

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

		iue Service	► Information about	Form 990 and its instructions is	at www.ii	rs.gov/form990.	Inspection
A	For the	2014 calend			ending J		
В	Check if applicable	C Name o	of organization			D Employer identifi	cation number
Г	Addres	CORN	WALL VOLUNTEER FI	RE DEPARTMENT			
F	Name change		ousiness as			22-3	041895
F	lnitial return		r and street (or P 0 box if mail is not o	telivered to street address)	Room/suite	E Telephone numbe	
F	Final		2 ROUTE 30		1100111,00110		462-2990
ا			town, state or province, country, an	nd ZIP or foreign postal code		G Gross receipts \$	64,566.
Г	Ameno		WALL, VT 05753	p p		H(a) Is this a group re	
Ē	Application		and address of principal officer DE	NNIS RHEAUME		for subordinates	
	pendin		AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No
ī	Tax-exe	mpt status:	X 501(c)(3) 501(c)(	) ◀ (insert no ) ☐ 4947(a)(1) (	or 527	If "No," attach a	list (see instructions)
		e: ► N/A				H(c) Group exemption	n number
<u>K</u>	Form of	organization	Corporation Trust	Association X Other ► VOL	UN L Year	of formation: 1951	<b>1</b> State of legal domicile $VT$
P	art I	Summary					
0	1	Briefly descri	be the organization's mission or mo	est significant activities: FIRE	PROTE	CTION AND E	MS
Activities & Governance							
Ĕ	2	Check this bo	ox 🕨 🔲 if the organization disc	continued its operations or dispos	sed of more	than 25% of its net as	
<u> </u>	3	Number of vo	oting members of the governing boo	dy (Part VI, line 1a)		3	9
ত	4	Number of In-	dependent voting members of the o	governing body (Part VI, line 1b)		4	9
es	5	Total number	r of individuals employed in calenda	ır year 2014 (Part V, line 2a)		5	0
<u>zi</u>	6	Total number	r of volunteers (estimate if necessar	у)		. 6	0
Ąċ	7 a	Total unrelate	ed business revenue from Part VIII,	column (C), line 12		7a	0.
	b	Net unrelated	d business taxable income from For	m 990-T, line 34		7b	0.
ē						Prior Year	Current Year
	8		s and grants (Part VIII, line 1h)			70,057.	64,558.
ē	9	Program serv	rice revenue (Part VIII, line 2g)			0.	0.
Revenue	10		ncome (Part VIII, column (A), lines 3,	·		82.	8.
_	11 1		e (Part VIII, column (A), lines 5, 6d,		<u> </u>	0.	0.
_			e - add lines 8 through 11 (must equ			70,139.	64,566.
			ımılar amounts paid (Part IX, columi		<u> </u>	<u> </u>	0.
	1	•	I to or for members (Part IX, column		-	0.	0.
Expenses	15		er compensation, employee benefits		7	0.	0.
ë	16a		fundraising fees (Part IX, column (A	1	20.	<u> </u>	V .
X	b		sing expenses (Part IX, column (D),		<del>/                                    </del>	137,266.	141,337.
	17	Other expens	ses (Part IX, column (A), lines 11a-1 es  Add lines 13-17 (must equal Par	15 11-24e) NOV.1 6 2015	}	137,266.	141, 337.
				N 0 11 = 1	}	<67,127.	
		Revenue less	s expenses. Subtract line 18 from lir	70.	- 1		
ts	<u> </u>	T-4-14- /	(D-4 V h 46)	OGDEN, UT	Be	ginning of Current Year 430,752.	End of Year 342, 384.
ASSE	20		(Part X, line 16)	-		0.	0.
Net Assets or	21 22		s (Part X, line 26) r fund balances Subtract line 21 fro	- 		430,752.	342,384.
	art II	Signatur		511 11116 20		1307132.	012/0011
			, I declare that I have examined this retu	rn, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is
			e Declaration of preparer (other than of				
_			en R. Khreen	<del>-                                    </del>		11-12	-15
Sig	an	Signatu	re of officer	( 0		Date	
He		N Dea	nis a Kheeume	Chief			
		Type or	print name and title				
_		Print/Type pre	eparer's name	Preparer's signature?		Date Check [	PTIN
Pa	id		P. DEBOUTER	Vant tolet O	/E	11/2/15 self-employ	
Pre	parer	Firm's name	▶ VANCE P DEBOUTE			Firm's EIN ▶	03-0370880
	Only	Firm's addres	181 WEST COLLEG	E STREET			<del></del>
_			OBERLIN, OH 440	74		Phone no 44	0-774-6400 X Yes No
N4.		20 -44	us return with the preparer shown a	have? (and instructions)			X Yes No

Form 990 (2014)

Form 990 (2014) 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)?		х	
•	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		
f				v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		х
	Schedule D, Parts XI and XII	12a		- 23
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "You " and if the organization answered "No" to line 123, then completing Schedule D. Parts XI and XII is optional.	12b		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			
	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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V	Che	cklist	of	Reau	iired	Sche	dules	(continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2 <sup>7</sup> If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	Schedule J .	23		Х
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			
	Schedule K If "No", go to line 25a	24a		Х
b	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			•
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			.,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			١,,
	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			J
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		v
	If "Yes," complete Schedule N, Part I	31	<b></b>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	1	Х
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del>                                     </del>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
27	If "Yes," complete Schedule R, Part V, line 2	30		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3,		<del>'`</del>
38	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	38	Х	
	Note: All Form 990 mers are required to complete ochequie o	<del>, 50</del>		

Part V 'Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				لبا
		ا ا	,	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -O- if not applicable	1a 0			į
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 <b>b</b> 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			İ
	(gambling) winnings to prize winners?	1 1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				į
	filed for the calendar year ending with or within the year covered by this return	2a 0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined federal employment tax returned federal employm	ns <sup>7</sup>	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		-	i
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			i
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
þ	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).		1	ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		_ X_
b	if "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts			
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1	ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		ļ
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the		1	
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			- 1	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		ļ
10	Section 501(c)(7) organizations. Enter:	i i		1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	
11	Section 501(c)(12) organizations. Enter	1 1		-	
а	Gross income from members or shareholders	11a		1	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			1	
	amounts due or received from them)	11b		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<del></del>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	1 1		1	
	organization is licensed to issue qualified health plans	13b		- 1	
C	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		

CORNWALL VOLUNTEER FIRE DEPARTMENT 22-3041895 Form 990 (2014) 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 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 1h 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 of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 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 Х a The governing body? 8a X **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 Х 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 Х 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 in Schedule O how this was done 12c 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 15 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 Х 15b **b** 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 16b exempt status with respect to such arrangements? 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 」 Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records:

05753

statements available to the public during the tax year

LISA NORTHUP - 802-462-2290

1952 <u>ROUTE 30</u>, CORNWALL, VT 05753

# 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 organizat (A)	(B)	orga	anıza			npei	ısat	(D)	(E)	(F)
Name and Title	Average		(C) Position Ido not check more than one one, ox, unless person is both a officer and a director/trustee or one officer and a director/trustee employee employee employee.			Reportable	Reportable	(F) Estimated		
Name and the	hours per				more	than		compensation	compensation	amount of
	week	offi			irecto	r/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	dig				至		organization	(W-2/1099-MISC)	from the
	related	Stee			ده	Den 23		(W-2/1099-MISC)		organization
	organizations	la T	onali		ploye	5 g				and related
	below line)	divid	stituti	Officer	Key employee	ghest	ımer			organizations
(1)	3.00	드	゠	ō	포	포 &	7			
(1) DENNIS RHEAUME	3.00			Х				0.	0.	0.
CHIEF	3.00			^			—	0.	0.	
(2) DAVID BERNO	3.00	}		Х				0.	0.	0.
2ND ASST CHIEF	3.00		-	^				0.	U •	U •
(3) SEAN STEARNS	3.00			v				0.	0.	0
3RD ASST CHIEF	3.00		-	Х	<u> </u>			0.	<u> </u>	0.
(4) NORMAN GRENIER	3.00			v				0.	0.	0.
4TH ASST CHIEF	3.00			Х	$\vdash$		-	0.	. 0.	0.
(5) LISA NORTHUP	3.00			v				0.	0.	^
TREASURER	3.00		-	Х				0.	<u> </u>	0.
(6) KEN MANCHESTER	3.00			v				0.	0.	^
1ST CAPTAIN	2 00			Х	-		_	0.	0.	0.
(7) RAPH WORRICK	3.00			v				0.	0.	^
2ND CAPTAIN	2.00			Х		_		0.	0.	0.
(8) LISA NORTHUP	3.00			Х				0.	0.	0.
3RD CAPTAIN	3.00	<u> </u>	-	^				0.	0.	0.
(9) CHRIS DAYTON	3.00	-		Х				0.	0.	0.
SECRETARY	3.00			1		_		0.	<b>.</b>	0.
(10) LEW CASTLE	3.00	ł		X				0.	0.	0.
LIEUTENANT 1			┢	^				0.	0.	0.
	-									
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		1								
	<u> </u>	1	1	1	I	I	ł			

Trai	(A)  Name and title	(B) Average hours per week (list any	(do box offic	not o		tion more	than	one th an	(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations		Est am	(F) Imate ount o	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	<i>x</i> )	fro orga and	om the Inizati relate	e on ed
				_								_	-	
				_							_			
												-		
	Sub-total							<b>•</b>	0.		0.			0.
c d	Total from continuation sheets to Part \ Total (add lines 1b and 1c)  Total number of individuals (including but			lioti	od a			<b>▶</b>	0.		0.			0.
	compensation from the organization	not imited to tr		IISU		DOV	e) w	110 11	eceived more than \$100				Yes	No.
3	Did the organization list any <b>former</b> office line 1a? If "Yes," complete Schedule J for	such individual										3		Х
<b>4</b> 5	For any individual listed on line 1a, is the sand related organizations greater than \$15 Did any person listed on line 1a receive or	50,000? <i>If "Yes</i>	, " со	mpl	lete .	Sche	edul	e J i	for such individual	-	-	4		X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors											5		Х
1	Complete this table for your five highest of the organization. Report compensation for										ensa	ition fr	om	
	(A) Name and busines	s address	N	ON	E				(B) Description of s	services	Cc	(C) ompen		1
	- W. A		_									<del></del>		
2	Total number of independent contractors		not li	mite	ed to		^	stec	d above) who received r	nore than				••••
	\$100,000 of compensation from the organ	nization 🟲				,	<u> </u>							

Form	990	) (2	2014) CORNW	ALL	VOLU	NTEER FI	RE DEPARTM	ENT	22-304	1895 Page <b>9</b>
Pa										
			Check if Schedule O cont	ains a re	esponse	or note to any lin	e in this Part VIII			
		-			•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts ts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
A,G		С	Fundraising events		1c					
声		d	Related organizations		1d					
S,E		е	Government grants (contribut	ions)	1e	56,600.				
er S		f	All other contributions, gifts, gran	ts, and						
호美			similar amounts not included abor	ve	1f	7,958.				
ont od C		g	Noncash contributions included in lines	1a-1f \$_	-		64.550			-
ة ق		h	Total. Add lines 1a-1f				64,558.			<del></del>
						Business Code				
<u>i</u> ce	2									-
e Z		b								-
Program Service Revenue		C								
gra Re		d							_	
o l		e	All -46							-
_			All other program service reve	nue		<b>•</b>				-
	3	g	Total. Add lines 2a-2f Investment income (including	dividen	de inter					
	3		other similar amounts)	alvidein	us, inter	est, and ▶	8.			8.
	4		Income from investment of ta	x-exemn	nt bond r	· •				
	5		Royalties	K OKOI II P	, 50/10 F	<b>&gt;</b>	<u>-</u>			
	Ū		rioyanio	(0)	Real	(II) Personal				
	6	а	Gross rents			1				
		b	Less: rental expenses							
			Rental income or (loss)							
		d	Net rental income or (loss)			<b>•</b>				
	7	а	Gross amount from sales of	(ı) Se	curities	(II) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
			Gain or (loss)			<u> </u>				
			Net gain or (loss)			<b>•</b>				
ne	8	а	Gross income from fundraisin							
Other Revenue			including \$							
æ			contributions reported on line	1c) Se						
þer			Part IV, line 18		a b					
ర్			Less: direct expenses  Net income or (loss) from fund	droining	-	<b>•</b>				
			Gross income from gaming at							
	9	a	Part IV, line 19	, uviues.	a					
		h	Less direct expenses		b					
			Net income or (loss) from gan	nna acti		<b></b>				
	10		Gross sales of inventory, less							
	. •	-	and allowances	. 0.31110	а					
		b	Less cost of goods sold		b					
			Net income or (loss) from sale	s of inv		<b></b>		<u> </u>		
		-	Miscellaneous Revenu			<b>Business Code</b>				
	11	a								
		b								
						1		1		ŀ

64,566.

d All other revenuee Total. Add lines 11a-11d

0.

0.

Form 990 (2014) CORNWALL VOLUI
Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	77
	Check if Schedule O contains a respon	ise or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
_ <u>_</u>			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				***************************************
2	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				- 11
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				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				<del></del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				<del></del>
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	11,360.		11,360.	-
16 17	Occupancy Travel	11,500.		11/0000	
18	Payments of travel or entertainment expenses				<del></del> .
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				····
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	51,422.	51,422.		
23	Insurance	17,611.	17,611.		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O)			,	15 17
а	FIRE FIGHTING EQUIPMENT	17,853.	17,853.		
b	VEHICLE EXPENSES	13,795.	13,795.		
C	TRAINING EXPENSE	6,281.	6,281.		
d	COMMUNICATIONS	5,518.	5,518.	^ ^ 4	
е		17,497.	14,586.	2,911.	
<u>25</u> _	Total functional expenses Add lines 1 through 24e	141,337.	127,066.	14,271.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X		-	
				<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		55,063.	_1	18,117
	2	Savings and temporary cash investments			2	
ŀ	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
s,	5	Loans and other receivables from current and for	rmer officers, directors,			
		trustees, key employees, and highest compensation	,			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect				
ا ي		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net	·		7	
₹	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 606,757.	375,689.	10c	324,267
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
İ	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	430,752.	16	342,384
	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	· · · · · · · · · · · · · · · · · · ·
န္က	22	Loans and other payables to current and former	officers, directors, trustees,			
<u> </u>		key employees, highest compensated employee	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L			22	-
_	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	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				
es		complete lines 27 through 29, and lines 33 ar	d 34.			
anc	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets			28	
DQ.	29	Permanently restricted net assets	<b>.</b>		29	
Fu		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🔼			
Š		and complete lines 30 through 34.		EE 002		10 117
set	30	Capital stock or trust principal, or current funds		55,083.	30	18,117
As	31	Paid-in or capital surplus, or land, building, or ed		375,669.	31	324,267
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	0.	32	242 294
_	33	Total net assets or fund balances		430,752. 430,752.	33	342,384
	34	Total liabilities and net assets/fund balances		430,/32.	34	342,384

Form	1 990 (2014) CORNWALL VOLUNTEER FIRE DEPARTMENT	22-304	1895	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			66.
2	Total expenses (must equal Part IX, column (A), line 25)	2			37.
3	Revenue less expenses Subtract line 2 from line 1	3			71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	430	,7	<u>52.</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	<11	, 5	97.
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	342	, 3	<u>84.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			. 1	
			·	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		1	
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	d on a		1	ı
	separate basis, consolidated basis, or both			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			1	3.7
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		1	i
	consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	ı
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		1	i
	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 Sch			- 1	i
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit	-	1	Х
L	Act and OMB Circular A-133?	1404 0114	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irea audit	2.		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

# 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.

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

CORNWALL VOLUNTEER FIRE DEPARTMENT

Employer identification number

22-3041895 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I 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). 1 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). X 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. \_\_ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) Is the organization (ı) Name of supported (v) Amount of monetary (vi) Amount of (iii) Type of organization (ii) EIN (described on lines 19 listed in your other support (see organization support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				_						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total				
1	Gifts, grants, contributions, and				· . <del>-</del>						
	membership fees received (Do not										
	include any "unusual grants")	123,636.	71,773.	311,211.	70,057.	64,558.	641,235.				
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			Ì							
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	123,636.	71,773.	311,211.	70,057.	64,558.	641,235.				
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					,	641,235.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total				
7	Amounts from line 4	123,636.	71,773.	311,211.	70,057.	64,558.	641,235.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties				i						
	and income from similar sources	166.	82.	78.	82.	8.	416.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income Do not include gain				1						
	or loss from the sale of capital										
	assets (Explain in Part VI)										
11	<b>Total support.</b> Add lines 7 through 10			<u> </u>			641,651.				
12	Gross receipts from related activities,	etc. (see instruction	ons)		l	12					
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n <b>501</b> (c)(3)	. —				
	organization, check this box and stop						<u>▶</u>				
	ction C. Computation of Publ				<del></del>		00 04				
	Public support percentage for 2014 (I	**	-	olumn (f))		14	99.94 %				
	Public support percentage from 2013					15	99.93 %				
16a	33 1/3% support test - 2014. If the c	· ·			14 is 33 1/3% or m	iore, check this bo					
_	stop here. The organization qualifies		-				►X				
b	33 1/3% support test - 2013. If the c	•			line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual		• •								
17a	7a 10% -facts-and-circumstances test - 2014. 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 VI how the organization										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.										
b	b 10% -facts-and-circumstances test - 2013. 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, check this box and stop here. Explain in Part VI how the										
4.0	organization meets the "facts-and-circ		=	•							
18	Private foundation. If the organization	n aid not check a	pox on line 13, 16	a, 160, 1/a, or 17b	, cneck this box a	na see instruction	s				

# Schedule A (Form 990 or 990-EZ) 2014 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	ow, please coili	piete Fait II /		-		
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions, and	(6) 2010	(6) 2011	(0) 2012	10, 2010	(6) 2014	, , , , otal
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,		-			-	
merchandise sold or services per-		1				
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						
					ļ	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				<u> </u>		
5 The value of services or facilities						
furnished by a governmental unit to						
the 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						
8 Public support (Subtract line 7c from line 6)		<u>L</u>	1			
Section B. Total Support			<del> </del>		·	
alendar year (or fiscal year beginning in) 🟲 📙	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6					<u></u>	
10a Gross income from interest,			ļ			
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is			}			
regularly carried on						
12 Other income Do not include gain				•		
or loss from the sale of capital assets (Explain in Part VI.)			·			
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization	's first, second, thi	rd, fourth, or fifth ta	x year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here	•					▶ □
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2014 (lin	ie 8, column (f) o	divided by line 13,	column (f))		15	
16 Public support percentage from 2013					16	
Section D. Computation of Invest						
17 Investment income percentage for 201					17	
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2014. If the c			on line 14, and line	15 is more than		
more than 33 1/3%, check this box and						▶□
b 33 1/3% support tests - 2013. If the c						and
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation If the organization						▶ [

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section	A. All	Supporting	<b>Organizations</b>
---------	--------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI*how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI**how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part Vi**what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part Vi**what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	3C		
	4a		
	4b		
	4c		
-	5a		
	5b		
	5c		
	6		
	7		
	8		
-			
	٥-		
-	9a		
	9b		
	00		
	9c		
	10a		<del></del>
	10b		
rm 990		0-EZ)	2014

che	edule A (Form 990 or 990-EZ) 2014 CORNWALL VOLUNTEER FIRE DEPARTMENT 22-30	4189	5 Pa	ige <b>5</b>
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	,	,,,,,,,,,,,
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	·	
Sec	tion D. Type III Supporting Organizations		, I	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
_	the organization maintained a close and continuous working relationship with the supported organization(s)			***
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
300	supported organizations played in this regard stion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	: <i>l</i> :		
' a	The organization satisfied the Activities Test. Complete line 2 below	,-		
b	The state of the s			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	District the House of the Company of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	······		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3ь		

	dule A (Form 990 or 990-EZ) 2014 CORNWALL VOLUNTEER FIRE			22-3041895 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	(5) 0
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5	<u> </u>	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	Instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount		,	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly∙ıntegra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

	edule A (Form 990 or 990-EZ) 2014 CORNWALL VOLU			2-3041895 Page 7
Pa	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
ect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	·····		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
ect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
_	Distributable amount for 2014 from Section C. line 6		Pre-2014	Amount for 2014
2	Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014			7
2	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
				<b></b>
a b			-11 -12 pp -12141	
c	······································			
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			••••••••••••••••••••••••••••••••••••••
	Applied to 2014 distributable amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.		11 11-11-11-11-11-11-11-11-11-11-11-11-1	
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years		<u> </u>	,
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			<u>_</u>
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			<del></del>
8	Breakdown of line 7:			

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014

Schedule A	Form 990 or 990-EZ) 2014 CORNWALL VOLUNTEER FIRE DEPARTMENT	22-3041895 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	a or 17b, and Part III, line 12
	Also complete this part for any additional information. (See instructions).	<del></del>
		<del></del>
		<del></del>

### SCHEDULE D

Department of the Treasury Internal Revenue Service

# 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

Name of the organization

CORNWALL VOLUNTEER FIRE DEPARTMENT

**Employer identification number** 

22-3041895 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

_		L VOLUNTEE						22-30		Page 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following tha	t are a s	significant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	(	# <u>                                     </u>	Loan or exc	hange progra	ams				
b	Scholarly research	•	e	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	hey further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of					er sımıla	r assets		_	_
<u> </u>	to be sold to raise funds rather than to be m								_ Yes	No
Pai	Escrow and Custodial Arran reported an amount on Form 990, Pa		lete If the	organizatio	on answered '	'Yes" to	Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets no	t included		_	
	on Form 990, Part X?		-						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance		-				1f	<u> </u>	<del></del>	
	Did the organization include an amount on F						llity?		<b>」Yes</b>	No No
	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete	·	1						I	
	_	(a) Current year	<b>(b)</b> F	rior year	(c) Two year	s back	(d) Three	years back	(e) Four ye	ars back
1a	Beginning of year balance		-			-				
b	Contributions					-				
С	Net investment earnings, gains, and losses									<del></del>
đ	Grants or scholarships									<del></del>
е	Other expenditures for facilities									
_	and programs		ļ							
	Administrative expenses									
9	End of year balance				L					
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	% 			-					
20	The percentages in lines 2a, 2b, and 2c should be the second and the the percentages in lines 2a, 2b, and 2c should be the second and the second seco	•			معورما معامم المما					
Ja	Are there endowment funds not in the posse	ssion of the organiz	anon ma	at are nero a	ina administe	rea for t	ne organi	Zation	Y	es No
	(i) unrelated organizations								3a(i)	55 110
	(ii) related organizations								3a(ii)	+
h	If "Yes" to 3a(II), are the related organizations	e lietad as required (	on Scher	dula R2					3b	<del>-  </del>
4	Describe in Part XIII the intended uses of the								<u> </u>	
1	t VI Land, Buildings, and Equipm		<u> </u>	1011001						
	Complete if the organization answere		D. Part IV	/. line 11a S	See Form 990.	. Part X.	line 10.			
	Description of property	(a) Cost or o			t or other		ccumulat	ed	(d) Book v	alue
		basis (invest			(other)		preciation	1	,_,	
1a	Land				9,500.				29,	500.
	Buildings				1,160.		86,6	58.	124,	502.
С	Leasehold improvements									<del></del> -
d	Equipment			69	0,364.		520,0	99.	170,	265.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pari	t X, colur	nn (B), line	10c. <u>)</u>			<b>•</b>	324,	267.

Schedule D (Form 990) 2014

· Investments - Other Se	

	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11b See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A)				
(B)				
(C)		·		
(D)				
(E)				
(F)				<del></del>
(G)				
<u>(H)</u>				
	b) must equal Form 990, Part X, col (B) line 12 )	<del></del>		
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost of	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	<u> </u>	
Part IX	Other Assets.  Complete if the organization answered "Yes"		44.4.0 Farra 000. Bart V. ha. 45.	
	Complete it the organization answered "ties"	to Form 990, Part IV, line	11d See Form 990. Part A. line 15	
				(b) Book value
		Description		(b) Book value
(1)				(b) Book value
(2)				(b) Book value
(2)				(b) Book value
(2) (3) (4)				(b) Book value
(2) (3) (4) (5)				(b) Book value
(2) (3) (4) (5) (6)				(b) Book value
(2) (3) (4) (5) (6) (7)				(b) Book value
(2) (3) (4) (5) (6) (7) (8)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	(a)	Description		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	(a)  umn (b) must equal Form 990, Part X, col (B) line	Description		
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities.	Description e 15.)		<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colume Part X	(a)  umn (b) must equal Form 990, Part X, col (B) line	Description  e 15.)  to Form 990, Part IV, line		<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col.  Part X	imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description  e 15.)  to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col.  Part X   1. (1) Fec	umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes"	Description  e 15.)  to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columerat X  1. (1) Feccital (2)	imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description  e 15.)  to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column of the column of the col	imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description  e 15.)  to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Coll.  Part X   1. (1) Fec. (2) (3) (4)	imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description  e 15.)  to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Coll.  Part X   1. (1) Fec (2) (3) (4) (5)	imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description  e 15.)  to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columbia)  Part X  1. (1) Fecc (2) (3) (4) (5) (6)	imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description  e 15.)  to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columbia)  1. (1) Fecc (2) (3) (4) (5) (6) (7)	imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description  e 15.)  to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colument X)  1. (1) Feccent (2) (3) (4) (5) (6) (7) (8)	imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description  e 15.)  to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column of the column of the col	imn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	e 15.) to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lir	<b>&gt;</b>

Sche	edule D (Form 990) 2014 CORNWALL VOLUNTEER FIRE D	EPARTMENT	22-3041895	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With Revenue	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	?a		
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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	_2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	<del> </del>
4	Amounts included on Form 990, Part VIII, line 12, 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	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. MCH E	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State		es per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a		
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			
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		
c	Add lines 4a and 4b		4c	
5		<u> </u>	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P		t V, line 4; Part X, line 2, Part X	(I,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a	idditional information		
		······································		
			<del></del>	
			<del></del>	

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

Department of the Treasury Internal Revenue Service

Name of the organization

# 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public

Inspection **Employer** identification number

22 - 3041895CORNWALL VOLUNTEER FIRE DEPARTMENT FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: VOLUNTEER ORGANIZATION FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS REVIEWED BY THE TREASURER PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: UTILITIES: 5,067. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. 0. FUNDRAISING EXPENSES 5,067. TOTAL EXPENSES TELEPHONE AND DISPATCH: 4,791. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. 4,791. TOTAL EXPENSES MEDICAL SUPPLIES AND EQUIPMENT: 2,319. PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES

Name of the organization CORNWALL VOLUNTEER FIRE DEPARTMENT	Employer identification number 22-3041895
TOTAL EXPENSES	2,319.
OFFICE SUPPLIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,639.
FUNDRAISING EXPENSES	
	0.
TOTAL EXPENSES	1,639.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	1,543.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,543.
BANQUET EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,272.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,272.
DUES:	
PROGRAM SERVICE EXPENSES	731.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	731.
GRANT EXPENSE:	
PROGRAM SERVICE EXPENSES	135.

Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization  CORNWALL VOLUNTEER FIRE DEPARTMENT	Employer identification number 22-3041895
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	135.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, CO	
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