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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)

Go to www.irs.gov/Form990EZ for instructions and the latest information. $\c Q \setminus \mathcal{V}$

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

<u>A</u>	For ti	he 2019 calen	dar year, or tax	year begini	ning		, an	d ending	_		
В	Check	ıf applıcable	C Name of organi	zation	_				D Er	nployer ide	ntification number
	Addres	ess change Winhall Fire Department, Inc									
	Name	Name change Number and street (or PO box if mail is not delivered to street address)			Room/suite	1	03-	-0279094			
	Initial r	eturn	Route 30						E Te	lephone nur	nber
	Final ret	um/terminated	City or town			State	ZIP co	de	1		
	Amend	led return	Bondville			VT	0534	0		(802)) 297-2373
	Applica	ation pending	Foreign country na	ime	Foreign prov	ince/state/county		n postal code	F G	roup Exem	nption
								<u>D4</u>	Nu	umber ►	
G	Accou	nting Method	X Cash	Accrual	Other (specify	() >			H Check	k ▶ 🔲 ıf	f the organization is
1	Websi	ite: ► None_				•			not re	equired to	attach Schedule B
J	Tax-exe	mpt status (ched	ck only one) —	501(c)(3)	X 501(c) (4) ◀ (insert no	4947(a)(1)	or 527	(Form	990, 990	-EZ, or 990-PF)
ĸ	Form o	of organization	X Corpo	ration	Trust	Associati	ion 🔲 O	ther			
L	Add Im	es 5b. 6c. and	7b to line 9 to de	termine aros	s receipts If aros	ss receipts are \$2	200.000 or mo	re. or if total as	sets		
			re \$500,000 or m				,			▶ \$	95,773
Р	art l		e, Expenses,				d Balance	s (see the ii	nstruct		
			the organizati								X
_	1		ns, gifts, grants,				2114 34345 4 5 4			1 1	93,151
	2		rvice revenue in			and contracts	Received L	ું Jank - Us	قر	2	
	3	-	dues and asse		vorranioni 1000 c	ina contracto	_ 3	,0g		3	
	4	Investment		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	. NOV			4	2,622
	5a		int from sale of	assets othe	er than inventor	,	5a	≥ 2020 =			
	b		r other basis an				5b			1	
	С		s) from sale of a			(subtract line 5	b from line 5	新りひ		5c	0
	6		fundraising eve		•	`		•			
	а	_	ne from gaming		nedule G if grea	ter than					
ne		\$15,000)	3 0	•			6a				
Revenue	b		ne from fundrais	ing events	(not including	\$	of cor	ntributions		1	
Zè/		from fundra	sing events rep	orted on lin	e 1) (attach Sch	nedule G if the					
_		sum of such	gross income a	and contribi	utions exceeds	\$15,000)	6b				
	С	Less direct	expenses from	gaming an	d fundraising ev	rents	6c				
	d	Net income	or (loss) from g	aming and	fundraising eve	nts (add lines 6	a and 6b and	subtract]	
		line 6c)					· ·			_6d	0
	7a	Gross sales	of inventory, les	ss returns a	and allowances		7a				
	b		f goods sold				7b				
	C	•	or (loss) from s		• •	line 7b from line	e 7a)			7c	0
	8		ue (describe in Schedule O) .					_	8		
_	9		ue. Add lines 1,							9	95,773
	10		sımılar amounts		n Schedule O)	•				10	100
	11		d to or for meml			•				11	
ses	12		ner compensation		•		•	•		12	540
en i	13		I fees and other			contractors		•		13	540
Expenses	14	•	rent, utilities, ar			•	•	•		14	0.540
ш	15 46	•	olications, posta	_						15	3,516
	16	•	ises (describe ir		•		•		_	16	75,532
\dashv	17		ses. Add lines						<u> </u>	17	79,688
र्घ	18 10		deficit) for the year				n (A)) (much a	area with	•	18	16,085
SS	19		or fund balances figure reported			i iiile zi, colum	ii (A)) (must a	igi ce willi		19	222,848
Net Assets	20		jes in net assets			in Schedula (1)				20	
	20 21		or fund balances						•	21	238,933
	41	inclassels (n tutto balances	י מו כווט טו /	real Collibilie II	เกรอ เดินแบนนูก	~U		_	. 4-1	∠30,533

Form 990-EZ (2019)

_	1 990-EZ (2019) Winhall Fire Department, Inc			03-027	9094	Page 2
Par	Balance Sheets (see the instructions for		thin Dort II			
	Check if the organization used Schedule O to re	espond to any question in			<u>. </u>	<u></u>
	Out to a disease and more than a to		<u> </u>) Beginning of year	-	(B) End of year
22	,	•	-	222,848	_	238,933
23 24	Land and buildings Other assets (describe in Schedule O)	•	<u> </u>		23	<u> </u>
25	Total assets	•	 	222,848	_	238,933
26	Total liabilities (describe in Schedule O)				26	230,333
	Net assets or fund balances (line 27 of column (E	3) must agree with line 21	·	222,848		238,933
	art III Statement of Program Service Accomplis					
	Check if the organization used Schedule O t	•	•			Expenses
Wha	at is the organization's primary exempt purpose?	Firefighting, protection and	rescue			quired for section
	scribe the organization's program service accomplishr			ices,		(c)(3) and 501(c)(4) anizations, optional
	measured by expenses. In a clear and concise manne				for c	others)
pers	sons benefited, and other relevant information for eac	h program title				
28	Firefighting, protection and rescue					
					ļ	
	(Grants \$ 100) If this amount	t includes foreign grants, c	heck here .	<u> </u>	28a	79,688
29						
	(Create C	t includes foreign grants a	book boro			
20	(Grants \$) If this amount	t includes foreign grants, c	neck nere		29a	
30			· • • • • • • • • • • • • • • • • • • •		ŀ	
					ĺ	İ
	(Grants \$) If this amount	t includes foreign grants, c	heck here	. •	30a	
31	Other program services (describe in Schedule O)	<u></u>			30a	
•		t includes foreign grants, c	heck here .	. ▶ □	31a	
32	Total program service expenses. (add lines 28a th			<u> </u>	32	79,688
	Irt IV List of Officers, Directors, Trustees, and K			ated—see the insti	uction	
	Check if the organization used Schedule O to	• • •				
_	Check if the organization used Schedule O to	respond to any question i	n this Part IV .			
	Check if the diganization used Schedule O to	1	(c) Reportable	(d) Health benefit		· ·
		(b) Average	(c) Reportable compensation	(d) Health benefits	5,	(e) Estimated amount of
	(a) Name and title	(b) Average	(c) Reportable		s, ins,	(e) Estimated amount of other compensation
Jay	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit pla	s, ins,	• •
		(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit pla and deferred compens	s, ins,	• •
Pres	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla and deferred compens	ns, ation	other compensation
Pres	(a) Name and title wilson sident	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla and deferred compens	ns, ation	other compensation
Pres Bres VP	(a) Name and title wilson sident	(b) Average hours per week devoted to position Hr/WK As Required	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla and deferred compens	ins, ation	other compensation
Pres Bres VP Pat	(a) Name and title wilson sident ndan Curry	(b) Average hours per week devoted to position Hr/WK As Required	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla and deferred compens	ins, ation	other compensation
Pres Bres VP Pat Sec	(a) Name and title wilson sident ndan Curry Salo	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atuon	other compensation 0
Pres Bres VP Pat Sec	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atuon	other compensation 0
Pres Bren VP Pat Sec Jern	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required Hr/WK As Required	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atton	other compensation 0 0
Pres Bren VP Pat Sec Jern	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required Hr/WK As Required	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atton	other compensation 0 0
Pres Bren VP Pat Sec Jern	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required Hr/WK As Required Hr/WK As Required	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atton	other compensation 0 0
Pres Bren VP Pat Sec Jern	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required Hr/WK As Required Hr/WK As Required	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atton	other compensation 0 0
Pres Bren VP Pat Sec Jern	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required Hr/WK As Required Hr/WK required Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atton	other compensation 0 0
Pres Bren VP Pat Sec Jern	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required Hr/WK As Required Hr/WK required Hr/WK required	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atton	other compensation 0 0
Pres Bren VP Pat Sec Jern	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required Hr/WK As Required Hr/WK required Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atton	other compensation 0 0
Pres Bren VP Pat Sec Jern	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required Hr/WK As Required Hr/WK required Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atton	other compensation 0 0
Pres Bren VP Pat Sec Jern	(a) Name and title wilson sident ndan Curry Salo retary	(b) Average hours per week devoted to position Hr/WK As Required Hr/WK As Required Hr/WK As Required Hr/WK required Hr/WK Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not pald, enter -0-)	contributions to employee benefit pla and deferred compens	ons, atton	other compensation 0 0

Hr/WK

Hr/WK

Hr/WK

Page 3

during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a None Did the organization beform 1120-PDL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities b Section 501(c)(3) aganizations Enter amount of tax imposed on the organization during the year under. section 4911 ▶	-		03-02790	094	Page 3
Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O set and the provided of the IRS? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions. 3.a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those repairation filled a Form 990-17 to the year) If 1%0, provide an explanation in Schedule O See instructions. 3.b If "Yes" to like 35a, has the organization filled a Form 990-17 to the year) If 1%0, provide an explanation in Schedule O See and the state of the year of y	Par				
33 Did the organization engage in any significant activity in Schedule 0 34 Were any significant changes made to the organizing or governing documents? If "Yes," stach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O See instructions 35 a Did the organization have an interest if they reflect a change to the organization's name Otherwise, explain the change on Schedule O See instructions 36 b Did the organization have an interest in the reflect of the organization's name Otherwise, explain the change on Schedule O See instructions 36 b Did the organization have a missed the organization of single organization in Schedule O 37 b If "Yes" is organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Sphedule D Part I land enter the total amount involved 38 b Did the organization berrow from, or make any loans to, any officer, director, frustee, or key employee, or were any such loans made in a prover and still outstanding at the end of the tax year covered by this return? 38 b If "Yes," complete Sphedule L Part II and enter the total amount involved 38 section 501(c)(3) organizations Enter 38 a Institute of the section 498 b Section 501(c)(3) organizations Enter 38 a Institute of the organization during the year under, section 498 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations berief transaction at a proveyear that has not loans and the organization of this removed on the organization during the year under, section 498 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on the organization during the year under, section 491 b Part I Institute the properties of the section 491 b Part I Institute the properties of the organization have an i		instructions for Part V) Check if the organization used Schedule O to respond to any question in	this Pa	T	
detailed description of each activity in Schedule O Were any spinificant changes made to the organization of source of the seminated documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O See instructions 35 a Dot the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 9a, and 7a, among others)? b if "Yes" to line 35a, has the organization filed a Form 990-Tito the year? If "Yes," complete Schedule C, Part III b of the organization inversion of slight of the year? If "Yes," complete Schedule C, Part III b of the organization undergio a flightdation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule C, Part III b of the organization undergio a flightdation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule L, Part II and enter the total amount involved 35 a Did the organization flee Form 1120-POL for they year? 36 b L X 37 a Enter amount of portion or year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 36 Section 501(c)(3) organizations Enter a instation flees and captal contributions included on line 9 38 of Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 980 or 990-E27 If "Yes," complete Schedule L, Part I 5 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 4 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations benefit and prior the section 4912 expensive the prio	22	Did the assessment on a second second second second second second to the IDCO IS INVestigation and		Yes	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," stach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35 a Did the organization fleval controlled to the stack of the	33		1 22	İ	
so port of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions. 35 a D of the organization have unrelated business gross income of \$1,000 or more during the year from business adviverse (such as those reported on lines 2, 6a, and 7a, among others)? b if "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No! provide an explanation in Schedule O Was the organization filed a Form 990-T for the year? If "No! provide an explanation in Schedule O Was the organization filed a Form 990-T for the year? If "No! provide an explanation in Schedule O Was the organization filed a Form 990-T for the year? If "No! provide an explanation in Schedule O Was the organization filed a Form 990-E2 in the organization of net assets during the year? If "Yes," complete schedule C, Part III will also will be organization of political expenditures, direct or indirect, as described in the instructions ≥ 37a None 37a None 37a None 37b 27c 37b 27c 37b	34		33		 ^ -
a but the organization have unrelated business gross income of \$1,000 or more during the year from business at activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" io line 35a, has the organization lined a form 980-1 for the year? If In/O, provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III and uning the year? If "Yes," complete Schedule N and proxy tax requirements during the year? If "Yes," complete Schedule N and proxy tax requirements during the year? If "Yes," complete Schedule N and place to midned, as described in the instructions	04				
35 a D of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990 - For the year? If No? provide an explanation in Schedule O. Was the organization a section \$501(c)(4), 501(c)(5), or \$501(c)(6) organization subject to section \$603(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III and the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete sphiciable parts of Schedule C. Part III and provided the parts of Schedule S. Part III and provided the parts of Schedule S. Part III and provided an explanation borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L. Part II and enter the total amount involved Section 501(c)(3) organizations Enter an intensity of the organization of the specific parts of the section of the section of the specific parts of the section of the specific parts of the section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under school section 501(c)(3), 501(c)(4), and 501(c)(29) organizations be the regionation in a prior year that has not been reported on any of its prior Forms 900 or 980-E2? If "Yes," complete Schedule L. Part II and the specific parts of the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under schools 412, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c remitted the section of section 1500 organization and the section of section 1500 organization and the section of section 1500 org			34]	l x
b if "Yes" to line 35a, has the organization filed a Form 990-1 for the year" if "No," provide an explanation in Schedule O Was the organization as exection 5010(6), 56 (5010(6)) organization subject to section 6033(6) notice, reporting, and proxy tax requirements during the year" if "Yes," complete schedule C, Part III	35 a	<u> </u>			
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) or		activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a_		X_
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 356	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a None 37 b Did the organization file Form 1120-POL for this year? 38 a Did the organization file Form 1120-POL for this year? 38 a Did the organization file Form 190-POL for this year? 39 b Did the organization file Form 190-POL for this year? 39 b Gross recepts, included on time 9 for public use of of out facilities 39 a Section 501(c)(7) organizations Enter amount for tax imposed on the organization during the year under, section 4912 ▶ section 4912 ▶ section 4915 ▶ 39 b Gross recepts, included on line 9 for public use of ordub facilities 40 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Form 990 or 990-E27 if "Yes," complete Schedule L, Part 1 50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40 reminishered by the organization 40 reminishered by the organization or sent prior to favor in the foreign country in transaction of If "Yes," complete Form 8986-T 41 List the states with which a copy of this return is filled ▶ NONE - NOT REQUIRED 42 a The organization which a copy of this return is filled ▶ NONE - NOT REQUIRED 42 a The organization which a copy of this return is filled ▶ NONE - NOT REQUIRED 43 b At any time during the calendar year, did the organization have an interest in or a significant or other famicial account)? 44 b A vary time during the calendar year, d	С				
during the year? If "Yes," complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions b I) To the organization file Form 1120-PQL for this year? b I) Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 Gross recepts, included on line 9, for public use of club facilities b Gross recepts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under, section 4912 b Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 990 or 990-E72 If "Files," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization and the foreign country (such as a bank account, securities). a The organization sections of the properties of the			35c	<u> </u>	Х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a None 38 a Did the organization for form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b If "Yes," complete Schedule I., Part II and enter the total amount involved 38 b If "Yes," complete Schedule I., Part II and enter the total amount involved 39 cection 501(c)(7) organizations Enter 10 initiation fees and capital contributions included on line 9 11 Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations but the organization during the year under section 4911 ▶ 12 Section 501(c)(3), 501(c)(4), and 501(c)(28) organizations but the organization during the year under section 4911 ▶ 13 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 31 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organizations have a managers or disqualified persons during the year under sections 4912, 4955, and 4958 32 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40 organizations but have during the tax year, was the organization a party to a prohibited tax shetter transaction? If "Yes," complete Form 8886-T 33 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40 organizations books are in care of 34 Jerry Discoult 35 Jerry Discoult 36 Jerry Discoult 37 Jerry Section 4912 38 Jerry Section 4912 39 Jerry Discoult 39 Jerry Discoult 39 Jerry Discoult 30 Jerry Section 4912 30 Jerry Section 4912 30 Jerry Section 4912 31 Jerry Section 4912 32 Jerry Section 4912 33 Jerry Section 4912 34 Jerry Section 4912	36				İ
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Located at ▶ Route 30	41	·	_		•
Located at ▶ Route 30	42 a	The organization's books are in care of ▶ Jerry Driscoll Telephone no ▶	(802) 2	97-23	 76
At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) C At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44b X 44c X 44c X 44c X 44d X 45b X 46c X 47c X 47c X 47c X 47c X 48c X 49c X 4					
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			45h		
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Form 9	90-EZ (2019) Winhall Fire Department,	Inc			03-02790	94	Page 4
						Yes	No
46	Did the organization engage, directly or indirectly		ivities on behalf of or i	n opposition	46		
Part	to candidates for public office? If "Yes," complet VI Section 501(c)(3) Organizations O				. 46	L	X
· uit	All section 501(c)(3) organizations m		17–49b and 52, and	complete the tab	les for line	s	
	50 and 51.			4.3.41			
	Check if the organization used Sche	dule O to respond to ar	ly question in this P	aπ vi			
47	Did the experience and a labeling a set in the	on on house a contrar 501/h)	alastias is offert divisi	a the ter		Yes	No
47	Did the organization engage in lobbying activitie year? If "Yes," complete Schedule C, Part II	es or have a section 50 I(n)	election in ellect durin	ig the tax	47		
48	Is the organization a school as described in sect	tion 170(b)(1)(A)(ii)? If "Ye:	s." complete Schedule	Ε .	48		
49 a	Did the organization make any transfers to an ex				49a		
b	· · · · · · · · · · · · · · · · · · ·				49b		<u> </u>
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"							
	employees) who each received more than \$100	,000 or compensation from	the organization if th	ere is none, enter "N (d) Health benefits,	lone "		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estima	ated amo	
	None			compensation			
Title	**	Hr/WK 00					
Name							
Title	,	Hr/WK 00					
Name		00	,				
Title Name		Hr/WK .00			 		
Title		Hr/WK 00		t.			
Name							
Title		Hr/WK 00	L <u>.</u>				
f 54	Total number of other employees paid over \$100		ndent contractors who				
51	Complete this table for the organization's five hig \$100,000 of compensation from the organizatio			each received more	etnan		
					(a) Ca		
	(a) Name and business address of each independent	ent contractor	(b) Type of service		(c) Compensa	uon	
	None Str						
City		ZIP					
Name City		ZIP					
Name			 		_		
City	ST	ZIP					
Name							
City	ST	ZIP					
Name_ City	Str ST	ZIP					
d	Total number of other independent contractors e		00	·			
52	Did the organization complete Schedule A? Note	e: All section 501(c)(3) orga	anızatıons must attach	а		E	
	completed Schedule A .	· · · · · · · · · · · · · · · · · · ·	 	·	▶ <u> </u>	s X	No
	penalties of perjury, I declare that I have examined this return, in irrect, and complete Declaration of preparer (other than officer)				elief, it is		
	1 Derome of De	reals		18/5/	2021		
Sign	Signature of officer		Date				
Here	JEROMET DRI	SEGLU TREASU	<u>rep.</u>				
	Type or pont name and title	Preparado prepatura	Date		PTIN		
Paid	Pnnt/Type preparer's name Norman E Favor III	Preparer's signature	l l	Check C	lf	7217	
Prep	Parer Firm's name Favor & Co	- and la	117	4/2020 self-employe Firm's EIN ▶ 2		1311	
Use	Only Firm's address PO Box 1586, Manche	ester Ctr , VT 05255			302) 362-26	91	
May th	he IRS discuss this return with the preparer show				► X Ye	s 🔲	No

Part IV (990-EZ) - List of Officers, Di	irectors, Trustees <u>, a</u>	nd Key Employe	es Page 1	of 1 of Part IV
Name of Organization		Employer identification	on number	
Winhall Fire Department, Inc		03-0279094		
Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount o other compensation
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/MK			
	Hr/WK			
	Hr/WK			
	Hr/WK			7
	Hr/WK			
	 Hr/WK			

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Winhall Fire Department, Inc	03-0279094
Part I - Line 16 Other Expenses	
Equipment maintenance - \$5,034	
Office expenses = \$539	
Training supplies - \$315	
Dues - \$150	·
Insurance - \$4,660	
Firefighter reimbursements - \$59,568	••••••
Volunteer expenses - \$2,700	•••••••••••••••••••••••••••••••••••••••
Small equipment - \$2,120	••
Other - \$446	
<u></u>	
	•••••••••••••••••••••••••••••••••••••••

Schedule O (Form 990 or 990-EZ) (2019)		Page	<u>2</u>
Name of the organization	Employer identification numb	er	
Winhall Fire Department, Inc	03-0279094		
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