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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

7	A F	or the	2013 calendar year or tax year beginning $TAMUA-RU$ 2013, and ending $D$	الماسية الماسية	MI	SER31 2013
		heck if ap	policable C Name of organization	D Empl	oyer id	entification number
I		Address o	MANGE STAMFORD VOLUNTEER FIRE COMPANY INC	06	- 03	1-6741
	ן	Name cha	nge Number and street (or P O box If mail is not delivered to street address) (Room/suite	E Telep	hone n	umber
ļ	<u> </u>	nılıal retu	142 STEBBINSLANE	202	-69	4-1515
	_	ermnate	Gity or town, state or province, country, and ZIP or foreign postal code			mption /
ŀ	=	Vmended Vantosto	n pending STHMFOKD, LT05352 -9717	Nun	nber 🖟	NA
,		-				f the organization is not
·		/ebsite				ach Schedule B
				•		D-EZ, or 990-PF)
•				OIIII G		22,0,000117
			organization McCorporation Li Trust Li Association Li Other s 5b 6c and 7b to line 9 to determine gross receipts If gross receipts are \$200 000 or more or if total a	accate	<del></del>	
			umn (B) below) are \$500 000 or more file Form 990 instead of Form 990-EZ	asscis	<b>D</b>	
			Revenue Expenses and Changes in Net Assets or Fund Balances (see the in	notra v	ations 3	for Port N
i	il si c	102/03/		isu uc	,uor 13	רים
-			Check if the organization used Schedule O to respond to any question in this Part I		1	6353 60
=		1	Contributions gifts grants and similar amounts received		<del></del>	55380 06
2014		2	Program service revenue including government fees and contracts		2	3938000
7	,	3	Membership dues and assessments		3	
=		4	Investment income		4	
•	ţ	5a	Gross amount from sale of assets other than inventory			
<u>-</u> -		Ь	Less cost or other basis and sales expenses		_	
MАĬ		С	Gain or (loss) from sale of assets other than inventory (Subtract line,5b from line 5a)		5c	<del>·</del>
<b>-</b>		6	Garning and fundraising events			
DOWNED TO	9	а	Gross income from gaming (attach Schedule G if greater than \$15 000)		}	
Z	Revenue	ь	Gross income from fundraising events (not including \$ / \forall \sqrt{\circ} \forall of \circ ontributions		1	
3	é		from fundraising events reported on line 1) (attach Schedule G if the			ر
Ž)	_		sum of such gross income and contributions exceeds \$15,000 /(6b/		1	
		C	Less. direct expenses from garning and fundraising events 6c 6c			- '
		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subt	ract		
			line 6c)		6d	1
		7a	Gross sales of inventory less returns and allowances 7a			
	- ',	b	Less cost of goods sold 7b			
	1	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	,
		8	Other revenue (describe in Schedule O)		8	3462,45
		9	Total revenue. Add lines 1 2 3 4 5c 6d 7c and 8	▶	9	65195 45
-		10	Grants and similar amounts paid (list in Schedule O)		10	
		11	Benefits paid to or for members		11	<del>C</del>
	8	12	Salaries other compensation and employee benefits		12	49
	<u>8</u>	13	Professional fees and other payments to independent contractors		13	
	Expens	14	Occupancy rent utilities and maintenance		14	92.01.68
	₩	15	Printing publications postage and shipping		15	410 54
_	ŀ	16	Other expenses (describe in Schedule O)		16	55450 82
		17	Total expenses. Add lines 10 through 16	<b>•</b>	17	6506304
-	<u>"</u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	132 34
		19	Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree	with	-	<u></u>
	Net Assets		end-of year figure reported on prior year's return)	i	19	696 47
	ਛ	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	z	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	82888
i	For	Papen	work Reduction Act Notice, see the separate instructions. Cat. No 106421	لسنسا		Form <b>990-EZ</b> (2013)

3/

Ω	It II Balance Sheets (see the instructions	for Dort IIV				
Fal	•	•		D-+ 4		754
	Check if the organization used Schedule	O to respond to a	iny question in this		<del></del>	<u> 🛭 🔀 </u>
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments			696.47		828.88
23	Land and buildings			1100000		10000.66
24	Other assets (describe in Schedule O)		[	135000,00	24 /	3500000
25	Total assets		[	245696.47	25 2	45828.8
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	n (B) <b>must</b> agree wit	th line 21)		27 2	1458288
Par	Statement of Program Service Accom			Part ((i)		
	Check if the organization used Schedule				<b>.</b>	Expenses
What	t is the organization's primary exempt purpose?					ired for section (3) and 501(c)(4)
						zations and section
	ribe the organization's program service accompli				4947(a	a)(1) trusts; optional
	neasured by expenses. In a clear and concise m		e services provided	i, the number of	for oth	ers.)
	ons benefited, and other relevant information for e			11 1 1		
28	61 CALLS - 3 STRUCTURE FTRES					
	ACCIDENTS, 24 MEDICAL ASSISTA		DEFIRE, III	LEGALBURN		
	3 FLOODER ASAITS, LO MUTUALA ID,	8 MISC.				15012
	(Grants \$ 6353.00 ) If this amount	includes foreign gra	ants, check here .	▶ 🛮	28a	65063,0
29						
	***************************************					
	**************************************			***************************************		
	(Grants \$ ) If this amount	includes foreign gra	ants check here	<b>&gt;</b> 🗂	29a	
30	Tano ano ano ano ano ano ano ano ano ano	modeo foreign gre				
30				<del></del>	l	
			<del></del>			
	<del></del>	includes foreign gra	ants, check here .	<u> ▶ ∐  </u>	30a	<del> </del>
31	Other program services (describe in Schedule O)				i	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ 🛛  </u>	31a	
32	- 4 - 1	there were 21 al			~~!	/
<u> </u>	Total program service expenses (add lines 28a	urough sta)	<u> </u>	🕨	32	65065,05
Part				pensated—see the in		<u> 65063,0</u> 5 ons for Part IV)
		Employees (list each	n one even if not comp			
	List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to a	n one even if not comp	Part IV	structi	ons for Part IV)
	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not comp ny question in this I (c) Reportable compensation	Part IV	struction	ons for Part IV)
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Pari	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  (b) LETHER, 1136 RIVER RIAD  (c) ARKS EURG, MA 01247	O to respond to as  (b) Average hours per week devoted to position  CHIEF VARIES	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV  (d) Health benefits, contributions to employe benefit plans, and	structions (e) Es	ons for Part IV)
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		*
c b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		¥
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b 38a		X
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	,		
41	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
<b>42a</b> b	The organization's books are in care of TANICE FARINON  Telephone no. SO  Located at 1575 MAIN RD. STATIFORD, VT  ZIP+4 DS3  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)?	52:		17
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. ▶	No I
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	448	165	×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<del>.</del>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	$\dashv$	X
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		X

Form 990-E2	z (2013)		0	6-031	- 674	+1	F	age 4
							Yes	
	d the organization engage, directly o candidates for public office? If "Yes,							X
Part VI	Section 501(c)(3) organization		, , , , , , , , , , , , , , , , , , , ,			- 140	Ь	
ووالمستهبة	All section 501(c)(3) organizati	ons must answer que	stions 47-49b and	52, and co	mplete th	e tables f	or line	es
	50 and 51.	•		•	•			
	Check if the organization used \$	Schedule O to respond	to any question in t	his Part VI		<u></u>		
							Yes	No
	d the organization engage in lobbyin		section 501(h) electio	n in effect	during the	tax		V
•	ar? If "Yes," complete Schedule C, F					· 47		X
	the organization a school as described		·			. 48		X
	d the organization make any transfer	=	•			. 49a	-	X
	'Yes," was the related organization a					. 49b	ــــــــا	X
	emplete this table for the organization reployees) who each received more the							а кеу
	ipioyees) who each received more th	<del></del>	T	(d) Health		o, critor to		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	to employee	(e) Estimate		
		devoted to position	(Forms W-2/1099-MISC)	benefit plans, compe		other con	npensati	on
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<del></del>		<u> </u>		<u> </u>	i			
	tal number of other employees paid		.▶					
-51 Co	implete this table for the organization	on's five highest compe	ensated independent	contractors	who each	received	more	than
211	00,000 of compensation from the on	ganization. If there is no	me, enter None.		<del></del>	<del></del>		
	(a) Name and business address of each indepo	endent contractor	(b) Type of servi	ice	(c) Compensation			
/V	ONG							
	<del> </del>		<del></del>		<del></del>			
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·								
			·					
<b>d</b> Tot	tal number of other independent con	tractors each receiving	over \$100,000 I	<u> </u>				
-	the organization complete Scheduk			•		<b>.</b> (57)		_
	nexempt charitable trusts must attac					Yes Yes		lo
	ies of perjury, I declare that I have examined the and complete. Declaration of preparer (other ti					owledge and	belief, i	t is
	A COURT OF THE PROPERTY OF THE	- July - Jesse Grant and						
Sign	Signature of officer			Date	/	<del></del>		
Here	Foruse 47	aring TX	USTIEF /PAE	101 DATA	- 4/8	114		
	Type or print name and title			J 16-14		<del>`</del>		
Paid	Print/Type preparer's name	Preparer's signature	Det	be:	Check 🗆	PTIN		
Pai <del>d</del> Prepare					self-employ			
Prepare Use Onl	l	······································		Flori	's EN ▶			
	Firm's address ▶				ne no.			
May the IF	RS discuss this return with the prepar	er shown above? See i	nstructions			Yes		lo
						Form 990	)-EZ	(2013)

#### SCHEDULE A (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.

2013

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer Identification num Name of the organization TEERFIRE CONTAINS INC VOLUN STAM FORD 67 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/s% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated b Type II d Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iiii) Type of organization (iv) is the organization (i) Name of supported (II) EIN (v) Did you notify (vi) Is the (viii) Amount of monetary in cal. (i) listed in vaur the organization in col. (i) of your organization (described on lines 1-9 organization in col. support governing document? above or IRC section (i) organized in the support? US7 (see instructions)) Yes Nο Yes Yes (A) **(B)** (C) (D) (E)

Part II

Page 2 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.)

Calendar year for fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total include any 'unusual grants.')	Sect	on A. Public Support					<del>_</del>		
membership fees received. (Do not include any 'unusual grants.').  2 Tax revenues levied for the organization's benefit and either paid to orexpended on its behalf.  3 The value of services or facilities turnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3.  5 The potion 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 (9).  6 Public support, Subtract line 5 from line 4.  8 Gross income from interest, dividends, payments received on securities bans, rents, royalties and income from similar sources.  9 Net income from unrelated business activities, whether or not the business activi	Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	<b>(f)</b> Tot	al
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  47850 - 47950 - 525883,5 5258.25 63384 - 256455.5  3 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, othurn (f)  6 Public support. Subtract line 5 from line 4.  8 Citos in score from line 4.  8 Circus income from interest, dividend on line 1 that exceeds 2% of the amount shown on line 11, othurn (f)  6 Public support. Subtract line 5 from line 4.  8 Circus income from interest, dividend on line 1 that exceeds 2% of the amount shown on line 11, othurn (f)  9 Net income from interest, dividend on line 1 that exceeds 2% of the amount shown on line 14, other and the paid of th	1								
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  47850 - 47950 - 525883,5 5258.25 63384 - 256455.5  3 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, othurn (f)  6 Public support. Subtract line 5 from line 4.  8 Citos in score from line 4.  8 Circus income from interest, dividend on line 1 that exceeds 2% of the amount shown on line 11, othurn (f)  6 Public support. Subtract line 5 from line 4.  8 Circus income from interest, dividend on line 1 that exceeds 2% of the amount shown on line 11, othurn (f)  9 Net income from interest, dividend on line 1 that exceeds 2% of the amount shown on line 14, other and the paid of th		include any "unusual grants.")	1	500-	39316-	1943-	6353-	4811	2,00
to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total Add lines 1 through 3	2	Tax revenues levied for the							<del></del>
to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total Add lines 1 through 3		organization's benefit and either paid	ــمــا					ا	<i>-</i>
The value of services or facilities furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3.  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (e) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net: income from unrelated business activities, whether or not the business is regularly carried on .  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (See instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  15 Public support percentage from 2012 Schedule A, Part II, line 14  16 931-% support test—2012. If the organization did not check a box on line 13, and line 15 is 331-% or more, check this box and stop here. The organization did not check a box on line 13, and line 15 is 331-% or more, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more,		•	47950-	47950	5258825	5258.25	55380 -	12564	36.50
Total, Add lines 1 through 3	3	The value of services or facilities							
4 Total. Add lines 1 through 3		furnished by a governmental unit to the				1	1		
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).  8 Public support Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4		organization without charge		]	<u></u>		<u> </u>	<u> </u>	
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).  8 Public support Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4	4	Total. Add lines 1 through 3	47950-	48450-	9190425	64531.25	61733-	3045	6850
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.  Calendar year (or fiscal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources  9. Net: Income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2013 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2012 Schedule A Part II, line 14  16 331-3% support test—2012. If the organization did not check the box on line 13, and line 14 is 331-3% or more, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  10% facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	5	The portion of total contributions by							
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Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  Amounts from line 4		shown on line 11, column (f)		-1					
Calendar year (or fiscal year beginning in)   (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4								30456	850
Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income 'from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501c(s)3 organization, check this box and stop here. The organization did not check a box on line 13, and line 14 is 33'a% support test—2012. If the organization qualifies as a publicly supported organization  10 Sw. facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	Secti	on B. Total Support							
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Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	Conti				<del></del>	<del></del>	<del></del>		
Public support percentage from 2012 Schedule A, Part II, line 14					1 ook (mp (A)		44	50	
331/8 % support test—2013. If the organization did not check the box on line 13, and line 14 is 331/8% or more, check this box and stop here. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·			i, column (i))			73	
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Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						-, -			
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supported organization									
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						_		. ▶	
	18	Private foundation. If the organization did	not check a t	oox on line 13,	16a, 16b, 17a,	or 17b, check	this box and	see	_

03-031-6741 NA Schedule A (Form 990 or 990-EZ) 2013

Part	Support Schedule for Organiza	ations Desc	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	ne box on lin	e 9 of Part I c	or if the organ	ization failed	to qualify und	der Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	(I.)	
	on A. Public Support		7.0040	1 1 2011		4 ) 0040	<b>40 7 .</b>
_	idar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		j		ì	į	
2	Gross receipts from admissions, merchandise			<del>                                     </del>			
_	sold or services performed, or facilities	1	[				
	furnished in any activity that is related to the organization's tax-exempt purpose		Į.				
3	Gross receipts from activities that are not an		<del>†</del>				<del></del>
•	unrelated trade or business under section 513	i	1				
4	Tax revenues levied for the		<del> </del>				
•	organization's benefit and either paid				İ		
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the				į		
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3			[			
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		ļ				<del></del>
8	Public support (Subtract line 7c from line 6.)		1				
Socti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(a) 2003	(0) 2010	(6) 2011	(4/2012	(0) 20 10	(1) TOUR
10a			-				·
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
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						
40	(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		n's first, secon	d, third, fourth	, or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he	re		<u> </u>	<u></u>	<u> </u>	▶ 🛘
<b>ect</b> i	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8						%
16	Public support percentage from 2012 Sch			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In					<del></del>	<del></del>
17	Investment income percentage for 2013 (	-		•		17	<u>%</u>
18	Investment income percentage from 2012					18	<u>%</u>
19a							
19a b		and <b>stop here.</b>	The organization	on qualifies as a	a publicly suppo	orted organizati	on . ▶ 🔲

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (F	Form 990 or 990-EZ) 2013 03-031-6741 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
PAR-	TIT LINE 10
[N:T	EREST 1.71
A55	SISTANCE TO FIREFIGHTERS GRANT 6353,00
	MBURSEMENT FROM OTHERDERT FOR TRAINING 90.00
	MORIAL FUND DONATIONS GOZIOS
TRI	10K SERVICE REBATE 262.68
4	AN 2500.00
•••••	
	· · · · · · · · · · · · · · · · · · ·
<b></b>	

Schedule A (Form 990 or 990-EZ) 2013

#### 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.

20**13** 

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.
➤ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

STAMFORD VOLUNTEER FIRE COMPANY, INC. 06-031-674	1_
PARTI-LINES	
INTEREST 7.77	
BEIMBURSEMENT 90.00 FROM OTHER DEPTS FOR TRAININ	<u>v</u> 6
MEMORIAL DONATIONS 602.00	
TRUCK SERVICE REBATE 262.68	
LOAN 25.00	
~	
PARTILLINE 16	
DISPATCH 2850.00	
EGMT MAINT FTESTING 3877.45	
TRUCK MAINT \$582.79	••••
DUES-54400	
NEW EGMT 6353,00	
HEALTH+ SAFETY 2200.00	
[NJUKANCE 7714.05	
RACRITE OUID + CLOTHING 5341.62	
TRAINING 966.52	
FUEL-DIESEL+GAS 1521,19	
LUAN REPAYMENT 2500.00	
TRUCK LEASE 1600000	
PARTITUME 24	
TRUCKSKMISC. EOMT 135000.00	