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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public Open to Public ► Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection 2013 and ending JUN 30, 2014 A For the 2013 calendar year, or tax year beginning JUL 1,

Во	heck if pplicable	C Name of organization		D Employer identifie	cation number		
_	⊓Addres	S CODMUNIT MOTUNITIES FIRE DEDARMENT					
\vdash	change Name change		•	22-3	041895		
\vdash	Initial Inetum		E Telephone number				
F	Termin- ated			462-2990			
	Amend return	· · · · · · · · · · · · · · · · · ·		G Gross receipts \$	70,139.		
	Applica	CORNWALL, VT 05753		H(a) Is this a group re			
	pendin	F Name and address of principal officer:DENNIS RHEAUME		for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
		mpt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1)	or 🔲 5:	27 If "No," attach a	list. (see instructions)		
JV	Nebsit	e:▶N/A		H(c) Group exemptio			
			UN L Ye	ar of formation 1951 N	1 State of legal domicile VT		
Pε		Summary					
ě	1 1	Briefly describe the organization's mission or most significant activities: $\overline{ t FIRE}$	PROT	ECTION AND E	MS		
Activities & Governance	-						
ē	1	Check this box if the organization discontinued its operations or dispose in the organization discontinued its operation discontinued i	sed of mo	1 1	_		
9		Number of voting members of the governing body (Part VI, line 1a)		3	9		
8		Number of independent voting members of the governing body (Part VI, line 1b)		4	0		
ties		Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0		
Ş		Fotal number of volunteers (estimate if necessary)		6	0.		
Ac	l .	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
	D I	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year		
	, ه	Contributions and greats (Part VIII June 1h)	F	311,211.	70,057.		
<u>₹</u>	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	F	0.	0.		
= <u>5</u>			-	78.	82.		
æ	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	F	70.	0.		
© ∂Reveniúe	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	311,289.	70,139.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, oplumn (A), line 12) Grants and similar amounts paid (Part IX օրերդի (A) lines 1 3)		0.	0.		
טה ר		Benefits paid to or for members (Part 12-00 turn) (A), line 4) (A)		0.	0.		
		Salaries, other compensation, employee benefits (Pantylly, column (A), lines 5-10)	F	0.	0.		
Sel		Professional fundraising fees (Reft IX column (A), line 11e)		0.	0.		
Expenses		Total fundraising expenses (Part X, column (D), line 25)	0.				
ĮЩ		Other expenses (Part IX, column (A), lines 11 a 11 d 11 (246)	i-	91,986.	137,266.		
		Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25)		91,986.	137,266.		
))		Revenue less expenses. Subtractime 18 from line 12		219,303.	<67,127.>		
Ses of				Beginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		497,879.	430,752.		
A P	21	Total liabilities (Part X, line 26)		0.	0.		
Net Assets of Fund Balance	22	Net assets or fund balances. Subtract line 21 from line 20		497,879.	430,752.		
P	art II	Signature Block					
Und	er pena	ities of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ements, and to the best of m	y knowledge and belief, it is		
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of w	hich prepa	rer has any knowledge			
					· · · · · · · · · · · · · · · · · · ·		
Sig	n	Signature of officer		Date //~/	1-14		
Her	re	Den Mean Chief	· · · · · · · · · · · · · · · · · · ·	77-7	1-/7		
			ief'	Date Check	DTIN		
		Print/Type preparer's name Preparer's signature)A	ا الالالالال	PTIN		
Paid		VANCE P. DEBOUTER	3	1 Scircingio			
	parer	Firm's name VANCE P DEBOUTER CPA PC		Firm's EIN	03-0370880		
use	Only	Firm's address 181 WEST COLLEGE STREET		D	0 774 -6400		
<u> </u>		OBERLIN, OH 44074		Phone no 44	0-774-6400 X Yes No		
IVI 21	, ind it	on a secure of the return with the Dreparer Shown above/ (See Instructions)			INITES I INA		

Form **990** (2013)

· Form	990 (2013) CORNWALL VOLUNTEER FIRE DEPARTMENT 22-3041895 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	VOLUNTEER FIRE DEPARTMENT SERVING THE TOWN OF CORNWALL AND SURROUNDING
	TOWNS AS NEEDED.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 124,889 · including grants of \$) (Revenue \$ 59,700 ·)
	RESPOND TO FIRE AND MEDICAL EMERGENCIES AS NEEDED
4b	(Code) (Expenses \$
	-
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 124,889.

Form 990 (2013) CORNWALL VOL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	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	ļ <u>.</u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			X
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
Ü	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI		Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		-
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ļ	
	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			37
	Schedule D, Parts XI and XII	12a		<u> X</u>
D	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	405		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	125		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		<u>X</u>
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	10	ļ	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
. 3	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			200 /	2010

	990 (2013) CORNWALL VOLUNTEER FIRE DEPARTMENT 22-304	1892	<u>P</u> a	age 4
Par	t IV Checklist of Required Schedules (continued)		r	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	government 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 or other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
	Schedule K. If "No", go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c	-	
	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	05.		Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		71
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	İ		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	Instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	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			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			-
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2013)

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

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

X

CORNWALL VOLUNTEER FIRE DEPARTMENT 22-3041895 Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 X 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section 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 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 Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization 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 X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

05753

LISA NORTHUP - 802-462-2290

1952 ROUTE 30, CORNWALL, VT 05753

Form 990 (2013)	CORNWALL	VOLUNT

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 or note to any line 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 ne	or any related	l organization compensa					nsat	ed any current officer, o	director, or trustee.			
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and Title	Average			Position o not check more than one			one	Reportable	Reportable	Estimated		
	hours per	box	box, unless		ox, unless person is both an fficer and a director/trustee)			ıs bot	h an	compensation	compensation	amount of
	week		Jer al		T COL	17.005	100)	from	from related	other		
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	20 05	gg.			nsate		(W-2/1099-MISC)	(***2/1099***********************************	organization		
	organizations	Individual trustee or director	Institutional trustee		8	aduc		(** = *********************************		and related		
	below	wdual	tatto	 \$5	Key employee	loyee	퍨	1		organizations		
	line)	ipul	lust	Officer	ξē	Highest compensated employee	Former					
(1) DENNIS RHEAUME	3.00											
CHIEF				Х				0.	0.	0.		
(2) DAVID BERNO	3.00				ŀ							
1ST ASST CHIEF				X				0.	0.	0.		
(3) SEAN STEARNS	3.00											
2ND ASST CHIEF				X	_			0.	0.	0.		
(4) LISA NORTHUP	3.00											
TREASURER				X				0.	0.	0.		
(5) KEN MANCHESTER	3.00		İ				ŀ					
1ST CAPTAIN				Х				0.	0.	0.		
(6) RAPH WORRICK	3.00											
2ND CAPTAIN				Х				0.	0.	0.		
(7) DAVID SEARS	3.00											
3RD CAPTAIN				X				0.	0.	0.		
(8) CHRIS DAYTON	3.00											
SECRETARY				Х				0.	0.	0.		
(9) LEW CASTLE	3.00								_	_		
LIEUTENANT 1				Х				0.	0.	0.		
						,						
		<u> </u>										
			_			_						
				-	<u> </u>		_			·		
		_		<u>L</u>								

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

					NTEER FI	RE DEPARTM	ENT	22-3041	.895 Page 9
Pai	† V	/111							
			Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
is a		b	Membership dues	1b					
Am (S		c	Fundraising events	1c					
ig ig		d	Related organizations	1d					
n, Ei		e	Government grants (contribution	tions) 1e	59,700.				
er Si		f	All other contributions, gifts, gran		10 055				
들본			similar amounts not included abo	ove 1f	10,357.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in line	s 1a-1f \$		70 057			
<u>0 e</u>		h	Total. Add lines 1a-1f			70,057.			
	_	_			Business Code		[1
Program Service Revenue	2	a							
Ser		b							-
E S		d					-		
Ř		_							
P		f	All other program service reve	enue		-			
ļ		g	Total. Add lines 2a-2f		>	·			
\neg	3		Investment income (including	dividends, intere	est, and	<u> </u>			
			other similar amounts)		▶	82.			82.
	4		Income from investment of ta	ax-exempt bond p	roceeds 🕨				
	5		Royalties		>				ļ
				(ı) Real	(II) Personal				
	6	а	Gross rents						
		Ь	Less: rental expenses						
			Rental income or (loss)				-		
	_	d	Net rental income or (loss)	[() () () ()	(1) (2)				-
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
		L	assets other than inventory Less: cost or other basis						
		U	and sales expenses						
		c	Gain or (loss)						
			Net gain or (loss)						
ane	8		Gross income from fundraisir including \$			······································			
Other Revenue			contributions reported on line						
Ķ			Part IV, line 18	a	1				
the		b	Less: direct expenses	ь					
0			Net income or (loss) from fun	draising events	>				
	9		Gross income from gaming a					-	
			Part IV, line 19	а					
		b	Less: direct expenses	b	L				
			Net income or (loss) from gar		>				
1	10	а	Gross sales of inventory, less	s returns					
			and allowances	a	_				
			Less cost of goods sold	b					
	_	С	Net income or (loss) from sale Miscellaneous Revent		Business Code				
	11	_	-		Dusiness Code		†		1
	l ''	b			-		1		
		c	·						
		ď	All other revenue						
		é	Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions	 .		70,139.	0.	0.	
33200 10-29	9 -13								Form 990 (2013)

Part IX Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a respon-	• •		mpiete column (ry	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		ехрениев	general expendes	одрениев
•	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in		·		······································
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				······································
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	'
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	560.		560.	
d	Lobbying		·· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology		-		
15	Royalties	11,288.		11,288.	
16	Occupancy	11,200.		11,200.	· , · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest				-
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	59,529.	59,529.		. =
23	Insurance	15,992.	15,992.		
24	Other expenses Itemize expenses not covered		<u>, </u>		······································
	above (List miscellaneous expenses in line 24e If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FIRE FIGHTING EQUIPMENT	15,656.	15,656.		
b	MEDICAL SUPPLIES AND EQ	7,229.	7,229.		_
c	TRAINING EXPENSE	6,605.	6,605.		
d	UNIFORMS	5,876.	5,876.		
е	All other expenses SEE SCH O	14,531.	14,002.	529.	
25	Total functional expenses. Add lines 1 through 24e	137,266.	124,889.	12,377.	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 Inf following SOP 98-2 (ASC 958-720)				

Par	<u> </u>	Balance Sheet				
		Check if Schedule O contains a response or no	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		76,884.	1	55,063.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	<u> </u>
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compens	ated employees. Complete			
		Part II of Schedule L	L		5	
	6	Loans and other receivables from other disqual	fied persons (as defined under			
ts		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	-
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other		, ,		, , , , , , , , , , , , , , , , , , , ,
		basis. Complete Part VI of Schedule D	10a 931,024.			
	ь	Less: accumulated depreciation	10a 931,024. 10b 555,335.	420,995.	10c	375,689.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	497,879.	16	430,752.	
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
S	22	Loans and other payables to current and forme	r officers, directors, trustees,			
Ě		key employees, highest compensated employe	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on line	s 17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	B), check here ▶ 🔲 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.			
auc	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets		· · · · · · · · · · · · · · · · · · ·	28	
뒅	29	Permanently restricted net assets			29	
Ē	1	Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🔀 📗			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	76,884.	30	55,083.	
Ass	31	Paid-in or capital surplus, or land, building, or ea	quipment fund	420,995.	31	375,669.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	0.	32	· 0.
Z	33	Total net assets or fund balances		497,879.	33	430,752.
	34	Total liabilities and net assets/fund balances		497,879.	34	430,752.

Form	990 (2013) CORNWALL VOLUNTEER FIRE DEPARTMENT	22-304	1895	Pa	ge 12
Pai	t XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	0,1	<u> 39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>66.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49	7,8	<u>79.</u>
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	43	0,7	52.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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 Schedule	Ο.			
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	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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt			
	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 requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public Inspection

Employer identification number Name of the organization CORNWALL VOLUNTEER FIRE DEPARTMENT 22-3041895 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 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). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. d Type III - Non-functionally integrated a ____ Type I **b** ___ Type II c ____ Type III - Functionally integrated 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 II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iv) is the organization (v) Did you notify the (vi) Is the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col in col (i) listed in your organization in col (described on lines 1-9 (i) organized in the organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

Part # 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	92,937.	123,636.	71,773.	311,211.	70,057.	669,614.
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	92,937.	123,636.	71,773.	311,211.	70,057.	669,614.
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						669,614.
Sec	tion B. Total Support				,		
Cale	ndar year (or fiscal year beginning in) 🟲 🏻	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	92,937.	123,636.	71,773.	311,211.	70,057.	669,614.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	65.	166.	82.	78.	82.	473.
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						670,087.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
	organization, check this box and stor	here					▶
	ction C. Computation of Publ						00.00
	Public support percentage for 2013 (I			olumn (f))		14	99.93 %
	Public support percentage from 2012					15	99.83 %
16a	33 1/3% support test - 2013. If the o				14 ıs 33 1/3% or п	nore, check this bo	x and ⊾ ਓਓ
	stop here. The organization qualifies						►X
b	33 1/3% support test - 2012. If the c				l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t IV how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17t</u>			
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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

Section A. Public Support	low, please com	Diete Fait II./				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and			(1)			
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						_
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				-		
are not an unrelated trade or bus-						
iness under section 513				İ		
4 Tax revenues levied for the organ-		_			-	
ization's benefit and either paid to				1		
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			l			
		-			 	
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						
8 Public support (Subtract line 7c from line 6)		I	<u> </u>	·	<u> </u>	
Section B. Total Support	(-) 0000	(1-) 0040	(-) 0011	(-D 0010	(-) 0012	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(i) Total
9 Amounts from line 6 10a Gross income from interest,			 		 	
dividends, 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,		1				
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)				<u> </u>		
14 First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth to	ax year as a sectı	on 501(c)(3) organız	ation,
check this box and stop here						<u> </u>
Section C. Computation of Publi						·
15 Public support percentage for 2013 (lii			column (f))		15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves					T T	
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2013. If the						17 is not
more than 33 1/3%, check this box an						▶∟」
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check tl	<u>his box and see ir</u>	structions	<u> </u>

<u>Schedule A</u>	(Form 990 or 990-E	Z) 2013 CORNWA	TLL AOTONLEE	R FIRE DEPA	RIMENT	22-3041895	Page 4
Part IV	Supplemental	Information. Pr	LL VOLUNTEE ovide the explanations	required by Part II, lin	e 10; Part II, line 17a or	17b; and Part III, line	12
			nal information. (See in				
	Also complete this	part for any addition	nai intermation: teee in	<u>otraotionoj</u>			
							
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332024 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CORNWALL VOLUNTEER FIRE DEPARTMENT

Employer identification number 22-3041895

Pai	t Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, line	e 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 advis	ed funds						
	are the organization's property, subject to the organization's	•	Yes No						
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only						
	for charitable purposes and not for the benefit of the donor of								
	Impermissible private benefit?		Yes No						
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, P							
1	Purpose(s) of conservation easements held by the organizati								
	Preservation of land for public use (e.g., recreation or e		torically important land area						
	Protection of natural habitat	Preservation of a certi	fied historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	ied 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						
	Number of conservation easements on a certified historic stri	ucture included in (a)	2c						
	Number of conservation easements included in (c) acquired a	• •	ire						
	listed in the National Register	·	2d						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax						
	year ▶	· · · · · · · · · · · · · · · · · · ·							
4	Number of states where property subject to conservation eas	sement is located >							
5	Does the organization have a written policy regarding the per								
	violations, and enforcement of the conservation easements it		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring 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)?		Yes No						
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and						
	include, if applicable, the text of the footnote to the organizat								
	conservation easements.								
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.						
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.							
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,						
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that descri	bes these items.							
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical						
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts						
	relating to these items:								
	(i) Revenues included in Form 990, Part VIII, line 1		> \$						
	(ii) Assets included in Form 990, Part X		> \$						
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	gain, provide						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:							
а	Revenues included in Form 990, Part VIII, line 1		> \$						
	Assets included in Form 990, Part X		> \$						

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,500.	7177	29,500.
b Buildings		211,160.	81,327.	129,833.
c Leasehold improvements				
d Equipment		690,364.	474,008.	216,356.
e Other				
Total. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, Part X, colur	nn (B), line 10(c))	•	375,689.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Closely-held equity interests	Financial derivatives		Complete if the organization answered "Yes"	to Form 990, Part IV, I			
Closely-held equity interests	Closely-held equity interests	(a) Descript					d-of-year market value
Closely-held equity interests	Closely-held equity interests	I) Financia	al derivatives				
(A)	Other (A) (B) (B)	•					
(A) (B) (C) (C) (D) (E) (F) (G) (H) (H) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(A) (B) (C) (C) (D) (E) (F) (G) (G) (H) botal, (Col (b) must equal form 990, Part X, col (B) line 12) >> Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (19) (20) (31) (41) (41) (42) (53) (54) (55) (64) (77) (78) (79) (79) (70) (8) (9) (9) (9) (9) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19						
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Pa	<u>t XI</u> Reconciliation of Revenue per Audited Financial St		ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 12a.	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
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:	1 1		
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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		
b	Other (Describe in Part XIII.)	4b		
С	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	t XII Reconciliation of Expenses per Audited Financial St		nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 12a.		
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:	1.1		
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:	1 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	Tabel Allbert O. 14 When a state of Ferrina 000 Book! has d			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
	t XIII Supplemental Information.			
Provi		4; Part IV, lines 1b and 2b; F		
Provi	† XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F		
Provi	† XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F		
Provi	† XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F		,
Provi	† XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F		
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Provi	† XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F		
Provi	† XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F		
Provi	† XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F		
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Provi	† XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F		
Provi	† XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F		

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization CORNWALL VOLUNTEER FIRE DEPARTMENT	Employer identification number 22–3041895
FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:	
VOLUNTEER ORGANIZATION	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: FORM 990 WAS REVIEWED BY THE TREASURER PRIOR	TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	S:
UTILITIES:	
PROGRAM SERVICE EXPENSES	3,767.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,767.
TELEPHONE AND DISPATCH:	
PROGRAM SERVICE EXPENSES	3,015.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,015.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	2,993.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

PROGRAM SERVICE EXPENSES	452.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	452.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 14,531.

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

► Attach to your tax return.

990

OMB No 1545-0172

Sequence No 179

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

Business or activity to which this form relates

Identifying number

CORNWALL VOLUNTEER FIRE DEPARTMENT FORM 990 PAGE 10 22-3041895 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (b) Cost (business use only) (a) Description of property 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 15 Property subject to section 168(f)(1) election 59,529 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year placed In service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property C 7-year property d 10-year property е 15-year property f 20-year property S/L 25 yrs. 25-year property g 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L ММ S/L 39 yrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L h 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 59,529. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

•														
Form 4562 (2013)		NWALL V				_							895	
Part V Listed Proper amusement.)	rty (Include a	utomobiles, c	ertain of	her vehi	cles, cei	rtain cor	nputer	s, and pro	perty us	ed for e	ntertainr	nent, re	creation,	or
Note: For any	vehicle for wi	hich you are u	ising the	e standar	d mileag	ge rate o	r dedu	cting leas	e expens	se, comi	olete on	Iv24a, 2	4b. colu	mns (a)
through (c) of	Section A, all	of Section B,	and Se	ction C i	f applica	able.							-	
		on and Other		<u>-</u> _	aution:	See the	Instruc	tions for I	mits for	passeng	ger autor	nobiles.	<u>-</u>	
24a Do you have evidence to	T		ent use c	laimed?	<u> </u>	∕es ∟	No	24b lf "\			nce writ	ten?	_ Yes L	No
(a)	(b) Date	(c) Business/	,	(d)	Ra	(e) sis for dep	reciation	(f)		(g)	1 .	(h)	E16	(i) ected
Type of property (list vehicles first)	placed in	investment	t	Cost or ther basis	(bu	isiness/inv	estment	Recovery		thod/ vention		eciation uction		on 179
	service	use percenta	ge			use on	<u></u>	<u> </u>			-		ļ c	ost
25 Special depreciation all			propert	y placed	ın servi	ce durin	g the t	ax year ar	nd					
used more than 50% in										25			<u> </u>	
26 Property used more that	an 50% in a c		\neg	<u>: </u>										
	 		%		-			 	┼──		 		 	
			%					 .	 		-	_	 	
O7 Drangety upod 500% or I	loop to a guali		%			-		<u> </u>	<u> </u>		1		1	
27 Property used 50% or I	ess in a quali		$\neg \neg$						S/L -		Τ		1	
	+		% %		-			 	S/L·		 		-	
	 		%		-				S/L·		<u> </u>		-	
28 Add amounts in column	h) lines 25			re and or	line 21	nage 1		1	3/L-	28	 		1	
29 Add amounts in column		·-				, page 1					.1	29	 	····
25 Add amounts in column	1 (I), III IE 20. L			7, page B - Infor		on Use	of Vet	nicles				29	<u>l</u>	
Complete this section for ve	ahiclas iisad l		_	_				_	or related	d nereor	. If you	provide	d vehicle	•
to your employees, first ans			-									•		5
to your omployees, met and	mer the quee	otions in ocoti	011 0 10	occ ii yo	u meet t	an exec	ption to	Completi	ng tills s	ecotion i	0/ 111036	vernoic	J.	
				(a)		(b)	T	(c)	1	d)	1	e)	(1	n
3') Total business/investment	miles driven di	uring the	1	hicle	1	hicle	Ιv	'ehicle	1	ncle	1	nicle	1 .	ııcle
year (do not include com						_					1.31			
31 Total commuting miles		the vear												
32 Total other personal (no	_	-				-		-				•		
driven		,												
33 Total miles driven during	g the year.													
Add lines 30 through 32														
34 Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?														
35 Was the vehicle used p	rimarily by a	more												
than 5% owner or relate	ed person?													<u></u>
36 Is another vehicle availa	able for perso	nal			1				}					
use?														L
	Section C	- Questions f	or Emp	loyers V	Vho Pro	vide Vel	hicles	for Use b	y Their E	Employe	es			
Answer these questions to	determine if y	ou meet an e	xceptio	n to com	pleting :	Section	B for v	ehicles us	ed by er	nployee	s who a	re not m	ore than	5%
owners or related persons.						_					*****			
37 Do you maintain a writte	en policy stat	ement that pr	ohibits a	all persor	nal use o	of vehicl	es, ıncl	luding cor	nmuting,	, by you	r		Yes	No
employees?														
38 Do you maintain a writte	en policy stat	ement that pr	ohibits j	personal	use of v	/ehicles,	excep	t commut	ıng, by y	our				
employees? See the ins	structions for	vehicles used	by con	oorate of	ficers, c	lirectors	, or 1%	or more	owners					ļ
39 Do you treat all use of v	ehicles by en	nployees as p	ersonal	use?										↓
40 Do you provide more th	an five vehicl	es to your em	ployees	, obtain	ınformat	tion from	ı your e	employees	about					i
the use of the vehicles,	and retain th	e information	receive	d?										
41 Do you meet the require	ements conce	erning qualifie	d autom	obile de	monstra	ition use	?							<u></u>
Note: If your answer to	37, 38, 39, 40	0, or 41 is "Ye:	s," do n	ot compi	<u>lete Sec</u>	tion B fo	or the c	overed ve	hicles					
Part VI Amortization						_								
(a) Description o	f costs	Date	(b) amortization		(c) Amortizat	ole		(d) Code		(e) Amortiza	tion	Ar	(f) nortization	
			begins	<u> </u>	amount	<u> </u>		section		penod or pen		fo	r this year	
42 Amortization of costs th	at begins du	ring your 2013	tax ye	ar:								-		
					_									
				1			Д	<u> </u>			-			
43 Amortization of costs th	at began bef	ore your 2013	tax yea	ar							43			

44

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