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2015

Open to Public Inspection

Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

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

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

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Department of the Treasury  
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable

C Name of organization

JEFFERSON VOLUNTEER FIRE COMPANY  
ROUTE 885 AREA

D Employer identification number

25-1315643

 Address change Name change Initial return Final return/terminated Amended return Application pending

Number and street (or P O box, if mail is not delivered to street address)

380 WRAY DRIVE

Room/suite

E Telephone number

(412) 384-3684

City or town, state or province, country, and ZIP or foreign postal code

JEFFERSON HILLS, PA 15025

F Group Exemption Number ►

G Accounting Method  Cash  Accrual Other (specify) ►H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ►N/A

J Tax-exempt status (check only one) -  501(c)(3)  501(c)( 4)  (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 87,043

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I . . . . . 

1	Contributions, gifts, grants, and similar amounts received . . . . .	1	75,275
2	Program service revenue including government fees and contracts . . . . .	2	2,450
3	Membership dues and assessments . . . . .	3	
4	Investment income . . . . .	4	160
5a	Gross amount from sale of assets other than inventory . . . . .	5a	
b	Less cost or other basis and sales expenses . . . . .	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
6	Gaming and fundraising events . . . . .		
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	8,500
c	Less direct expenses from gaming and fundraising events . . . . .	6c	706
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	7,794
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
b	Less cost of goods sold . . . . .	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
8	Other revenue (describe in Schedule O) . . . . .	8	658
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	86,337
10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	
11	Benefits paid to or for members . . . . .	11	
12	Salaries, other compensation, and employee benefits . . . . .	12	
13	Professional fees and other payments to independent contractors . . . . .	13	2,221
14	Occupancy, rent, utilities, and maintenance . . . . .	14	7,157
15	Printing, publications, postage, and shipping . . . . .	15	
16	Other expenses (describe in Schedule O) . . . . .	16	55,264
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	64,642
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	21,695
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	313,256
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ►	21	334,951





		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47 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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ►

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ►  Yes  No

**Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.**

<b>Sign Here</b>	***** Signature of officer	2016-11-04 Date
	HOWARD MCBRIDE TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ERIC ROSSI CPA	Preparer's signature	Date 2016-11-09	Check <input type="checkbox"/> if self-employed	PTIN P00089835
	Firm's name ► ERIC ROSSI CPA LLC		Firm's EIN ► 20-0901115		
	Firm's address ► 357 REGIS AVE STE 4 PITTSBURGH, PA 152361451		Phone no (412) 714-8650		

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 25-1315643

**Name:** JEFFERSON VOLUNTEER FIRE COMPANY  
ROUTE 885 AREA

### Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
PROVIDED FIRE PROTECTION AND RESCUE SERVICES TO JEFFERSON HILLS AREA RESIDENTS <b>28</b> AND BUSINESSES (Grants \$ ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a 45,545

**SCHEDULE O  
(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](http://www.irs.gov/form990).

**2015****Open to Public  
Inspection**Name of the organization  
JEFFERSON VOLUNTEER FIRE COMPANY  
ROUTE 885 AREA**Employer identification number**  
25-1315643**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MISC INCOME 658 TOTAL 658
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 60 OFFICE 261 INSURANCE 9,389 BANK CHARGES 1 BUILDING M AINT AND SUPP 6,396 DUES 70 FIRE EQUIP MAINT AND SUPP 12,038 FUEL 5,555 MEMBERSHIP EXPENS ES 10,819 CABLE/INTERNET 2,752 PROPERTY TAXES 1,886 MISCELLANEOUS 9 LICENSES 140 NON-INVESTMENT DEPRECIATION 5,888 TOTAL 55,264

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	BUILDINGS AND EQUIPMENT 666,847 679,840 LESS ACCUMULATED DEPRECIATION 637,004 642,892 TOTAL 29,843 36,948