



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





**Part II Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	219,849.22	220,643.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
<b>25 Total assets</b>	<b>219,849.25</b>	<b>220,643.</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>0.26</b>	<b>0.</b>
<b>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>219,849.27</b>	<b>220,643.</b>

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule 0

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28	-----		
-----			
(Grants \$ ) If this amount includes foreign grants, check here		► <input type="checkbox"/>	28a
29	-----		
-----			
(Grants \$ ) If this amount includes foreign grants, check here		► <input type="checkbox"/>	29a
30	-----		
-----			
(Grants \$ ) If this amount includes foreign grants, check here		► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here		► <input type="checkbox"/>	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)		► <input type="checkbox"/>
		32	

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV).

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Daniel Zaniewski	President	0	0.	0.
William McKierman	Vice President	0	0.	0.
Patrick Keough	Treasurer	0	0.	0.
William McKierman	Secretary	0	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

**33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O

	Yes	No
33	X	

**34** Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	X
----	---

**35a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	X
-----	---

**b** If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O

35b	
-----	--

**c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III

35c	X
-----	---

**36** Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

36	X
----	---

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

37b	X
-----	---

**b** Did the organization file **Form 1120-POL** for this year?

38a	X
-----	---

**38a** Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38b	N/A
-----	-----

**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39	
----	--

**39** Section 501(c)(7) organizations Enter.

39a	N/A
-----	-----

**a** Initiation fees and capital contributions included on line 9

39b	N/A
-----	-----

**b** Gross receipts, included on line 9, for public use of club facilities

**40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**

40b	X
-----	---

**b** Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

40c	
-----	--

**c** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **0.**

40d	0.
-----	----

**d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **0.**

40e	X
-----	---

**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

**41** List the states with which a copy of this return is filed ► **None**

**42a** The organization's books are in care of ► **-----** Telephone no ► **-----**

Yes	No
-----	----

42b	X
-----	---

Located at ► **-----**

ZIP + 4	-----
---------	-------

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42c	X
-----	---

If 'Yes,' enter the name of the foreign country ► **-----**

--	--

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

42d	X
-----	---

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42e	X
-----	---

If 'Yes,' enter the name of the foreign country ► **-----**

--	--

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** **N/A** **N/A**

Yes	No
-----	----

44a	X
-----	---

**44a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44b	X
-----	---

**b** Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44c	X
-----	---

**c** Did the organization receive any payments for indoor tanning services during the year?

44d	
-----	--

**d** If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

45a	X
-----	---

**45a** Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

45b	X
-----	---

**b** 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)



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

## **Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

Great Hill Hose. INC

Employer identification number  
06-6047959

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Provide firefighting services and protection for the Town of Seymour. Emergency extraction and hazardous material cleanup as requested. Provide dive rescue and other rescue services as needed. Mutual aid to surrounding communities and consulting as requested.

Great Hill Hose. INC

06-6047959

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Business	\$ 163.
Continuing Education	1,052.
Fundraising Expenses	12,041.
Gifts	812.
Medical	41.
Office Expense	866.
Property Cleaning	1,073.
Publications	72.
Scholarship	1,000.
Travel	35.
Uniforms	803.
Total	<u>\$ 17,958.</u>