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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

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

Open to Public Inspection

<u> </u>	or the	2013 calendar year, or tax year beginning 0011 , 2013 and	ending i	<u>JUN 30, 2014</u>							
Вс	heck if	C Name of organization		D Employer identific	cation number						
a	oplicabl	COLLEGE PARK VOLUNTEER FIRE			•						
	Addre: chang	DEPARTMENT, INC.									
	Name chang	Doing Business As		52-6	048357						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•						
	Termir	8115 BALTIMORE AVENUE		301-	901-9112						
	Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	582,529.						
Application COLLEGE PARK, MD 20740 H(a) Is this a group return											
	pendir	F Name and address of principal officer FREDERICK E. BROWE	R	for subordinates	? Yes X No						
	8115 BALTIMORE AVENUE, COLLEGE PARK, MD 207 H(b) Are all subordinates included? Yes No										
I T	ax-ex	empt status $X = 501(c)(3)$ $501(c)($) \checkmark (insert no.) \checkmark 4947(a)(1)			list (see instructions)						
	J Website: ► CPVFD.ORG H(c) Group exemption number ►										
		organization X Corporation Trust Association Other ▶	L Yea	r of formation 1925 N	State of legal domicile: MD						
	ırt I	Summary		<u>. </u>							
-	1	Briefly describe the organization's mission or most significant activities PROV	IDING	FIRE PROTEC	TION,						
Activities & Governance		EMERGENCY MEDICAL SERVICE AND OTHER COMM									
'na	ı	Check this box if the organization discontinued its operations or dispose									
Ş.	ı	Number of voting members of the governing body (Part VI, line 1a)		3	27						
ğ	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	27						
		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0						
		Total number of volunteers (estimate if necessary)		6	50						
э ∉ ⋛	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
	_	Net unrelated business taxable income from Form 990-T, line 34		7b	0.						
		The difficulties business tanks in teaching the survey of the control of the cont		Prior Year	Current Year						
\mathbf{E}	8	Contributions and grants (Part VIII, line 1h)		42,486.	133,531.						
Œ	9	Program service revenue (Part VIII, line 2g)		598,359.	210,022.						
Ã	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-25,766.	31,516.						
E.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
S.C.A.P. & VETUE WAR	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		615,079.	375,069.						
S	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	ļ	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
per	1	Total fundraising expenses (Part IX, column (D), line 25)	0.								
Ĕ	1	Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)		425,211.	208,008.						
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	425,211.	208,008.						
	19	Revenue less expenses Subtract line 18 from line 12		189,868.	167,061.						
or		RECEIVED		Beginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,027,753.	1,113,768.						
Ass	21	Total liabilities (Part X line 26)	2SO-S	189,220.	36,363.						
Net	22	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from lines MAR 16 2015		838,533.	1,077,405.						
P	art II	Signature Block		000,000.	2701172031						
		alties of perjury, I declare that I have examined this return, including @@@@@@@@@@	es and state	ements, and to the best of m	v knowledge and belief, it is						
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of w			. –						
	100	I frederik & Book		179	115						
Sıg	n	Signature of officer		Date	,						
He		FREDERICK E. BROWER, TREASURER									
110		Type or print name and title									
_		Print/Type preparer's name Prepager's augnature		Date , Check	PTIN						
Print/Type preparer's name Preparer's enthative Paid DOUGLAS M. LEDERMAN, CPA Preparer's enthative Con 3/2/14 Sett employed P00229865											
	parer	Firm's name GORFINE, SCHILLER & GARDYN, PA		Firm's EIN	52-1231901						
	-	Firm's address 10045 RED RUN BLVD, SUITE 250		TimoLin	<u> </u>						
030	Use Only Firm's address 10045 RED RUN BLVD, SUITE 250 Phone no 410-356-5900										
NA-	v tha	RS discuss this return with the preparer shown above? (see instructions)		I Filolic IIO 41	X Yes No						
ivia	у ите	Ino discuss tilis leturit with the preparet shown above, (see instructions)			Form QQ0 (2012)						

52-6048357 Page 2 DEPARTMENT, INC. Form 990 (2013) **Part III | Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission PROVIDING FIRE PROTECTION, EMERGENCY MEDICAL SERVICE AND OTHER COMMUNITY SERVICES TO THE PUBLIC Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 210,022.) 196,857. including grants of \$ _) (Revenue \$ _____) (Expenses \$ PROVIDING FIRE PROTECTION AND EMS SERVICES TO THE PUBLIC. ______ including grants of \$) (Expenses \$) (Revenue \$) (Expenses \$ (Code including grants of \$ Other program services (Describe in Schedule O) including grants of \$) (Revenue \$

196,857.

COLLEGE PARK VOLUNTEER FIRE

4e

Total program service expenses

DEPARTMENT

	990 (2015) DEFAITMENT, INC. 52 0040	, , , ,	-	age o
Par	t IV Checklist of Required Schedules			
4	le the organization described in section 501/oV2) or 4047/oV1) (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	ļ	X
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, VIII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		l	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ł	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	†	1
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Ì	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.15		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more bosoital facilities? If "Yes " complete Schedule H	20a		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Form 990 (2013) DEPARTMENT, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			7.7
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			·
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K If "No", go to line 25a	24a		X
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	04-		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
	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		ŀ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		X
oe.	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		Α.
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		21
۷,	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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	ŀ	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ļ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
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	<u> </u>	<u> </u>
		Forn	1 990	(2013

Form 990 (2013) DEPARTMENT, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

52-6048357

Page 5

Series the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0 0 1b 0 0 0 0 1c 1c 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W-2G included in line 1a. Enter 9-d not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. If c filed for the calendary year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b. Old the organization have unrelated business gross income of \$1.000 or more during the year? 3a. Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a. Did the organization thave unrelated business gross income of \$1.000 or more during the year? 3a. Did the organization 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 accountry? 4a. At any time during the calendar year, did the organization has the sacrification of organization that the value or is a party to a prohibition of ordinary contributions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5b. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c. If "Yes," I to line 6a or 5b. did the organization file Form 8886 1? 6c. If "Yes," I to line 6a or 5b. did the organization file Form 8886 1? 6c. If "Yes," I to line 6a or 5b. did the organization file Form 8886 1? 6c. If "Yes," I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charatistic contributions? 6c. If yes, "I did the organization shall were a scharatistic contributions and party fo	-				Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. If the provided of the calendar year ending with or within the year covered by this return If the sum of lines 1a and 2a is greater than 250, you may be required to e-rile (see instructions) If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-rile (see instructions) If "Yes," has it filed a Form 90 T for this year? If "No," to line 3b, provide an explanation in Schedule O A As any time during the calendar year, did the organization have an inferent, or a signature or other authority over, a financial account in a foreign country year. If "Yes," early the rile is a form 90 T for this year? If "No," to line 3b, provide an explanation in Schedule O If "Yes," early the organization as a bank account, securities account, or other financial accounts? If "Yes," early the organization have a committed that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? If "Yes," to line 5a or 5b, did the organization file Form 888617 B Did any taxable party norty the organization file Form 888617 B Did any taxable party norty the organization file Form 888617 B Did any taxable party norty the organization file Form 888617 B Did were not tax deductible? Organizations that may receive deductible as charable contributions? If "Yes," to the organization mickle with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If the organization received a payment in excess of 35 made party as contribution of contributions of the value of the goods or services provided? If the organiz	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
dispersion of the calendar year ending with or within the year covered by this return 10	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
28 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statoments, fleed for the calendary year ending with or within the year covered by this neturn. If all least one is reported on kine 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross incrome of 15 in, 000 or more during the year? 31. Did the variance of the companization 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) 32. Did the organization have the foreign country to provide the foreign country (such as a bank account, securities account, or other financial accounts) 33. Did the organization foreign country (such as a bank account, securities account, or other financial accounts) 34. Was the organization foreign country (such as a bank account, securities account, or other financial accounts) 35. Was the organization have annual gross recepts that all the security of prohibited tax shelter transaction? 36. Uniform that the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 36. If Yes, it of the de organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 38. Organization shart may receive deductible contributions under section 170(c), a bid the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 38. Different that the sumber of Forms 8828 filed during the year and present the sumber of Forms 8828 filed during the year and present the sumber of Forms 8828 filed during the year and present the sumber of Forms 8828 filed during the year a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
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b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has at filed a Form 990.7 for this year? If "No," to line 3b, provide an explanation in Schedule O 3d. At any time during the calendary 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)? 5d Was the organization party to a prohibited tax sheller transaction at any time during the lax year? 5d Was the organization aparty to a prohibited tax sheller transaction at any time during the lax year? 5d Did any taxable party notify the organization that if was or is a party to a prohibited tax sheller transaction at any time during the lax year? 5d Did any taxable party notify the organization tile form 886617? 5d Did see that the region account in a file form 886617? 5d Did see that the see that are normally greater than \$100,000, and did the organization solicit any contributions in that were not as deductible as charitable contributions? 5d If "Yes," did the organization neceive a payment in excess of \$75 made party is a porty to a profit of goods and services provided to the power? 5d If "Yes," did the organization notify the donor of the value of the goods or services provided? 5d If "Yes," inclinate the number of Forms 8282 filed during the year 6d If Yes," inclinate the number of Forms 8282 filed during the year 6 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d If If the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1094 file organization make a distribution of orars, boats, airplanes, or other vehicles, did the organ	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note, if the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 0			
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any taxable distributions under section 4966? 9b cection 501(c)(7) organizations. Enter a Intitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 12a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b If "Yes." enter the amount of tax-exempt interest received or accrued during the year 13b 13c 13a 13a 13b 13c 14a 14b 14b 14b 14b 14b		to file Form 8282?	1	7c		X
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Form 990 (2013) DEPARTMENT, INC. 52-6048357 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Charles & Schoolule O contains a second of the Death VI			\mathbf{x}			
500	Check if Schedule O contains a response or note to any line in this Part VI			لما			
Sec	tion A. Governing Body and Management		V				
	Enter the number of voting members of the governing body at the end of the tax year 27		Yes	No			
та							
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
	Enter the number of voting members included in line 1a, above, who are independent 1b 27						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		<u> X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		77			
	of officers, directors, or trustees, or key employees to a management company or other person?	_3_	·- · ·	X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X			
5							
6	•						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			7,			
	more members of the governing body?	7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		٠,				
	persons other than the governing body?	7b	X	<u> </u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	_8b_	X	<u> </u>			
9							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			T			
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b					
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		₹.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С			v				
	in Schedule O how this was done	12c	X	37			
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
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?	45-		v			
a	The organization's CEO, Executive Director, or top management official	15a		X			
b	, , ,	15b		 ^ -			
46-	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	40-		v			
	taxable entity during the year?	16a		X			
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	401	<u> </u>				
<u></u>	exempt status with respect to such arrangements?	16b		1			
	etion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed MD		.la				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallat	иe				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	ia tinai	ncial				
	statements available to the public during the tax year						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person	ation	_	_,			
	THE ORGANIZATION - 301-901-9112 8115 BALTIMORE AVENUE, COLLEGE PARK, MD 20740	-					
	OLID DADILERONG AVERNOG, LODDENTE FANN, MD. 40/40						

Form 990 (2013)

DEPARTMENT, INC.

52-6048357

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	d organization compensation (C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					nne	Reportable	Reportable	Estimated
	hours per	box.	unle	ss pe	rson	s bott	n an	compensation	compensation	amount of
	week	— ·	er an	aaa	recto	r/trus	(ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	0 TO 9	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ae	шреп		(***271033*****130)		and related
	below	dual	Jiona	_	oldm	stco	a			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			_
(1) PETER PIRINGER	5.00									
PRESIDENT		X		X				0.	0.	0.
(2) CARL CIMINO	5.00									
CHAIRMAN		X	<u>. </u>					0.	0.	0.
(3) MATT CHIBBARO	5.00					ļ				
SECRETARY		X		X	_			0.	0.	0.
(4) THOMAS A. RUFFINI	5.00		1							
BOARD MEMBER		Х				ļ		0.	0.	0.
(5) TOMMY NGUYEN	5.00			İ				_	_	_
BOARD MEMBER		X			ļ	ļ		0.	0.	0.
(6) FREDERICK E. BROWER	5.00	1						_		_
TREASURER		X	ļ	X	<u> </u>	 	_	0.	0.	0.
(7) SETH STATLER	5.00		ļ							
BOARD MEMBER		X	<u> </u>		ļ	ļ		0.	0.	0,
(8) ARI SCHLOSS	5.00									
ASST TREAS/DEPUTY CHIEF		X	ļ	X	ļ	-	<u> </u>	0.	0.	0.
(9) WILLIAM CORRIGAN	5.00	-					ļ			
FIRE CHIEF	<u> </u>	ļ	├	X			-	0.	0.	0.
(10) BRANDON FRIEDER	5.00	┨	İ	7.						
ASST CHIEF		┼—	-	Х		-	-	0.	0.	0.
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DEPARTMENT, INC.

	t VII Section A. Officers, Directors, Tru (A) Name and title	Average hours per week (C) Average hours per box, unless person is both officer and a director/truste					than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099 MISC	D)	fro orga and	pensa om the anizati I relate nizatio	e ed
							_							
			!		_									
	Sub-total Total from continuation sheets to Part	VII Section A						<u> </u>	0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but		nose	liste	ed a	bov	e) wl	no r	0.	0,000 of reportable	0.			0.
3	Did the organization list any former office	r, director, or tru	uste	e, ke	ey ei	mplo	oyee	, or	highest compensated e	mployee on			Yes	No No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	such individual sum of reportab	le c	omp	ens	atıoı	n and	d ot	her compensation from			3		X
5	and related organizations greater than \$1 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	r accrue compe	nsat	tion	from	an	y uni			idual for services		5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest of the organization. Report compensation for										oens.	ation f	rom	
	(A) Name and busines			ON:					(B) Description of		С	(Compe		n
														
											···			
								-						
	Table with the second s	Annah ah ah ah ah				- 41:				and the second				
2	Total number of independent contractors \$100,000 of compensation from the orga		iOt 1			J 1111	0	3151	a above, who received t	nore triair				

DEPARTMENT, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts <u>1a</u> 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 10 d Related organizations 1d 57,631. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 75,900. similar amounts not included above 75,900. g Noncash contributions included in lines 1a-1f \$_ 133,531 h Total. Add lines 1a-1f Business Code 210,022. 210,022. Program Service Revenue 2 a AMBULANCE BILLING 900099 f All other program service revenue g Total, Add lines 2a-2f 210,022. Investment income (including dividends, interest, and 18,898. 18,898. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 220,078. assets other than inventory b Less cost or other basis 207,460. and sales expenses 12,618. c Gain or (loss) 12,618. 12,618. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV. line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 375,069. 210,022. 31,516.

Total revenue See instructions

52-6048357 Page 10

Form 990 (2013) DEPARTMENT, INC.
Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non employees)				
а	Management				
b	Legal				
С	Accounting	4,650.	1,000.	3,650.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,501.		7,501.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				<u> </u>
13	Office expenses	3,110.	3,110.		
14 15	Information technology Royalties	3,110.	3,110.		
16	Occupancy	60,291.	60,291.		
17	Travel	00,251.	00,231.		
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,099.	7,099.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	119,735.	119,735.		
23	Insurance				
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 0.)				
а	VENDING EXPENSES	5,321.	5,321.		
b	BANK SERVICE CHARGES	301.	301.		-
c					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	208,008.	196,857.	11,151.	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)				

Form 990 (2013) DEPARTMENT, INC.

Rart X Balance Sheet

Rar	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	47,833.	1	41,664. 22,315.
	2	Savings and temporary cash investments	14,970.	2	22,315.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	<u>-</u>	ŀ	
		trustees, key employees, and highest compensated employees. Complete		ł	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	4,000.	7	4,000.
Ā	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 1,200,461.			060 406
	b	Less accumulated depreciation 10b 939,965.	271,509.	10c	260,496.
	11	Investments - publicly traded securities	600 441	11	705 000
	12	Investments - other securities See Part IV, line 11	689,441.	12	785,293.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1 007 753	15	1 112 760
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,027,753.	16	1,113,768.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18 19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons			
įį		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	189,220.	23	36,363.
	24	Unsecured notes and loans payable to unrelated third parties	100/2201	24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	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	189,220.	26	36,363.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			-
Ś		complete lines 27 through 29, and lines 33 and 34.			
ညိ	27	Unrestricted net assets	838,533.	27	1,077,405.
ala	28	Temporarily restricted net assets		28	
ВP	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	838,533.		1,077,405.
	34	Total liabilities and net assets/fund balances	1,027,753.	34	1,113,768.

Form	990 (2013) DEPARTMENT, INC.	52-60	<u> </u>	Pag	<u> 12 12 </u>
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	375	,0	<u>69.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	208	,0	08.
3	Revenue less expenses Subtract line 2 from line 1	3	167	, 0	<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	838	, 5	33.
5	Net unrealized gains (losses) on investments	5	71	. , 8:	10.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,077	, 4	04.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			, ,	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
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			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		1

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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-FZ.

COLLEGE PARK VOLUNTEER FIRE

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

DEPARTMENT, INC. 52-6048357 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 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 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). 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) 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 that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c ____ Type III - Functionally integrated Type III - Non-functionally integrated a ____ Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the organization in col (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. (described on lines 1-9) organization support (i) organized in the (i) of your support? governing document? above or IRC section (see instructions)) Yes

Schedule A (Form 990 or 990-EZ) 2013 DEPARTMENT. INC.

52-6048357 Page 2

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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 97,286 60,648. 73,370. 42,486. 133,531. 407,321. include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 133.531. 97,286 73,370 42,486. 407.321. 60,648. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 407,321. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 133,531 73,370 42,486 97,286 60.648 407,321. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 17,224. 18,898. 110,164. -10,90940,022. 44,929 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 517,485. 11 Total support. Add lines 7 through 10 1,099,948. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 78.71 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 % 77.64 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ▶X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990 EZ) 2013 DEPARTMENT, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be	low, please com	plete Part II)			· 	
Section A. Public Support		 			 	
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions, and						1
membership fees received (Do not						•
include any "unusual grants ")						<u> </u>
2 Gross receipts from admissions, merchandise sold or services performed, 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						
·						
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				<u> </u>	<u> </u>	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			.,			
3 received from disqualified persons		1				
b Amounts included on lines 2 and 3 received from other than disqualified persons that	· · · · · · ·					
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		ļ				
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
	4-1,2000	(h) 2010	(=) 2011	(4) 2012	(a) 2012	(6) Total
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income			j	ļ		
(less section 511 taxes) from businesses acquired after June 30, 1975					:	}
c Add lines 10a and 10b	*****					
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)		L	<u> </u>	<u> </u>		<u> </u>
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a sect	ion 501(c)(3) organi:	zation,
check this box and stop here		****			,	<u> </u>
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2013 (li	ine 8, column (f)	divided by line 13,	column (f))		15	
16 Public support percentage from 2012					16	
Section D. Computation of Inves						
17 Investment income percentage for 20					17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2013. If the			on line 14 and lin	ne 15 is more than		
more than 33 1/3%, check this box at						▶ [
b 33 1/3% support tests - 2012. If the						and
line 18 is not more than 33 1/3%, che						' 【
20 Private foundation. If the organizatio	n ala not check a	a box on line 14, 19	a, or 190, check	this dox and see i	ristructions	P L

Schedule À	(Form 990 or 990-EZ) 2013 DEPARTMENT ,	INC.	52-6048357 Page 4
Part IV	(Form 990 or 990-EZ) 2013 DEPARTMENT, Supplemental Information. Provide the exp	lanations required by Part	II, line 10, Part II, line 17a or 17b, and Part III, line 12
			in, into 10, 1 art ii, into 17 a of 17 b, and 1 art iii, into 12
	Also complete this part for any additional information	n (See instructions)	
		·	· · · · · · · · · · · · · · · · · · ·
			
			
			· <u> </u>
		····	
		· · · · · · · · · · · · · · · · · · ·	
		· ··	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

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

Inspection

Department of the Treasury Name of the organization

COLLEGE PARK VOLUNTEER FIRE

Employer identification number

52-6048357 DEPARTMENT, INC. 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 contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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 an historically important land area Preservation of a certified historic structure Protection of natural habitat 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 Yes and section 170(h)(4)(B)(ii)? 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 1a 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) Revenues 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 Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	dule D (Form 990) 2013 DEPARTME							<u> 52-60</u>			
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures, o	r Othe	er Simil	ar Asset	ts (continu	ed)	
3	Using the organization's acquisition, accessio	n, and other record	ds, check	any of the	following that	are a s	ignificant	use of its o	collection	items	
	(check all that apply)										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma	intained as part of	the organ	ization's co	ollection?				Yes	□ No	
Par	t IV Escrow and Custodial Arrang	jements. Compl	ete ıf the	organizatio	n answered "	Yes" to	Form 990), Part IV, I	ne 9, or		
	reported an amount on Form 990, Part	X, line 21									
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?								Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	ollowing to	able							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e		_		
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?						Yes	□ No	
	If "Yes," explain the arrangement in Part XIII			n has been	provided in F	art XIII					
Pai											
		(a) Current year	(b) Pi	nor year	(c) Two year	s back	(d) Three	years back	(e) Four y	ears back	
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities		1								
	and programs										
f	Administrative expenses										
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the curr	ent vear end balan	ce (line 1	a. column (a	a)) held as						
a	Board designated or quasi-endowment		%	,	,,						
b	Permanent endowment	%									
c	Temporarily restricted endowment ▶	%									
Ĭ	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses		zation tha	t are held a	and administe	red for	the organi	zation			
	by	J					•		[·	Yes No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sched	lule R?					3b		
4	Describe in Part XIII the intended uses of the	•									
	rt VI Land, Buildings, and Equipm										
L	Complete if the organization answered	d "Yes" to Form 99	0, Part IV	, line 11a S	See Form 990	, Part X	, line 10				
	Description of property	(a) Cost or		-	t or other		Accumulat	ted	(d) Book	value	
	, /	basis (invest		. ,	(other)		epreciatioi	I .			
	Land			F	75,900.				75	5,900.	
b											
c	Leasehold improvements										
d			· · · · · · ·	1,12	24,561.		939,9	65.	184	1,596.	
	Other			,							
	II. Add lines 1a through 1e (Column (d) must e	gual Form 990, Pai	t X, colur	nn (B), line	10(c))				260),496.	

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 DEPARTMENT, INC.

52-6048357 Page 3

Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	and of year market value
	(b) Book value	(c) Method of Valuation Cost of	end of year market value
Financial derivatives			· · · · · · · · · · · · · · · · · · ·
2) Closely-held equity interests			
3) Other (A) SMITH BARNEY	785,293.	END-OF-YEAR MARK	PT VALUE
(B)	703,233.	END OF TEAK PARK	EI VAHOE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	785,293.		<u> </u>
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)		·····	
(7)			
(8)			
(9)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes" to	o Form 990, Part IV, line 1	1d See Form 990, Part X, line 15	· · · · · · · · · · · · · · · · · · ·
(a) D	escription		(b) Book value
(1)			
(2)	 		
(3)			
(4)			
(5) (6)			
			i
(7)			
(7) (8)			
(7) (8) (9)	15)		
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line	15)		
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line		1e or 11f See Form 990, Part X, lin	▶
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	1e or 11f See Form 990, Part X, lin b) Book value	▶ 25
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1		> 25
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability	o Form 990, Part IV, line 1		▶ 25
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t (a) Description of liability (1) Federal income taxes	o Form 990, Part IV, line 1		▶
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to a Description of liability (1) Federal income taxes (2)	o Form 990, Part IV, line 1		▶ 25
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability (1) Federal income taxes (2) (3)	o Form 990, Part IV, line 1		▶ 25
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the standard of the second of the se	o Form 990, Part IV, line 1		▶
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to an income taxes (1) Federal income taxes (2) (3) (4) (5) (6) (7)	o Form 990, Part IV, line 1		▶
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	o Form 990, Part IV, line 1		▶ 25
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" t 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	o Form 990, Part IV, line 1		▶

52-6048357 Page 4 DEPARTMENT, INC. Schedule D (Form 990) 2013 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 446,879. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12 2 71,810. Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c 2đ d Other (Describe in Part XIII) 71,810. Add lines 2a through 2d 2e 375,069. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b 4c 375,069. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 208,008. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2b Prior year adjustments Other losses 2c 2d d Other (Describe in Part XIII) Add lines 2a through 2d 2e 208,008. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4b 4c c Add lines 4a and 4b 208,008 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

DEPARTMENT, INC.

COLLEGE PARK VOLUNTEER FIRE

Employer identification number 52-6048357

rai	tr Types of I	Property								
			(a)	(b)	(c)		(d)			
			Check if applicable	Number of contributions or	Noncash contrib amounts reporte		Method of de noncash contribu		_	
			applicable		Form 990, Part VIII		Honcash contribe	ition an	lourne	
1	Art · Works of art									
2	Art - Historical treas	ures								
3	Art - Fractional inter	ests								
4	Books and publicati	ons								
5	Clothing and house	hold goods								
6	Cars and other vehi	cles								
7	Boats and planes									
8	Intellectual property	•								
9	Securities Publicly	traded								
10	Securities - Closely	held stock								
11	Securities - Partners	ship, LLC, or								
	trust interests									<u>-</u>
12	Securities Miscella	neous								
13	Qualified conservati	on contribution -								
	Historic structures									
14	Qualified conservat	on contribution - Other				i				
15	Real estate - Reside	ential								
16	Real estate - Comm	ercial								
17	Real estate - Other		X	1	75,9	900.	APPRAISAL			
18	Collectibles						~ <u>_</u>			
19	Food inventory									
20	Drugs and medical	supplies								
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimen	s								
24	Archeological artifa	cts								
25)								
26	Other 🕨 ()								
27	Other \blacktriangleright ()		<u> </u>						
28	Other (<u> </u>			<u></u>			
29		283 received by the organi		-						
	for which the organ	zation completed Form 82	283, Part IV,	Donee Acknowled	gement [29				
									Yes	No
30a		I the organization receive b	•		•			!		l
	at least three years	from the date of the initial	contribution	n, and which is not	required to be used	d for exen	npt purposes for			l
	the entire holding p							30a		<u>X</u>
b		ne arrangement in Part II								
31								31		<u> X</u>
32a		on hire or use third parties	or related o	rganizations to so	icit, process, or sell	noncash				
	contributions?							32a		X
b										
33		did not report an amount in	n column (c)	for a type of prope	erty for which colum	ın (a) ıs ch	necked,			1
	describe in Part II									<u> </u>

Rart II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
-	

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization

COLLEGE PARK VOLUNTEER FIRE DEPARTMENT, INC.

Employer identification number 52-6048357

FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO THE
APPROVAL OF BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE EXECUTIVE OFFICERS INFORMED THE BOARD THAT THE 990 FOR
JUNE 30, 2013 WAS COMPLETE AND THEY COULD HAVE A COPY UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: MEMBERS ARE AWARE OF THE CONFLICT OF INTEREST POLICY AND
UNDERSTAND IT WOULD BE ENFORCEABLE IF NECESSARY.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: DOCUMENTS ARE AVAILABLE UPON REQUEST.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No 1545-0172

Sequence No 179

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

► See separate instructions.

Business or activity to which this form relates

Identifying number

COLLEGE PARK VOLUNTEER	FIRE		L						
DEPARTMENT, INC.						PAGE 10		52-6048357	
Part 1 Election To Expense Certain Propert	y Under Section 17	79 Note: If you h	ave any list	ed pro	perty,	complete Part			
Maximum amount (see instructions)							2	500,000.	
2 Total cost of section 179 property placed in service (see instructions)									
3 Threshold cost of section 179 property t	pefore reduction	in limitation					3	2,000,000.	
4 Reduction in limitation Subtract line 3 fr	5								
5 Dollar limitation for tax year Subtract line 4 from line	5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions								
6 (a) Description of prop	perty	(t	o) Cost (busine	ss use o	only)	(c) Elected	1 cost		
					-				
7 Listed property Enter the amount from I	ine 29			1	7				
8 Total elected cost of section 179 proper	ty Add amounts	ın column (c), lı	nes 6 and 1	7			8		
9 Tentative deduction Enter the smaller of	of line 5 or line 8						9		
10 Carryover of disallowed deduction from	line 13 of your 20	012 Form 4562					10		
11 Business income limitation. Enter the sm	naller of business	income (not les	ss than zero	o) or li	ne 5		11		
12 Section 179 expense deduction Add lin	es 9 and 10, but	do not enter mo	ore than lin	e 11			12		
13 Carryover of disallowed deduction to 20				_ _	13				
Note: Do not use Part II or Part III below for		· · · · · · · · · · · · · · · · · · ·						*-···	
Part II Special Depreciation Allowan	ce and Other D	epreciation (Do	not includ	le liste	ed prop	erty)			
14 Special depreciation allowance for quality	fied property (oth	ner than listed pi	roperty) pla	aced in	n servic	e during			
the tax year							14	16,411.	
15 Property subject to section 168(f)(1) elec	ction						15		
16 Other depreciation (including ACRS)							16		
Part III MACRS Depreciation (Do not	ınclude listed pr								
		Section	on A						
17 MACRS deductions for assets placed in	service in tax ye	ars beginning b	efore 2013	1			_ <u>17</u>	100,042.	
18 If you are electing to group any assets placed in service								······································	
Section B - Assets I				Jsing	the Ge	neral Deprecia	ation Syste	em	
(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/invest only - see insti	tment use	(d) l	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
19a 3-year property									
b 5-year property		16	,411.	_5_	YRS.	HY	200DB	3,282.	
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property									
g 25-year property				2	5 yrs		S/L		
E. Decidential vental avenuels.	/			27	5 yrs	MM	S/L		
h Residential rental property	/			27	5 yrs	MM	S/L		
. Nonroadontial roal property	/			3	9 yrs	MM	S/L		
Nonresidential real property	//					MM	S/L		
Section C - Assets P	aced in Service	During 2013 Ta	ax Year Us	sing th	ne Alte	rnative Depre	ciation Sys	stem	
20a Class life							S/L		
b 12-year				1	2 yrs		S/L		
c 40-year	/			4	0 yrs	MM	S/L		
Part IV Summary (See instructions)									
21 Listed property Enter amount from line	28						21		
22 Total. Add amounts from line 12, lines 1	4 through 17, lin	ies 19 and 20 in	column (g)), and	line 21				
Enter here and on the appropriate lines	of your return P	artnerships and	S corporat	tions -	see ins	str	22	119,735.	
23 For assets shown above and placed in	service during th	e current year, e	enter the						
portion of the basis attributable to secti	on 263A costs				23				

DEPARTMENT, INC. Form 4562 (2013) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (e) (i) (d) Date Business/ Elected Basis for depreciation Type of property Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) period Convention deduction other basis use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use S/L % S/L S/L % 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (d) (e) (f) (a) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI | Amortization (b) Date amortization (f) (c) (d) (e) Description of costs Amortization for this year Amortizable begins period or percentage 42 Amortization of costs that begins during your 2013 tax year 43 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f) See the instructions for where to report 44

Form 8868 (Rev 1-2014)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this	box	>	X	
Note. Only complete Part II if you have already been granted a				3868		
• If you are filing for an Automatic 3-Month Extension, comp						
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no co	ppies needed).		
		Enter filer's	identifyin	<u>q number, see in</u>	structions	
Type or Name of exempt organization or other filer, see ins	Employer	identification num	iber (EIN) or			
print COLLEGE PARK VOLUNTEER FIR		52-60483				
File by the DEPARTMENT, INC.						
due date for filing your return See 8115 BALTIMORE AVENUE	Social sec	curity number (SSI	V)			
City, town or post office, state, and ZIP code For COLLEGE PARK, MD 20740	a foreign add	fress, see instructions				
Enter the Return code for the return that this application is for	(file a separa	ite application for each return)			0 1	
Application	Return	Application	-		Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01				 	
Form 990-BL	02	Form 1041-A			08	
Form 4720 (Individual)	03	Form 4720 (other than individual)		09		
Form 990-PF	04	Form 5227		10		
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already grant	06	Form 8870		150000	12	
THE ORGANIZAT • The books are in the care of ▶ 8115 BALTIMOR Telephone No ▶ 301-901-9112 • If the organization does not have an office or place of busin • If this is for a Group Return, enter the organization's four dig box ▶ If it is for part of the group, check this box ▶ 4 I request an additional 3-month extension of time until 5 For calendar year, or other tax year beginning 6 If the tax year entered in line 5 is for less than 12 months Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO	ess in the Urigit Group Exe and atta MAY JUL 1 s, check reas	Fax No Inted States, check this box emption Number (GEN) I ach a list with the names and EINs of 15, 2015, and ending on Initial return	f this is for all member g JUN Final re	the whole group, ers the extension is 30, 2014 eturn	s for	
 8a If this application is for Forms 990 BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 60 tax payments made include any prior year overpayment 	069, enter an	y refundable credits and estimated	8a	\$	0.	
previously with Form 8868 C Balance due. Subtract line 8b from line 8a Include your		th this form, if required, by using	8b	Ψ		
EFTPS (Electronic Federal Tax Payment System) See in:			8c	\$	0.	
Under penalties of perjury I declare that I have examined this form, incit is true, correct, and complete, and that I am authorized to prepare this	luding accomp	st be completed for Part II of panying schedules and statements, and to		alalis	belief,	

Form **8868** (Rev 1-2014)