣</b> ∶		
2a 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 if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b if 'Yes,' has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  4 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)?  b if 'Yes,' reter the name of the foreign country! ≥ See instructions for filing requirements for Form TD F90:22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if 'Yes,' to line 5a or 5b, did the organization file Form 888617  5b Does the organization has annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if 'Yes,' did the organization include with every solicitation an expess statement that such contributions or gifts were not tax deductible?  7b Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided?  7c Organizations that may receive deductible contributions under section 170(c).  a bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal p	(gambling) winnings to prize winners?  2	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b (	)		
2a 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  2a 0  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b if Yes,* has it filed a Form 990°T for this year? If Yes,* provide an explanation in Schedule O  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)?  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.  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes,* to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible accharitable contributions?  5c Organizations that may receive deductible contributions under section 170(c).  5c Organizations that may receive deductible contributions under section 170(c).  5c If Yes,* indicate the number of Forms 82828 filed during the year  5d If Yes,* indicate the number of Forms 8282 filed during the year  5d If Yes,* indicate the number of Forms 8282 filed during the year  5d If Yes,* indicate the number of Forms 8282 filed during the year  5d If Yes,* indicate the number of Forms 82828 filed during the year  5d Foreign organiza	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  1 If I all least one is reported on the 2a, did the organization file all required (ederal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a IX 3b. If Yes, * has it filed a Form 990-T for this year? If * No.* provide an explanation in * Schedule O*  4 At any time during the calendary year, did the organization have an explanation in * Schedule O*  4 At any time 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.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b. If Yes, * fold the organization have the organization have anyly to a prohibited tax shelter transaction at any time during the tax year?  5c. If Yes, * fold the organization multiple than the was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c. If Yes, * fold the organization melude with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. Organization shell, exchange, or other-weight that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c. If Yes, * did the organization melude with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If Yes, * did the organization melude with every solicitation an express statement that such contributions or gifts were not tax deductible.  6c. If Yes, * 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?  7d. If Yes, * did the organization receive any funds, (xrecity or indirectly,		· ·	eportable gaming			
filed for the calendar year ending with or within the year covered by this return    1	field for the calendar year ending with or within the year covered by this return    State		(gambling) winnings to prize winners?	1	1c		
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 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)?  4 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)?  5 If 'Yes,' enter the name of the foreign country:  5 See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization file Form 8886-7?  5 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 as charitable contributions?  5 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  6 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or or the value of the goods or services provided?  7 Did the organization sharp receive deductible contributions under section 170(c).  8 If 'Yes,' did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  9 If 'Yes,' did the organization or of the value of the goods or services provided?  10 If the organization is entire the second organiz	b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  No be. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Dif 1'Yes, that filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b Dif Yes, that filled a Form 190-T for 190-190-190-190-190-190-190-190-190-190-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrielated business gross income of \$1,000 or more during the year? 31. If Yes, "and it filed a Form 990-For this year? If *No." provide an explanation in Schedule O 42. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 43. If Yes, "and it filed a Form 990-For this year? If *No." provide an explanation in Schedule O 45. If Yes, and the foreign country; ▶ 56. If Yes, and the organization of thing requirements for Form 10 = 902.21, Report of Foreign Bank and Financial Accounts. 57. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 58. If Yes, and the organization the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 59. If Yes, and the organization form 10 = 902.21, Report of Foreign Bank and Financial Accounts. 59. If Yes, and the organization the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 59. If Yes, and the organization that it was or is a party to a prohibited tax shelter transaction and party time during the tax year? 50. If Yes, and 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? 50. If Yes, and the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 51. If Yes, and the organization include with every solicitation and express statement that such contributions or grits were not tax deductible as charitable contributions and party for goods and services provided? 52. If Yes, and the organization include with every solicitation and express statement that such contributions or did the organization and party for goods an		filed for the calendar year ending with or within the year covered by this return		-		
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b   if "Yes," has it filed a Form 990-T for this year? If "No," prowde an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a foreign country (such as a bank account, a count, a country financial account)?  b   if "Yes," enter the name of the foreign country: ▶  5a   Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5b   Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c   if "Yes," to line 5a or 5b, did the organization file Form 886-T?  6a   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 as charitable contributions?  if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  6 if "Yes," did the organization notify the donor of the value of the goods or services provided?  b   if "Yes," indicate the number of Forms 8282 filed during the year  c   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f   Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization make any taxable distributions under section 4966?  b   Did the organization make a distribution to day a sponsoring organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  a   Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(1) organizations. Enter:  a   Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them )  11a   Did the organization	b if 'Yes,' has it filed a Form 990-T for this year? If 'No,'' provide an explanation in Schedule O 43. At any time during the celendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the celendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the provided in the celendary year, did the organization see bank account, or other financial accountly?  4a  X  b if 'Yes,' enter the name of the foreign country: Implements for Form ID F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a  X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5a  E Yes,' did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any centributions that were not tax deductible as chartable contributions?  6b  C Possibility of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8b If 'Yes,' did the organization notify the clond or of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8202?  8b If 'Yes,' did the organization receive any funds, directly, to pay premiums on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations amaliating iden ariset			)			
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)?  **Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**  **Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**  **Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**  **Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**  **Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**  **Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**  **Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**  **Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**  **Be instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts.**  **Be in the filing and the filing	4. 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)?  See instructions for filing requirements for Form TD F 90:21. Report of Foreign Bank and Financial Accounts.  See Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5						Х
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	c Enter the amount of reserves on hand  4a Did the organization receive any payments for indoor tanning services during the tax year?  13c	-		13b	╛		
c Enter the amount of reserves on hand	4a Did the organization receive any payments for indoor tanning services during the tax year?	c			]	<u></u>	<u> </u>
	The time of garillation (1995) and (1995) an				14a		X
	D IT YES, nas it filed a Form 720 to report these payments 7 if "No. provide an explanation in Schedule 0		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b below 7b below 7b below 7b below 7b

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	1						
	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 0  Finter the number of voting members included in line 1a, above, who are independent.							
	Elici ilia ila ila ila ila ila ila ila ila i	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	Х				
•	officer, director, trustee, or key employee?	2	-					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		<b>X</b> _				
4	of officers, directors, or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4		X				
_		5		X				
<ul> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> </ul>								
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	_6		<u>X</u>				
	more members of the governing body?	7a		Х				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
-	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
	The governing body?	8a	x					
	Each committee with authority to act on behalf of the governing body?	8b	X					
9	is there any officer, director, 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	9		_X_				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes_	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>				
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?	10b	-,,					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<del></del>				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1	v				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-						
12	In Schedule O how this was done	12c		X				
13 14	Did the organization have a written whistleblower policy?	14		$\frac{x}{x}$				
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14						
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
	Other officers or key employees of the organization	15b		$\frac{\pi}{X}$				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			•				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
ь	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 take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial					
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ition:						
	LISA NORTHUP - 802-462-2290							
	1952 ROUTE 30, CORNWALL, VT 05753 05753							

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Form	990	(20)	12)

### CORNWALL VOLUNTEER FIRE DEPARTMENT

22-3041895

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## 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

- 1a 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.

X Check this box if neither the organization n	or any related	orga	nıza	ation	cor	npei	nsat						
(A)	(B)			_ (0	(C)			(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated			
	hours per	box, unless person is both an officer and a director/trustee)			is bot	h an		compensation	amount of				
	week		er ar	io a d	recto	on trus	(ee)	from	from related	other			
	(list any	Individual trustee or director		ļ		_		the organization	organizations (W-2/1099-MISC)	compensation from the			
	hours for related	900	黟	1		Safe		(W-2/1099-MISC)	(44-2/1099-141130)	organization			
	organizations	truste	125		8€	Ē.		(11 2) 1000 111100)		and related			
	below	E P	Institutional frustee	_	oldu	9 22	5			organizations			
	line)	횰	l ag	Officer	Key employee	Highest compensated employee	퉏						
(1) DENNIS RHEAUME	3.00												
CHIEF				X	L.	ļ		0.	0.	0.			
(2) DAVID BERNO	3.00	ļ	1		ļ		ļ						
1ST ASST CHIEF				Х		<u> </u>	L_	0.	0.	0.			
(3) SEAN STEARNS	3.00												
2ND ASST CHIEF				X			L.	0.	0.	0.			
(4) LISA NORTHUP	3.00		ļ				ļ						
TREASURER			<u> </u>	X	ļ	<u> </u>		0.	0.	0.			
(5) KEN MANCHESTER	3.00												
1ST CAPTAIN			<u> </u>	X	<u> </u>			0.	0.	0.			
(6) RAPH WORRICK	3.00												
2ND CAPTAIN			ļ	X		<u> </u>	<u> </u>	0.	0.	0.			
(7) DAVID SEARS	3.00									_			
3RD CAPTAIN			<u> </u>	X	_	_	┞	0.	0.	0.			
(8) CHRIS DAYTON	3.00			١									
SECRETARY	2 00	ļ	<u> </u>	X		ļ		0.	0.	0.			
(9) LEW CASTLE	3.00	-		1						0.			
LIEUTENANT 1	<del></del>	-	<del> </del>	Х	┝		┝	0.	0.				
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	Part VII Section A. Officers, Directors, Trus (A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D)  Reportable compensation from	(E) Reportable compensation from related		on amour d othe		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om the anizati relate nizatio	ed
								<u> </u>						
·											_		_	
1b Sul	o-total al from continuation sheets to Part	VII, Section A					<b>&gt;</b>	<u> </u>	0.		0.			0
2 Tot	al (add lines 1b and 1c) al number of individuals (including but npensation from the organization	not limited to th	ose	liste	ed a	bov	e) wh	no re	0 . eceived more than \$100	0,000 of reportabl	0. e			0
	the organization list any former office			e, ke	y er	mplo	yee	, or	highest compensated e	mployee on	[	3	Yes	No X
4 For	1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the direlated organizations greater than \$1	sum of reportab	le c						· ·	the organization		4		X
<b>5</b> Did	any person listed on line 1a receive of dered to the organization? If "Yes," co	r accrue compe	nsat	ion f	rom	any	unr unr			idual for services		5		X
Section	B. Independent Contractors							4		\$100,000 of com				
	mplete this table for your five highest organization. Report compensation for										ipensa			
	(A) Name and busine	ss address	N	INC	Ξ				(B) Description of s	services	С	Omper		n
		· · · · · · · · · · · · · · · · · · ·							w					
											<u>.</u>			
							•							
										-				

Form **990** (2012)

			Check if Schedule O conta	ains a respons	e to any question i	n this Part VIII			
	• •					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grant similar amounts not included above	ts, and ve 1f	311,211.	<b>k</b>			
and		-	Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f	1a-1f \$	<del></del>	311,211.			
		.,	Total. Add lines Ta-11		Business Code	011/2111			
Program Service Revenue		a b c d							
g		-	All other program service reve	nue			_		
			Total. Add lines 2a-2f		<b>&gt;</b>				
	3 4 5		Investment income (including other similar amounts) income from investment of tax Royalties		<b>&gt;</b>	78.			78.
	٦		Hoyanies	(i) Real	(ii) Personal			-11	
	6	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		<b>&gt;</b>				
	7	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other				
			Net gain or (loss)		<b></b>	•			
Other Revenue		a b	Gross income from fundraising including \$	of 1c) See	a b				
_	ı		Net income or (loss) from func	-	<b>•</b>				
		b	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam		a b				
	10	b	Gross sales of inventory, less and allowances Less cost of goods sold		a b				
	<del>                                     </del>	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11	a b c	Wiscella recus neveru						
		đ	All other revenue				ļ		<del> </del>
	12		Total. Add lines 11a-11d  Total revenue. See instructions		<b>&gt;</b>	311,289.	_0.	0	78.

## Form 990 (2012) CORNWALL VOLUNTEER FIRE DEPARTMENT Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mplete column (A).	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	İ			
6	Compensation not included above, to disqualified				<del></del>
	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 403(b) employer contributions)				
9	Other employee benefits		-~	<u>.</u>	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	_ ~				<del> </del>
_	Accounting		.=		
d	Lobbying Professional fundamental control Con Part IV June 17				<del></del>
e	Professional fundraising services See Part IV, line 17 Investment management fees				
9					
9	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				<del></del>
14	Information technology		- "		
15	Royalties				
16	Occupancy				<u></u>
17	Travel		<u>.</u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		_		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	26 226	26 226		
22	Depreciation, depletion, and amortization	36,226. 16,856.	36,226. 16,856.		<del></del>
23	Insurance	10,030.	10,030.		
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)				
а	amount, list line 24e expenses on Schedule 0) UTILITIES	9,928.	9,928.		<u></u>
a b	VEHICLE EXPENSES	9,070.	9,070.		
C	FIRE FIGHTING EQUIPMENT	6,113.	6,113.		
d	TELEPHONE AND DISPATCH	3,714.	3,714.		
e	All other expenses SEE SCH O	10,079.	7,911.	2,168.	
25	Total functional expenses. Add lines 1 through 24e	91,986.	89,818.	2,168.	0.
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 If following SOP 98-2 (ASC 958-720)				

Par	tΧ	Balance Sheet					<del></del>
		Check if Schedule O contains a response to any	question in	this Part X		—-т	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			70,896.	1	76,884.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and fo	s, directors,	71111			
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali	fied persons	(as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(I	3), and contributing			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net	·			7	
Ass	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					11 11 11 11 11 11 11 11 11 11 11 11 11
		basis. Complete Part VI of Schedule D	10a	916,801.			
	b	Less: accumulated depreciation	10b	495,806.	207,680.	10c	420,995.
	11	Investments - publicly traded securities		11			
1	12	Investments · other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		278,576.	16	497,879.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		į		20	
S	21	Escrow or custodial account liability. Complete	Part IV of Sc	hedule D		21	
≝	22	Loans and other payables to current and former	r officers, dir	ectors, trustees,			,
abi		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third pa	ırtıes		23	
	24	Unsecured notes and loans payable to unrelate	d third partie	es		24	
	25	Other liabilities (including federal income tax, pa	yables to rel	ated third			
		parties, and other liabilities not included on lines	s 17·24). Cor	nplete Part X of			
		Schedule D		1		25_	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	3), check he	re ▶ 🔲 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
ĕ	27	Unrestricted net assets				27	
3ala	28	Temporarily restricted net assets		28			
B	29	Permanently restricted net assets	<u>-</u>	29			
5		Organizations that do not follow SFAS 117 (A			•		
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		70,896.	30	76,884. 420,995.	
SS	31	Paid-in or capital surplus, or land, building, or ed	nd [	207,680.	31		
¥.	32	Retained earnings, endowment, accumulated in		1	0.	32	0.
Net Assets or Fund Balances	i	=				1 407 070	
ž	33	Total net assets or fund balances			278,576. 278,576.	33 34	497,879. 497,879.

	1 990 (2012) CORNWALL VOLUNTEER FIRE DEPARTMENT	22-304	1895	Pag	ge <b>12</b>
Pa	rt 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			<u>89.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			86.
3	Revenue less expenses. Subtract line 2 from line 1	3		_ <u>-</u>	03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	3 <u>,5</u>	76.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	497	7,8	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	ite basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	nedule O.			,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		<u> </u>

Form **990** (2012)

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2012

Open to Public Inspection

Name of the organization

CORNWALL VOLUNTEER FIRE DEPARTMENT

Employer identification number 22-3041895

Par	7 F	Reason t	for Public Chari	ty Status (All organiza	ations mus	st complete	e this part	.) See ınstı	ructions.				
he c	raani	zation is not a	orivate foundation b	pecause it is: (For lines 1	through 1	1. check o	only one be	ox.)		_			
1 [			•	, or association of churc									
2	Ħ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	亏	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	亏	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		poration in conjunction.						•	•		
5 [		•		penefit of a college or un	olversity ov	vned or on	erated by	a governn	nental unit	describ	ed in		
<b>J</b> (		=	(b)(1)(A)(iv). (Comple		iivoiony o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b></b> go					
6				ent or governmental unit	described	lın sectio	n 170(h)/1	<b>\(Δ\(</b> ω)					
	X								r from the	general	nublic desc	ribed i	n
,	41	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.)											
		•		ection 170(b)(1)(A)(vi). (	(Complete	Part II \							
8 [ 9 [	=	•		ection 170(b)(1)(A)(0). (e)			rom contrib	outione m	amharchir	n fees a	nd arnss rea	einte	from
9 (				erves. (1) more than 55 in actions - subject to certa									
				exable income (less sect									
					.1011 5 1 1 ta	A) HOIH DU	31163363 a	icquired b	y tile olga	nization :	artor durio o	0, 10,	0.
10			509(a)(2). (Complete	erated exclusively to te	et for publi	o cofety S	See sectio	n 500(a)(4	ıs.				
11	=			perated exclusively to te						out the	nurnoses o	f one	or
				itions described in section									٠,
				organization and comple				,. Occ <b>300</b>		27(07: 011			
		a Type I			ype III · Fui			d	Type	e III - No	n-functional	v inte	orated
e l			•	t the organization is not									-
е (				nan one or more publicly									
f				ten determination from t						(α)(1) Οι		(-/(-/	
•			rganization, check th		ine in to the		pc 1, 13pc	11, 01 1, 00	,				
_		• • •	_	rganization accepted ar	ay aift or co	antribution	from any	of the follo	nwing ners	ons?			
g				rectly controls, either al							ı <u>.</u>	Yes	No
				upported organization?	one or tog	CUICI WILLI	persons o		() ۵ (.	, 55.511	11g(i)		
		-		n described in (i) above?							11g(ii)		
		• •		person described in (i) d		a-?					11g(iii)		
h		•		about the supported or								L	
.,		FIOVICE LIE IC	ollowing information	about the supported on	gamzanom	(3).							
(i)		of supported	(iı) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the c	rganization sted in vour			(vi) Is organizatio	n in col	(vii) Amount	of mo	netary
	orga	inization		above or IRC section	governing		(i) of your	support?	(i) organiz U S	?	Jup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No	1		
						·					_	-	-
							<u></u>		<del> </del>		<u>;</u>		_
		· <del></del> -											
	•								<del>                                     </del>				
Total	I												

Schedule A (Form 990 or 990-EZ) 2012 CORNWALL VOLUNTEER FIRE DEPARTMENT 22-30418

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										
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1											
	membership fees received. (Do not										
	include any "unusual grants.")	59,282.	92,937.	123,636.	71,773.	311,211.	658,839.				
2	Tax revenues levied for the organ-		, ,								
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	59,282.	92,937.	123,636.	71,773.	311,211.	658,839.				
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		7				658,839.				
	ction B. Total Support						<del></del> _				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4	59,282.	92,937.	123,636.	71,773.	311,211.	658,839.				
8	Gross income from interest,										
	dividends, payments received on	ļ									
	securities loans, rents, royalties	i									
	and income from similar sources	745.	65.	166.	82.	78.	1,136.				
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			·			659,975.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12					
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —				
	organization, check this box and stop	here					<u> </u>				
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<del></del>	00 02				
14	Public support percentage for 2012 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	99.83 %				
	Public support percentage from 2011					15	99.78 %				
16a	<b>33 1/3% support test - 2012</b> . If the c				14 is 33 1/3% or r	more, check this bo	ox and ⊾ ▼				
	stop here. The organization qualifies						<b>►</b> X				
t	33 1/3% support test - 2011. If the c				line 15 is 33 1/39	6 or more, check t	his box				
	and stop here. The organization qual										
17a	10% -facts-and-circumstances tes										
	and if the organization meets the "fac					rt IV how the orga	nization				
	meets the "facts-and-circumstances"					470	100/ 0::				
t	10% -facts-and-circumstances tes										
	more, and if the organization meets the						<b>●</b>				
_	organization meets the "facts-and-circ										
<u>18</u>	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	or 990-EZ) 2012				
					Scho	euule A (FORM 990	, or 550-E2) 2012				

# Schedule A (Form 990 or 990-EZ) 2012 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.)

Calendar year (or fiscal year beginning in) P  Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants"?  2 Gross receipts from admissions, merchandles cold or service performed, or facilities furnished in any activity that is related to the organization's tax-eventrip purpose.  3 Gross receipts from admissions, merchandles cold or service performed, or facilities furnished in any activity that is related to the organization's tax-eventrip purpose.  3 Gross receipts from admissions are considered in any activity that is related to the organization's tax-eventrip purpose.  3 Gross receipts from admissions are considered in a considered in	Sec	ction A. Public Support						
membership fees received. (Do not include any fundamental processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission processing from admission from any activity that is related to the organization star-exempt purpose and any activity that is related to the organization star-exempt purpose and admission processing from admission admission processing from admission processing from admission admission admission admission processing from admission admission admission admission admission admission admission admission a	Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
include any 'unusual grants')  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's travexempt purpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues leved for the organization's travexempt under the comparization is benefit and either paid to or expended on this behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Tofal. Add lines 1 Intrough 5  7 A Amounts included on lines 1,2, and 3 received from disqualited persons by Amounts include on lines 1,2, and 3 received from disqualited persons by Amounts included on lines 1,2, and 3 received from disqualited persons by Amounts included on lines 1,2, and 3 received from disqualited persons by Amounts included on lines 2 and 3 misceres from the second lines 2 and 3 misceres from the second lines 1,2 and 1,3 and 1,4 a	1	Gifts, grants, contributions, and						
2 Gross recepts from admissions, merchandes sold or services pare formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross recepts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved 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 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons between the services of the servi		membership fees received. (Do not						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization tax exempt purpose and activities that are not an unrelated trade or business under section 513  4. Tax reviews lewed 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 change.  6. Total. Add lines 1 through 5.  7. A Amounts included on lines 1, 2, and 3 received from disqualified persons.  8. Avoid in services or facilities for the organization of the organiza		include any "unusual grants ")						
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2011 Schedule A, Part III, line 17 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. 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								
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acquired after June 30, 1975 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 lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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	t	Unrelated business taxable income						
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 lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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		•						
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 lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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		acquired after June 30, 1975						
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 lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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	•	Add lines 10a and 10b					<u> </u> .	
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 lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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	11							
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 lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2011 Schedule A, Part III, line 17  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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		,						
or loss from the sale of capital assets (Explain in Part IV)  13 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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								
assets (Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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	12							
13 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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								
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19 a 33 1/3% support tests - 2012. 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	13							
Section C. Computation of Public Support Percentage  15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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			the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))  15 %  16 Public support percentage from 2011 Schedule A, Part III, line 15 %  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17 %  19a 33 1/3% support tests - 2012. 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		check this box and stop here						<u> </u>
16 Public support percentage from 2011 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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	Se	ction C. Computation of Publ	ic Support Pe	rcentage				
Section D. Computation of Investment Income Percentage  17 Investment Income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment Income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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	15	Public support percentage for 2012 (	ine 8, column (f) d	livided by line 13,	column (f))		15	%
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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	16	Public support percentage from 2011	Schedule A, Part	III, line 15		_	16	<u>%</u>
18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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	Se	ction D. Computation of Inves	stment Incom	e Percentage				
18 Investment income percentage from 2011 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2012. 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	17	Investment income percentage for 20	12 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
19a 33 1/3% support tests - 2012. 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							18	%
$\stackrel{\star}{\sim} 1 - 1$					on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
								▶ □
b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	t							and
line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . 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	20							<u> </u>

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2012 Open to Public Inspection

Name of the organization

CORNWALL VOLUNTEER FIRE DEPARTMENT

Employer identification number 22-3041895

Pa	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 advi	sed funds					
	are the organization's property, subject to the organization's	_	Yes No					
6	Did the organization inform all grantees, donors, and donor a	-	e used only					
	for charitable purposes and not for the benefit of the donor of		*					
	impermissible private benefit?	, , ,	Yes No					
Pa		ganization answered "Yes" to Form 990,						
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (e.g., recreation or e		storically important land area					
	Protection of natural habitat		tified historic structure					
	Preservation of open space	- <del></del> -						
2	Complete lines 2a through 2d if the organization held a quali	fied 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					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c					
d	Number of conservation easements included in (c) acquired	• •						
Ī	listed in the National Register	and of 17700, and not on a motorio sinds	2d					
3	Number of conservation easements modified, transferred, re	eleased extinguished or terminated by th						
	year ►	modeled, extringuished, or terminated by the	o organization doming the tax					
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the pe							
•	violations, and enforcement of the conservation easements	•	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year					
7	Amount of expenses incurred in monitoring, inspecting, and							
8	Does each conservation easement reported on line 2(d) above		·					
	and section 170(h)(4)(B)(ii)?	vo sallor, line requirements of seeller in	Yes No					
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and					
_	include, if applicable, the text of the footnote to the organiza							
	conservation easements.							
Pai	TIII Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.					
	Complete if the organization answered "Yes" to Form							
	If the organization elected, as permitted under SFAS 116 (As		ment and balance sheet works of art.					
	historical treasures, or other similar assets held for public ex							
	the text of the footnote to its financial statements that descr		, , , , , , , , , , , , , , , , , , ,					
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical					
_	treasures, or other similar assets held for public exhibition, e	·						
	relating to these items:	occasion, or recognism in removalities or pr	some solving, provide the remaining amount					
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$					
	(ii) Assets included in Form 990, Part X		> s > s					
2	If the organization received or held works of art, historical tre	easures or other similar assets for financi						
_	the following amounts required to be reported under SFAS 1		argani, provide					
•	Revenues included in Form 990, Part VIII, line 1	To have and relating to these items.	<b>&gt;</b> \$					
a			► \$ ► \$					
b	Assets included in Form 990, Part X		• • • <u> </u>					

Sche	dule D (Form 990) 2012 CORNWAL	L VOLUNTEE	R FIRE	DEP	ARTMENT	Γ	2	2-30	<u>41895</u>	Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	easures, c	or Other	<u>Simila</u>	r Asse	<b>ts</b> (continue	e <i>d</i> )
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the f	following that	t are a sign	ıfıcant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	Lo	an or exch	nange progra	ıms				
b	Scholarly research	е	Ctl	ner						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizatio	on's exemp	t purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiz	ation's co	llection?				Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if the or	ganizatior	n answered "	Yes" to Fo	rm 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	· · · · · · · · · · · · · · · · · · ·	lary for co	ntribution	s or other as	sets not inc	cluded			
	on Form 990, Part X?		,						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	le:						
_	, roo, onplant the annual golden with the annual section of the se								Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21?				-		Yes	No No
	If "Yes," explain the arrangement in Part XIII.			has been	provided in f	Part XIII				
Par	······									
	· · · · · · · · · · · · · · · · · · ·	(a) Current year	(b) Prio	r year	(c) Two year	s back (d)	Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance		1	•	1.1.1					
	Contributions		-							
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities						-			
•	and programs					1				
f	Administrative expenses									
Я	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1a.	column (a	i)) held as:					
а	Board designated or quasi-endowment		%	•						
	Permanent endowment ▶	%								
	Temporarily restricted endowment ▶									
_	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that a	are held a	nd administe	red for the	organiz	ation		
	by:	• • • • • • • • • • • • • • • • • • • •							Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" to 3a(II), are the related organization:	s listed as required o	n Schedul	e R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm								_	
	Description of property	(a) Cost or o		(b) Cost	or other	(c) Acci	umulate	d	(d) Book	value
		basis (investr	ment)	basis	(other)	depre	eciation			
1a	Land			2	9,500.				29	,500.
	Buildings				1,160.	7	75,99	96.		,164.
	Leasehold improvements									
	Equipment			67	6,141.	4 1	19,8	10.	256	<del>,</del> 331.
	Other									
	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0(c).)			<b>&gt;</b>	420	,99 <u>5</u> .

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 CORNWALL VOLUNTEER FIRE D	EPARTMENT	22-3041895 Page 4
	* XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue	
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:		
а	Net unrealized gains on investments	2a	
ь	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expens	es 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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	rt XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part		

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

## 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.

2012 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CODMINATE MOTHNINGED FIRE DEDADMINENT

Employer identification number 22-3041895

CORNWALL VOLUNTEER FIRE DEPARTMENT	22-3041895
FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:	
VOLUNTEER ORGANIZATION	
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS REVIE	WED BY THE
TREASURER PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	2 275
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,275.
TRAINING EXPENSE:	
PROGRAM SERVICE EXPENSES	2,263.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,263.
OFFICE SUPPLIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,168.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,168.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	dule O (Form 990 or 990-EZ) (2012)

Name of the organization	Employer identification number 22-3041895
CORNWALL VOLUNTEER FIRE DEPARTMENT	22-3041093
MEDICAL SUPPLIES AND EQUIPMENT:	
PROGRAM SERVICE EXPENSES	1,584.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,584.
DUES:	
PROGRAM SERVICE EXPENSES	789.
	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	789.
TOTAL EXPENSES	
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 10,079.
	<del></del>

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

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

Business or activity to which this form relates

990

OMB No 1545-0172

Attachment Sequence No 179 Identifying number

	RNWALL VOLUNTEER FIR						GE 10		22-3041895
Pai	🚹 📗 Election To Expense Certain Propert	Under Section 1	79 Note: If yo	u have any lis	ted pr	operty, co	mplete Part	/ before y	
<b>1</b> N	faximum amount (see instructions)							1	500,000.
2 T	otal cost of section 179 property place	d in service (see	instructions	)				2	
3 T	hreshold cost of section 179 property b	efore reduction	ın lımıtatıon					3	2,000,000.
4 F	Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, ente	er -0-				4	
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from line 1	If zero or less, enter	-0- If married fil	ing separately, see	nstruct	ions		5	<u></u>
6	(a) Description of prop	perty		(b) Cost (busin	ess use	only)	(c) Elected	cost	
				_					
7 1	Isted property. Enter the amount from I	ine 29				7			
	otal elected cost of section 179 proper		un column (	c) lines 6 and	7	L		8	1
	entative deduction. Enter the smaller of	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o,,100 0 a.10	•			9	
	Carryover of disallowed deduction from		111 Form 45	62				10	
	Business income limitation. Enter the sm	-			ra) ar li	ne 5		11	
			•			iiie J		12	
	Section 179 expense deduction. Add lin				ne 11	13		12	
	Carryover of disallowed deduction to 20 : Do not use Part II or Part III below for					13			<u> </u>
					do liet	ad propo	41.1		
Pa					-			1 -	T
	Special depreciation allowance for qualit	ied property (otr	ner than liste	a property) pi	aced I	n service	auring		
	he tax year							14	
	Property subject to section 168(f)(1) elec	ction						15	36,226.
	Other depreciation (including ACRS)			<del></del>				16	30,220.
Pa	THE MACRS Depreciation (Do not	include listed pr			.)				
				ection A				1	T
17 N	MACRS deductions for assets placed in	service in tax ye	ars beginnir	ng before 201	2			<u>  17</u>	
18 II	you are electing to group any assets placed in servi						<u> </u>		
	Section B - Assets I				Using	the Gene	eral Deprecia	tion Syst	tem
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
c	7-year property								
ď	10-year property								
e	15-year property								
f	20-year property	]							
	25-year property				2	5 yrs.		S/L	
		/			27	7.5 yrs.	MM	S/L	
h	Residential rental property	/		<del></del>	+	7.5 yrs.	ММ	S/L	
		/			1	9 yrs.	MM	S/L	
i	Nonresidential real property	/			1		MM	S/L	
	Section C - Assets PI	aced in Service	During 201	2 Tax Year U	sing t	he Altern			rstem
20a	Class life	<u> </u>			T	-	T	S/L	
<u>20a</u> b	12-year	1			1	2 yrs.	<del>  -</del>	S/L	
		,				10 yrs.	ММ	S/L	
D <sub>2</sub>	40-year  rt IV Summary (See instructions.)	/				, 10.	1 141141	, O, L	<u> </u>
	<del></del>	00			<u>.</u>			21	
	isted property Enter amount from line		40 20	O	ا ۱	line Od		21	<del> </del>
	<b>Total.</b> Add amounts from line 12, lines 1 Enter here and on the appropriate lines						·	22	36,226.
23 F	or assets shown above and placed in s	service during th	e current ye	ar, enter the					
r	portion of the basis attributable to section	on 263A costs				23			<u> </u>

43

44

43 Amortization of costs that began before your 2012 tax year

44 Total. Add amounts in column (f). See the instructions for where to report