

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- ☐ New service (Sections A,B,C,D,F)
☒ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
☐ Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- ☒ Ambulance
☐ ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

| | | | | |
|---|---|--|---|------------------------------|
| Name of Service | DOH Agency Code | Federal Employer Identification Number | | |
| Strykersville Volunteer Fire Company Inc. | 6019 | 16-1542290 | | |
| Address | City | State | Zip | County |
| 594 Minkel Road | Strykersville | NY | 14145 | Wyoming |
| Contact Person | Title | | | |
| Brian Ash | Chief | | | |
| Business Phone | Home Phone | Cell Phone | E-mail | |
| (585) 457- 3588 | () - | (585) 457 - 4128 | bashstfd38@yahoo.com | |
| Current Organizational Sponsor Type | | | | |
| <input type="checkbox"/> Proprietary | <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Volunteer Independent | <input type="checkbox"/> Industrial | |
| <input checked="" type="checkbox"/> Volunteer Fire Department | <input type="checkbox"/> Municipal/Government | <input type="checkbox"/> Other | | |
| Type of Ownership | | | | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Government | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> LLC |

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Strykersville Volunteer Fire Company Inc.

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

Folsomdale Road, Forkel Road, Bailey Road, Bear Road, Burrough Road in the Town of Bennington (See Attached Map)
Parker Road, Sanders Hill Road in the Town of Holland (See Attached Map)

For expansion list existing primary operating territory

Town of Java
Town of Sheldon

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

| | |
|--------------------------------|---|
| Insurance Carrier | |
| VFIS | |
| Agent | Business Phone |
| McMahon Agency, Inc. Kevin Fox | (716) 837 - 3943 |
| Types and Limits of Coverage | <input type="checkbox"/> General Liability <input checked="" type="checkbox"/> Other See Attached |

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

☐ EMT☒ AEMT☐ Critical Care☐ Paramedic

Agency Medical Director

Address

City

State

Phone Number

Dr. Gregory Collins

400 N. Main Street

Warsaw

NY

(585) 786 - 2233

Agency Providing Medical Control

Phone Number

N/A

()

System Medical Director

Address

City

State

Phone Number

N/A

()

Size of Population to be Served

Days of operation

Hours of operation

2268

365

24/7

Projected Call Volume

Total 250

Emergency 200

Non-Emergency 50

Source of Statistics for Call volume

☐ PCR☐ Dispatch Center☐ Agency Call Record☒ Other Past History

Total no. of ambulances

Total no. of emergency ambulance service vehicles (EASV'S)

Total no. of ALS First Response vehicles

1

0

0

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service

Federal Employer Identification Number

Strykersville Volunteer Fire Company Inc

16-1542290

Address

City

State

Zip

County

594 Minkel Road

Strykersville

NY

14145

Wyoming

Contact Person

Title

Brian Ash

Chief

Business Phone

Home Phone

Cell Phone

E-mail

(585) 457 - 3588

()

(585) 457 - 4128

Proposed Organizational Sponsor Type

☐ Proprietary☐ Hospital Based☐ Volunteer Independent☐ Industrial☒ Volunteer Fire Department☐ Municipal/Government☐ Other

Proposed Type of Ownership

☐ Individual☐ Partnership☐ Government☒ Corporation☐ LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Strykersville Volunteer Fire Company Inc.

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required

- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO

Title

Brian J. Ash

Chief

Signature

Date

Brian J. Ash

11-6-17

Notary Public affirmation and acknowledgement

Personally Known before me on 11/6/17

Reid R. Reisdorf

REID R. REISDORF
NOTARY PUBLIC-STATE OF NEW YORK

No. 01RE6067001

Qualified in Wyoming County

My Commission Expires December 03, 2017

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received

Date of Council Decision

☐ Approved ☐ Denied ☐ Rejected - Incomplete

Council Chair Signature

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

- ☐ New service (Sections A,B,C,D,F)
☒ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
☐ Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

- ☒ Ambulance
☐ ALS First Responder

Section A: Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

| | | | | |
|---|-----------------|--|-------|---------|
| Name of Service | DOH Agency Code | Federal Employer Identification Number | | |
| Strykersville Volunteer Fire Company Inc. | 6019 | 16-1542290 | | |
| Address | City | State | Zip | County |
| 594 Minkel Road | Strykersville | NY | 14145 | Wyoming |
| Contact Person | Title | | | |
| Brian Ash | Chief | | | |

| | | | |
|-------------------|------------|-------------------|--------|
| Business Phone | Home Phone | Cell Phone | E-mail |
| (585) 457- 3588 | () - | (585) 457- 3588 | |

Current Organizational Sponsor Type

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Proprietary | <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Volunteer Independent | <input type="checkbox"/> Industrial |
| <input checked="" type="checkbox"/> Volunteer Fire Department | <input type="checkbox"/> Municipal/Government | <input type="checkbox"/> Other | |

Type of Ownership

- | | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|---|------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Partnership | <input type="checkbox"/> Government | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> LLC |
|-------------------------------------|--------------------------------------|-------------------------------------|---|------------------------------|

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Strykersville Volunteer Fire Company Inc.

Section B: Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

Folsomdale Road, Forkel Road, Bailey Road, Bear Road, Burrough Road in the Town of Bennington (See Attached Map)
Parker Road, Sanders Hill Road in the Town of Holland (See Attached Map)

For expansion list existing primary operating territory

Town of Java
Town of Sheldon

Section C: Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

VFIS

Agent

McMahon Agency, Inc. Kevin Fox

Business Phone

(716) 837 - 3943

Types and Limits of Coverage

- ☐ General Liability ☒ Other See Attached

Section B - Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

☐ EMT☒ AEMT☐ Critical Care☐ ParamedicAgency Medical Director
Dr. Gregory CollinsAddress
400 N. Main StreetCity
WarsawState
NYPhone Number
(585) 786 - 2233Agency Providing Medical Control
N/APhone Number
() -System Medical Director
N/A

Address

City

State

Phone Number
() -Size of Population to be Served
2268Days of operation
365Hours of operation
24/7

Projected Call Volume

Total 250

Emergency 200

Non-Emergency 50

Source of Statistics for Call volume

☐ PCR☐ Dispatch Center☐ Agency Call Record☒ Other Past HistoryTotal no. of ambulances
1Total no. of emergency ambulance service vehicles (EASV'S)
0Total no. of ALS First Response vehicles
0**Section C - Proposed Organizational Structure**

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service

Strykersville Volunteer Fire Company Inc

Federal Employer Identification Number

16-1542290

Address

594 Minkel Road

City

Strykersville

State

NY

Zip

14145

County

Wyoming

Contact Person

Brian Ash

Title

Chief

Business Phone

(585) 457 - 3588

Home Phone

() -

Cell Phone

(585) 457 - 7120

E-mail

Proposed Organizational Sponsor Type

☐ Proprietary☐ Hospital Based☐ Volunteer Independent☐ Industrial☒ Volunteer Fire Department☐ Municipal/Government☐ Other

Proposed Type of Ownership

☐ Individual☐ Partnership☐ Government☒ Corporation☐ LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Strykersville Volunteer Fire Company Inc.

Section D - Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required

- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO

Brian J. Ash

Title

Chief

Signature

Date

11-6-17

Notary Public affirmation and acknowledgement

Personally Known before me on 11/6/17

RUSSELL R. REISDORF
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RE6067001

FOR REGIONAL EMS COUNCIL USE ONLY

Date Application Received

Date of Council Decision

☐ Approved ☐ Denied ☐ Rejected ☐ Incomplete

Council Chair Signature

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Brian J. Ash

Chief

Full Name of Individual

Title

[REDACTED], Strykersville New York 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[REDACTED]

[REDACTED]

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 30 § 3005 [5]):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Brian J. Ash

Full Name

Signature

Date

11-6-17

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Brian J. Ash

Full Name

Signature

Date

11-6-17

Notary Public Affirmation and Acknowledgement

Russell R. Reisdorf

Notary Public Name

Signature

RUSSELL R. REISDORF

Date

11/6/17

NOTARY PUBLIC-STATE OF NEW YORK

No. 01RE6067001

Qualified in Wyoming County

My Commission Expires December 03, 2017

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 28 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Robert Conroy

Director

Full Name of Individual

Title

Java Center, New York 14082

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 28 § 3005 [5]):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Robert Conroy

Full Name

Signature

Robert C. Conroy

Date

11/6/2017

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Robert Conroy

Full Name

Signature

Robert C. Conroy

Date

11/6/2017

Notary Public Affirmation and Acknowledgement

Russell R. Reisdorf

Notary Public Name

Signature

R R Reisdorf

Date

11/6/17

RUSSELL R. REISDORF
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RE6067001
Qualified in Wyoming County
My Commission Expires December 03, 2017

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Mary A. Gibson

Secretary

Full Name of Individual

Title

Strykersville, New York 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, spouse, principal stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 § 309.6):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Mary A. Gibson

Full Name

Mary A. Gibson
Signature

11/6/17
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Mary A. Gibson

Full Name

Mary A. Gibson
Signature

11/6/17
Date

Notary Public Affirmation and Acknowledgement

Russell R. Residorf

Notary Public Name

Russell R. Residorf
Signature

11/6/17
Date

RUSSELL R. REISDORF
NOTARY PUBLIC-STATE OF NEW YORK
No 01RE6067001
Qualified in Wyoming County
My Commission Expires December 03, 2017

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Jeffrey A. Kinney

Director

Full Name of Individual

Title

Strykersville, New York 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stock holder, operator or operations manager of one or more of the following in the past 10 years: (Article 30 § 3005 (5))

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Jeffrey A. Kinney

Full Name

Signature

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Jeffrey A. Kinney

Full Name

Signature

Date

Notary Public Affirmation and Acknowledgement

Russell R. Reisdorf

Notary Public Name

Signature

RUSSELL R. REISDORF

Date

NOTARY PUBLIC-STATE OF NEW YORK

No. 01RE6067001

Qualified in Wyoming County

My Commission Expires December 03, 2017

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 80 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Eric L. Kirsch

2nd Assistant Chief

Full Name of Individual

Title

██████████ Arcade, NY 14009

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 80 § 3005 (5)):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, on file less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Eric L. Kirsch

Full Name

EK

Signature

8/29/17

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Eric L. Kirsch

Full Name

EK

Signature

8/29/17

Date

Notary Public Affirmation and Acknowledgement

Russell R Reisdorf

Notary Public Name

Roll R Rudy

Signature

8/29/17

Date

RUSSELL R. REISDORF
NOTARY PUBLIC, STATE OF NEW YORK
No. 01RE6067001
QUALIFIED IN WYOMING COUNTY
MY COMMISSION EXPIRES DEC. 3, 2017

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Elizabeth A. Marks

EMS Lt.

Full Name of Individual

Title

[REDACTED] Arcade, NY 14009

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

[REDACTED]

[REDACTED]

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 30 § 3005 [b]):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or, if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Elizabeth A. Marks

Full Name

Elizabeth Marks

Signature

8/21/17

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Elizabeth A. Marks

Full Name

Elizabeth Marks

Signature

8/21/17

Date

Notary Public Affirmation and Acknowledgement

Russel R. Reisdorf

Notary Public Name

R R R Reisdorf

Signature

8/21/17

Date

RUSSELL R. REISDORF
NOTARY PUBLIC, STATE OF NEW YORK
No. 01RE6067001
QUALIFIED IN WYOMING COUNTY
MY COMMISSION EXPIRES DEC. 3, 2017

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Crystal Marie Radecki

EMS Captain

Full Name of Individual

Title

██████████ Arcade, NY 14009

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

██████████

██████████

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 30 § 3005(b)).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Crystal Marie Radecki

Full Name



Signature

8-21-17
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Crystal Marie Radecki

Full Name




Signature

8-21-17
Date

Notary Public Affirmation and Acknowledgement

Russell R. Reisdorf

Notary Public Name



Signature

8/21/17
Date

RUSSELL R. REISDORF
NOTARY PUBLIC, STATE OF NEW YORK
No. 01RE6067001
QUALIFIED IN WYOMING COUNTY
MY COMMISSION EXPIRES DEC. 3, 20 17

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

Name of EMS Agency

6019

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Duane A. Reisdorf

Full Name of Individual

Director

Title

Strykersville, New York 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, officer, principal stockholder, operator, or operations manager of one or more of the following in the past 10 years (Article 30 § 30(b)(1)).

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility.
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Duane A. Reisdorf

Full Name

Signature

Duane A Reisdorf

Date

11-6-17

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Duane A. Reisdorf

Full Name

Signature

Duane A Reisdorf

Date

11-6-17

Notary Public Affirmation and Acknowledgement

Russell R. Reisdorf

Notary Public Name

Signature

RUSSELL R. REISDORF

NOTARY PUBLIC-STATE OF NEW YORK
No. 01RE6067001

Qualified in Wyoming County
My Commission Expires December 03, 2017

Date

11/6/17

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Randy Reisdorf

3rd Asst. Chief

Full Name of Individual

Title

[REDACTED] Strykersville, New York 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30.3005.1):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Randy Reisdorf

Full Name

Signature

Date

11/6/17

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Randy Reisdorf

Full Name

Signature

Date

11/6/17

Notary Public Affirmation and Acknowledgement

Russell R. Reisdorf

Notary Public Name

Signature

Date

RUSSELL R. REISDORF

NOTARY PUBLIC-STATE OF NEW YORK

No. 01RE6067001

Qualified in Wyoming County

My Commission Expires December 03, 2017

Please affix Notary Public Stamp or equivalent

RUSSELL R. REISDORF

NOTARY PUBLIC-STATE OF NEW YORK

No. 01RE6067001

Qualified in Wyoming County

My Commission Expires December 03, 2017

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Russell R. Reisdorf

Treasurer

Full Name of Individual

Title

[REDACTED] Strykersville, New York 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 30, §3005 [5]):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Russell R. Reisdorf

Full Name

Russell R. Reisdorf

Signature

Date

11/7/17

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Russell R. Reisdorf

Full Name

Russell R. Reisdorf

Signature

Date

11/7/17

Notary Public Affirmation and Acknowledgement

Ann H. Driver

Notary Public Name

Ann H. Driver

Signature

Date

11-7-17

ANN H. DRIVER
Notary Public, State of New York
No. 01DR6241947
Qualified in Wyoming County
My Commission Expires May 31, 2019

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Douglas Schwab

President

Full Name of Individual

Title

[REDACTED] Strykersville, New York 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stock holder, operator, or operations manager of one or more of the following in the past 10 years: (Article 30 § 3005 [9])

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Douglas Schwab

Full Name

Douglas Schwab

Signature

11-6-17
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Douglas Schwab

Full Name

Douglas Schwab

Signature

11-6-17
Date

Notary Public Affirmation and Acknowledgement

Russell R. Reisdorf

Notary Public Name

R R Reisdorf

Signature
RUSSELL R. REISDORF

11/6/17
Date

NOTARY PUBLIC-STATE OF NEW YORK
No. 01RE6067001

Qualified in Wyoming County
My Commission Expires December 03, 2017

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Donald Simons

Vice President

Full Name of Individual

Title

Strykersville, New York 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 30 § 3005.5):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Donald Simons

Full Name

Donald Simons
Signature

11-6-17
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Donald Simons

Full Name

Donald Simons
Signature

11-6-17
Date

Notary Public Affirmation and Acknowledgement

Russell R. Reisdorf

Notary Public Name

Rll R Reisdorf
Signature

11/6/17
Date

RUSSELL R. REISDORF
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RE6067001
Qualified in Wyoming County
My Commission Expires December 03, 2017

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

William G. Streicher

EMS Secretary

Full Name of Individual

Title

Strykersville, NY 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been an director, sponsor, principal stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 30.63(1)(b)):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

William G. Streicher

Full Name

Signature

Date

8/29/17

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

William G. Streicher

Full Name

Signature

Date

8/29/17

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Date

Russell R Reisdorf

R R Reisdorf

8/29/17

RUSSELL R. REISDORF
NOTARY PUBLIC, STATE OF NEW YORK
No. 01RE6067001
QUALIFIED IN WYOMING COUNTY
MY COMMISSION EXPIRES DEC. 3, 2017

Please affix Notary Public Stamp or equivalent.

Affirmation of Fitness and Competency

By completing this form you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Strykersville Volunteer Fire Company Inc.

6019

Name of EMS Agency

NYS EMS Agency Code

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Stanley A. Szumigala

1st Assistant Chief

Full Name of Individual

Title

Strykersville, NY 14145

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been an officer, sponsor, principal stockholder, operator or operations manager of one or more of the following in the past 10 years (Article 30, § 3005.1):

YES NO

- ☒ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- ☐ ☒ Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- ☐ ☒ Home or residence licensed by NYS or equivalent in any other state.
- ☐ ☒ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Stanley A. Szumigala

Full Name

Signature

Date

8-28-17

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Stanley A. Szumigala

Full Name

Signature

Date

8-28-17

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Date

Russell R. Reisdorf

R. R. Reisdorf

8/28/17

RUSSELL R. REISDORF
NOTARY PUBLIC, STATE OF NEW YORK
No. 01RE6067001
QUALIFIED IN WYOMING COUNTY
MY COMMISSION EXPIRES DEC. 3, 2017

Please affix Notary Public Stamp or equivalent.

Name: Mary Gibson

Date of Birth: [REDACTED]

Years of service with Strykersville Fire Department: 8 years

Officer title: Secretary

Address: [REDACTED] Strykersville, NY 14145

Occupation: Sales Coordinator at Java Farm Supply

Department Qualifications:

- EMT-B from 2009-2013
- Secretary for 2 years
- Volunteer at fundraisers & community outreach events
- Support staff member for 2 years (2015- 2017)

Name: Brian J. Ash

Date of Birth: [REDACTED]

Years of service with Strykersville Fire Department: 32 years

Officer title: Chief

Address: [REDACTED] Strykersville, NY 14145

Occupation: Head Custodian

Department Qualifications:

- Interior Firefighter

Name: Robert C. Conroy

Date of Birth: [REDACTED]

Years of service with Strykersville Fire Department: 57 years

Officer title: Director

Address: [REDACTED] Java Center, NY 14082

Occupation: Parts Manager

Department Qualifications:

- Social member

Name: Douglas Schwab

Date of Birth: [REDACTED]

Years of service with Strykersville Fire Department: 37 years

Officer title: President

Address: [REDACTED] Strykersville, NY 14145

Occupation: Maintenance Helper

Department Qualifications:

- Interior Firefighter

Name: Randy Reisdorf

Date of Birth: [REDACTED]

Years of service with Strykersville Fire Department: 5 years

Officer title: 3rd Assistant Chief

Address: [REDACTED] Strykersville, NY 14145

Occupation: Team leader

Department Qualifications:

- Essentials
- Fire Officer 1
- NIMS 100,200 & 700
- Past President

Name: Donald Simons

Date of Birth: [REDACTED]

Years of service with Strykersville Fire Department: 59 years

Officer title: Vice President

Address: [REDACTED] Strykersville, NY 14145

Occupation: Retired

Department Qualifications:

- Past officer positions (chief, assistant chief, vice president, president)
- Previous first aid training

Name: Jeffrey A. Kinney

Date of Birth: [REDACTED]

Years of service with Strykersville Fire Department: 31 years

Officer title: Director

Address: [REDACTED] Strykersville, NY 14145

Occupation: Maintenance Supervisor

Department Qualifications:

- Exterior Firefighter
- Past officer positions (chief, president, vice president, director)
- Previous EMT & CPR qualified

Name: Duane Reisdorf

Date of Birth: [REDACTED]

Years of service with Strykersville Fire Department: 6 years

Officer title: Director

Address: [REDACTED] Strykersville, NY 14145

Occupation: Plumbing & Heating

Department Qualifications:

- Social member

Name: Russell R. Reisdorf

Date of Birth: [REDACTED]

Years of service with Strykersville Fire Department: 42 years

Officer title: Treasurer

Address: [REDACTED] Strykersville, NY 14145

Occupation: Office Manager

Department Qualifications:

- Past EMT
- Past officer positions (squad secretary, president, vice president, secretary, chief and assistant chief positions)

Strykersville Volunteer Fire Company Inc.

Name: Julia Elge

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 8 years

Years of service in the Strykersville Rescue Squad: 7 years

Address: [REDACTED] Strykersville, NY 14145

Occupation: Sales representative

Level of care: EMT

Name: Elizabeth Foy

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 2 year

Years of service in the Strykersville Rescue Squad: 1 years

Address: [REDACTED] Strykersville, NY 14145

Occupation: Student

Level of care: EMT

Name: Angela George

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 4 years

Years of service in the Strykersville Rescue Squad: 2 year

Address: [REDACTED] Strykersville, NY 14145

Occupation: Canine Behaviorist

Level of care: EMT

Name: John Green

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 2 year

Years of service in the Strykersville Rescue Squad: 1 years

Address: [REDACTED] Strykersville, NY 14145

Occupation: Plumber

Level of care: EMT

Name: Andrew Hope

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 12 years

Years of service in the Strykersville Rescue Squad: 7 years

Address: [REDACTED] Strykersville, NY 14145

Occupation: Management consulting

Level of care: EMT

Name: Elizabeth Marks

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 15 years

Years of service in the Strykersville Rescue Squad: 13 years

Address: [REDACTED] Arcade, NY 14009

Occupation: Dispatcher

Level of care: EMT

Name: Zachary Neudeck

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 1 years

Years of service in the Strykersville Rescue Squad: 0 years

Address: [REDACTED] Strykersville, NY 14145

Occupation: Student

Level of care: EMT

Name: Sean Speyer

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 28 years

Years of service in the Strykersville Rescue Squad: 16 years

Address: [REDACTED] Strykersville, NY 14145

Occupation: Security Guard

Level of care: EMT

Name: William Streicher

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 39 years

Years of service in the Strykersville Rescue Squad: 27 years

Address: [REDACTED] Strykersville, NY 14145

Occupation: Business Owner

Level of care: CFR

Name: Stanley Szumigala

Date of Birth: [REDACTED]

Years of service in the Strykersville Fire Department: 16 years

Years of service in the Strykersville Rescue Squad: 13 years

Address: [REDACTED] Strykersville, NY 14145

Occupation: Business Owner

Level of care: EMT

Congratulations!

You have achieved certification as a New York State Emergency Medical Technician or Certified First Responder. Attached is your proof of certification and your course completion certificate. Please carefully cut out your wallet card and wall certificate. We suggest that you sign the back and laminate your proof of certification. The results of your examination are on the back of the course completion certificate.

Please note the date of expiration indicated on the wallet card.

*New York State Department of Health
Bureau of Emergency Medical Services*

***** VOID *****

*has completed certification course
for the level of*

***** VOID *****

Course Number: *****

Issue Date: *****

ID Number: *****

DOH-3815 (1/2016)

Lee Burns, Director
Bureau of Emergency Medical Services

DOH-3815 (1/2016)

**New York State Department of Health
Bureau of Emergency Medical Services**

Certificate No.: 350350 Expiration: 08/31/18

ERIC J. KIRSCH

EMT-BASIC

Howard A. Zucker, M.D., J.D.
Commissioner of Health

Lee Burns
Director

Congratulations!

You have achieved certification as a New York State Emergency Medical Technician or Certified First Responder. Attached is your proof of certification and your course completion certificate. Please carefully cut out your wallet card and wallet certificate. We suggest that you sign the back and laminate your proof of certification. The results of your examination are on the back of the course completion certificate.

Please note the date of expiration indicated on the wallet card.

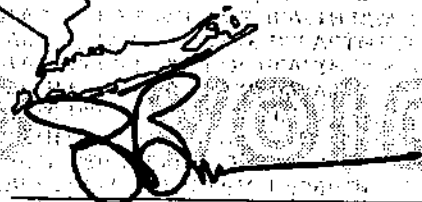
New York State Department of Health
Bureau of Emergency Medical Services

***** VOID *****

has completed a certification course
for the state of New York

***** VOID *****

Course Number: ***** Issue Date: ***** ID Number: *****



Lee Burns, Director
Bureau of Emergency Medical Services

DOH-3815 (5/2014) YORK 374



New York State Department of Health
Bureau of Emergency Medical Services

Certificate No.: 321822 Expiration: 03/31/19

ELIZABETH A. MARKS

EMT-BASIC

Howard A. Zucker, M.D., J.D.
Acting Commissioner of Health

Lee Burns
Director

DOH-3815 (5/2014) YORK 374

**New York State Department of Health
Bureau of Emergency Medical Services**

Certificate No.: 389558 Expiration: 7/31/2020

CRYSTAL M. BABECKI

EMT-BASIC

Howard A. Zucker, M.D., J.D.
Commissioner of Health

Lee Bums
Director

Congratulations!

You have achieved certification as a New York State Emergency Medical Technician or Certified First Responder. Attached is your proof of certification and your course completion certificate. Please carefully cut out your wallet card and wall certificate. We suggest that you sign the back and laminate your proof of certification. The results of your examination are on the back of the course completion certificate.


Please note the date of expiration indicated on the wallet card.

*New York State Department of Health
Bureau of Emergency Medical Services*

WILLIAM G. STREICHER
*has completed a certification course
for the New York State*

CERTIFIED FIRST RESPONDER

Course Number: 136189 Issue Date: 12/15/2016 ID Number: 135194


Lee Burns, Director
Bureau of Emergency Medical Services

DOH - 3815 (5/2014)

✂

New York State Department of Health
Bureau of Emergency Medical Services

Certificate No.: 135194 Expiration: 2/29/2020

WILLIAM G. STREICHER
*has completed a certification course
for the New York State*

CERTIFIED FIRST RESPONDER

Howard A. Zucker, M.D., J.D.
Commissioner of Health

Lee Burns
Director

New York State Department of Health
Bureau of Emergency Medical Services

Certificate No.: 32153

Expiration: 09/30/19

STANLEY A. ZIMIGALA

EMT-BASIC

Howard A. Zucker, M.D., J.D.
Commissioner of Health

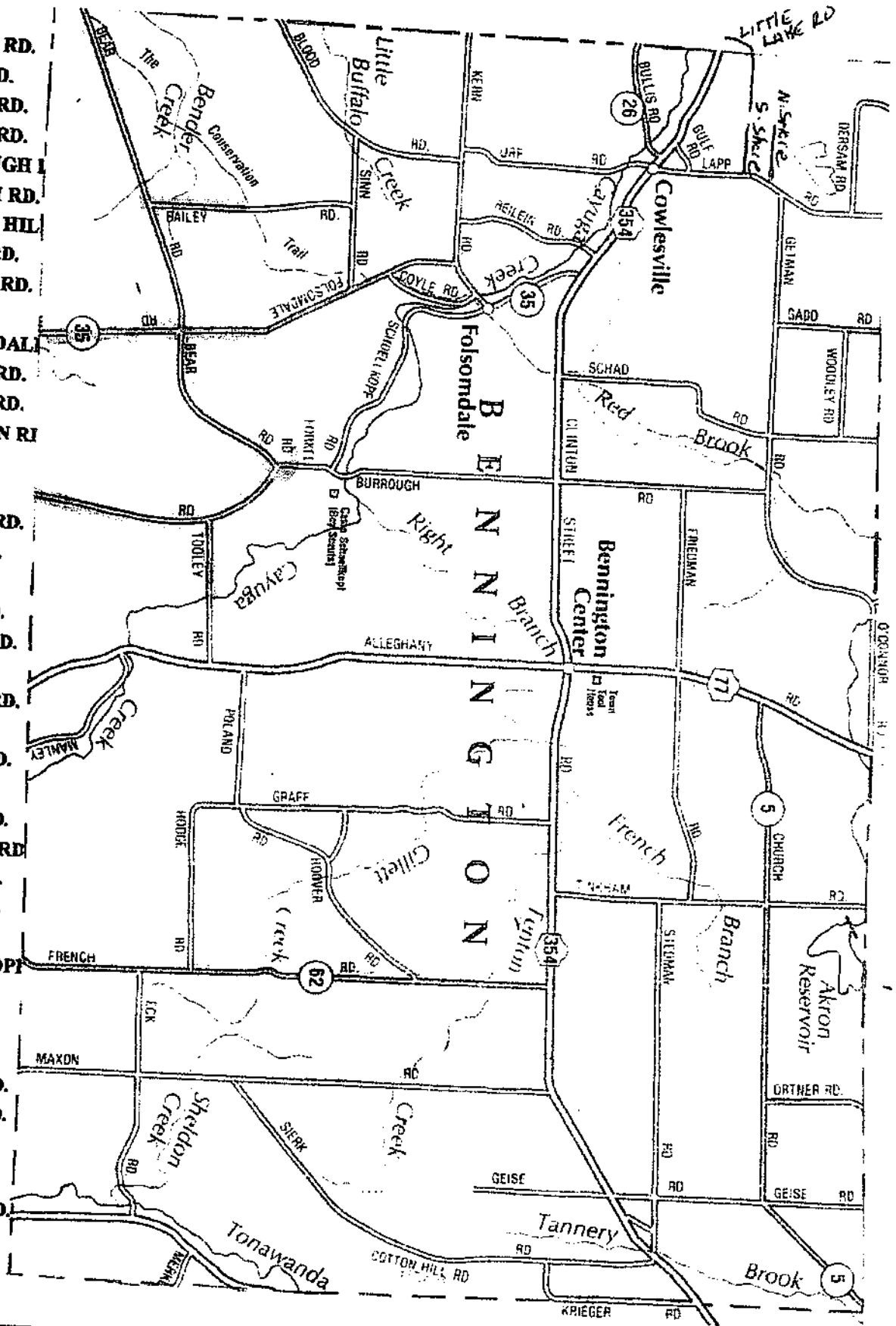
Lee Burns
Director

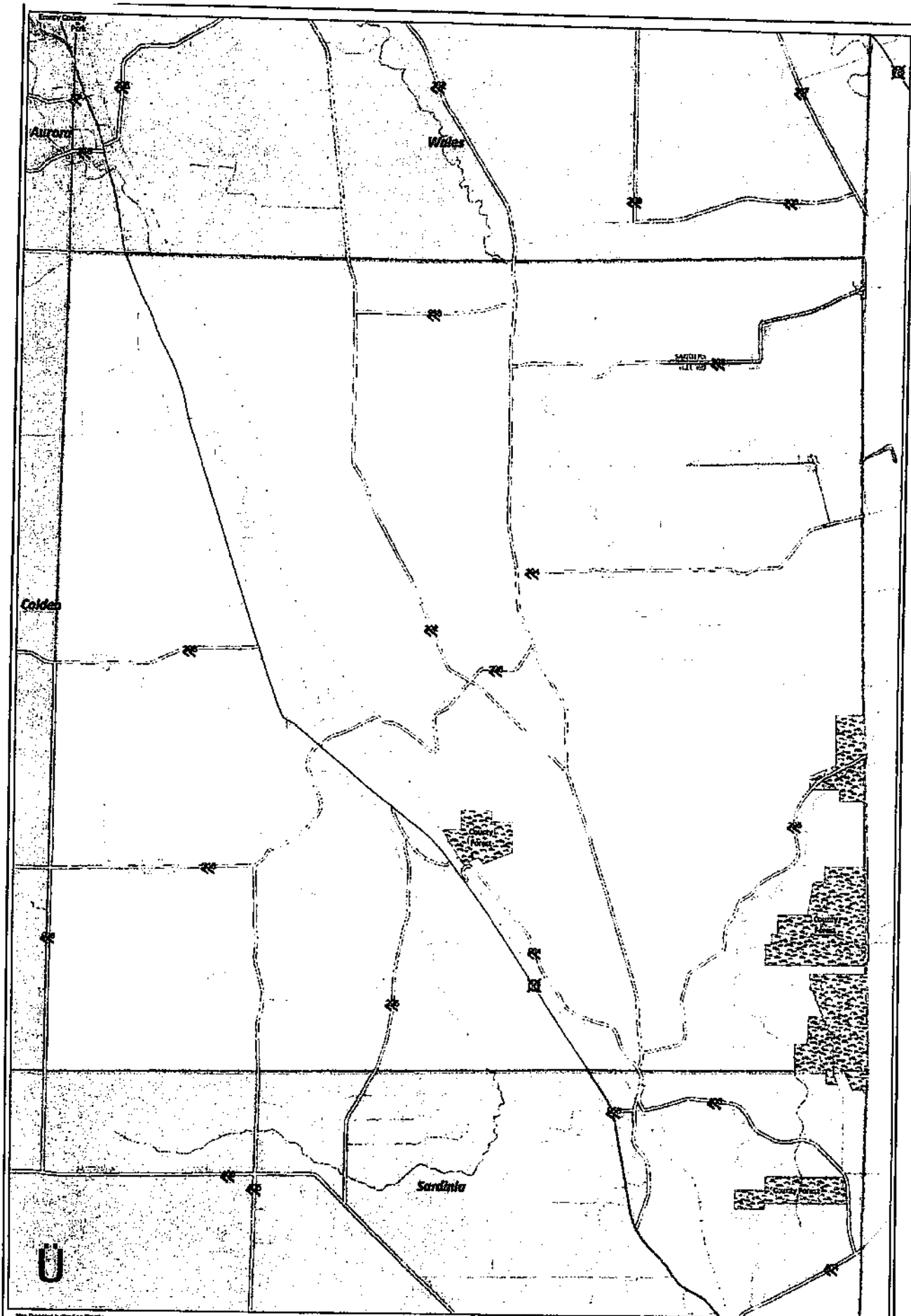
Stykersville Coverage in Orange

BENNINGTON TOWNSHIP

BENNINGTON

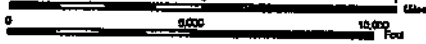
1. BAILEY RD.
2. BEAR RD.
3. BLOOD RD.
4. BULLIS RD.
5. BURROUGH
6. CHURCH RD.
7. COTTON HIL
8. COYLE RD.
9. DERSAM RD.
10. ECK RD.
11. FOLOSMDAL
12. FORKEL RD.
13. FRENCH RD.
14. FRIEDMAN RI
15. GADD RD.
16. GEISE RD.
17. GETMAN RD.
18. GRAFF RD.
19. GULF RD.
20. HODGE RD.
21. HOOVER RD.
22. KERN RD.
23. KRIEGER RD.
24. LAPP RD.
25. MANLEY RD.
26. MAXON RD.
27. MERKLE RD.
28. O'CONNOR RD
29. ORTNER RD.
30. POLAND RD.
31. REILEIN RD.
32. SCHOELLKOP
33. SCHAD RD.
34. SIERK RD.
35. SINN RD.
36. STEDMAN RD.
37. TINKHAM RD.
38. TOOLEY RD.
39. URF RD.
40. WOODLEY RD.





Map Prepared by the Erie County
Department of Engineering & Planning
Division of Planning
Office of Geographic Information Services
July 2010

Reprinted/modified by the
NY State Office of General Services & Office of Information Systems
July 2010



Holland Erie County, NY

- Interstate
- State highway
- County Roads
- Local Roads
- Railroads
- Parks and Forests

Strykersville Volunteer Fire Company Inc.

Expansion of Primary Operating Territory

Supplemental Narrative

The Strykersville Volunteer Fire Company Inc. is applying for a clarification of an expansion of primary operating territory. The Strykersville Volunteer Fire Company Inc. started providing ambulance services to the community in 1956.

We are looking to expand/ clarify our operating certificate per the NYS Department of Health to include coverage in the Town of Holland from 13093 Sanders Hill Road to 13911 Sanders Hill Road and from 13480 Parker Road to 13500 Parker Road. In the Town of Bennington we are looking to expand our primary operating territory to include 1672 Folsomdale Road to 1983 Folsomdale Road, 1512 Forkel Road, 1732 Bailey Road to 1661 Bailey Road, 41 Bear Road to 884 Bear Road and from 1540 Burrough Road to 1988 Burrough Road.

The proposed hours of operation for this expansion would still remain 24 hours a day and 7 days a week. We currently have 1 NYS DOH certified ambulance that is certified as advanced level of care and is stationed at the fire hall located at 594 Minkel Road Strykersville, NY 14145. There are currently 12 certified emergency medical providers for our company.

To cover the proposed expansion there would be no impact including financially for the fire company and on any existing services since we have been covering this area for many years. The response times for the fire company in 2015 were roughly 7 minutes, 2016 response times averaged 7 minutes and in 2017 response times are averaging 6 minutes. Per the Wyoming County dispatch policy we are required to respond to a call within ten minutes. If we are unable to secure a crew in ten minutes the next closest ambulance will be dispatched using the Wyoming County mutual aid policy.

The call volume for the Strykersville Fire Company Inc. in 2016 for emergency medical calls was 145. In 2017 we have responded to 79 calls and in 2018 we are anticipating taking approximately 130 calls.

The Strykersville Volunteer Fire Company Inc. receives online medical direction through Dr. Gregory Collins who works out of Wyoming County Community Hospital. The emergency medical providers of our company also follow the WREMAC protocols for direction as well.

The Strykersville Volunteer Fire Company Inc. has a very detailed QA/QI program. Each patient is sent a questionnaire about the service and care they receive and requests that they send it back to the department. We also do QA/QI on every patient care report to help ensure that the provider is providing the best care possible to our patients.

Since we have been operating in these areas for many years there are currently no other existing EMS agencies that cover the proposed area. There are no hospitals or other institutions generating calls within the proposed area and there are no current mutual aid agreements previously in place for the proposed area since we have been operating in said areas and anticipate no impact. We are anticipating for the next 12 months continuing our response times in the 6-7 minute window. There is also no impact on the communications systems, medical direction or any anticipated improvements to the communication system if approved due to the continual service we have already been providing to these areas.

Strykersville Volunteer Fire Company Inc.
Expansion of Primary Operating Territory
Supplemental Narrative

Current Resources: Presently, we have 1 NYS DOH Certified ambulance. As for request of service increase we have been covering these territories since 1975 and continue to do so with the resources that we presently have. We are also certified by NYS DOH as an advanced level agency.

Response Time: Per the Wyoming County dispatch policy we are required to respond to a call within ten minutes. If we are unable to secure a crew the next closest ambulance will be dispatched mutual aid per the mutual aid policies that Wyoming County utilizes.
Facility: We currently have two fire stations one located at the corner of Curriers Road and Chaffee Road in the Town of Java as well as our main fire station where our ambulance is stationed at 594 Minkel Road in the Town of Sheldon.

Communication: Requests for service are received through Wyoming County's 911 dispatch center located in the Village of Warsaw (151 North Main St. Warsaw, NY 14569). There is also a backup dispatch center located at the Wyoming County Fire Training Center located on Wethersfield Road that will be used in case of a communication problem at the main dispatch center in Warsaw.

Impact: Without the ability of the Strykersville Volunteer Fire Company Inc. being able to continue care to the residents of these areas would be detrimental to the residents. They would be forced to wait extended response times for the next closest ambulance service. It is beneficial to the residents of these communities to continue to have the superior care and response that they have had for many years. For another agency to cover this territory is would result in a financial burden for them.

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of
the Department of State, at the City of
Albany, on June 25, 2012.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro
First Deputy Secretary of State

120620001064

**CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
STRYKERSVILLE FIRE COMPANY, INC.
Under Section 803 of the Not-for-Profit Corporation Law**

We, the undersigned, being the President and Secretary of STRYKERSVILLE FIRE COMPANY, INC. (the "Corporation"), do hereby certify:

- (1) The name of the corporation is: **STRYKERSVILLE FIRE COMPANY, INC.**
- (2) The certificate of incorporation of Strykersville Fire Company, Inc. was filed by the Department of State on April 14, 1917. The said corporation was formed under the Membership Corporation Law of the State of New York.
- (3) Strykersville Fire Company, Inc. is a Corporation as defined in subparagraph (a) (5) of Section 102 of the Not-for-Profit Corporation Law and is a Type B corporation under Section 201 of the Not-for-Profit Corporation Law.
- (4) The following change is hereby made to the Certificate of Incorporation of the Strykersville Fire Company, Inc.:

(a) Paragraph 1 of the Certificate of Incorporation of the Strykersville Fire Company, Inc., which sets forth the name of the Corporation is hereby amended as follows:

"1. The name of the Corporation shall be

STRYKERSVILLE VOLUNTEER FIRE COMPANY, INC."

- (5) This amendment to the Certificate of Incorporation of Strykersville Fire Company, Inc. was authorized by the affirmative vote of a majority of those members entitled to vote thereon at a duly called meeting of the membership of the Corporation held on April 2, 2012, pursuant to and consistent with Not-for-Profit Corporation Law Section 802(a).

12062000/b64

**CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
STRYKERSVILLE FIRE COMPANY, INC.**

Under Section 803 of the Not-for-Profit Corporation Law

**LCS
DRAWDOWN - #AL**

THE LAW OFFICES OF MARK C. BUTLER, PLLC
Mark C. Butler, Esq.
5166 Main Street, Suite 302
Williamsville, New York 14221
716-839-5411
716-839-5422 (fax)

1cc
STATE OF NEW YORK
DEPARTMENT OF STATE

FILED JUN 20 2012

Customer Ref. # 41976

TAXES

BY: LUC

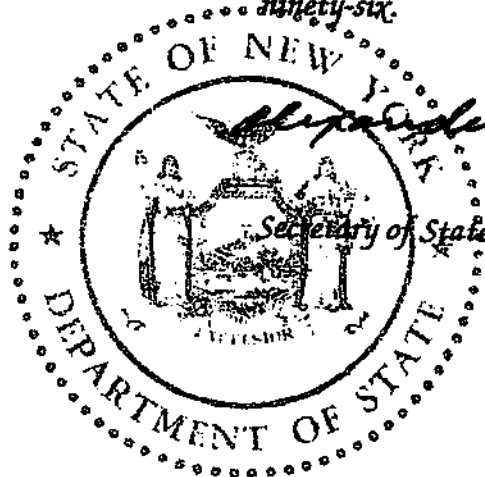
Wign

State of New York
Department of State | SS:

COPY

I hereby certify, that the certificate of incorporation of STRYKERSVILLE FIRE COMPANY, INC. was filed on 04/14/1917, as a Not-for-Profit corporation and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 16th day of July
one thousand nine hundred and
ninety-six.



Alfred F. Trenchard

Secretary of State

199607170117 38

Agency Code Number: 6019

Issued: 12/21/2015

Expires: 12/31/2017

NEW YORK STATE DEPARTMENT OF HEALTH
Ambulance Service Certificate

Strykersville Volunteer Fire Company, Inc.



*is hereby certified as a New York State ambulance service in
accordance with the provisions of Article 30 of the
Public Health Law*



PRIMARY TERRITORY: Towns of Java and Sheldon

A stylized signature in black ink.

Emergency Medical Services Program

A stylized signature in black ink.

Acting Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

THIS CERTIFICATE IS NOT TRANSFERABLE

Keep conspicuously posted



Strykersville Volunteer Fire Company Inc.

594 Minkel Rd.
PO Box 38
Strykersville, NY 14145

Insurance Information

Insurance Carrier: **VFIS thru McMahon Agency, Inc.**
Insurance Agent: **Kevin Fox**
Agent Phone Number: **716-837-3943**
Types of coverage: **General liability and also Excess liability coverage (along with management liability)**
Limits of coverage: **1,000,000/3,000,000 aggregate; 1,000,000/2,000,000 aggregate**

6 COPY

INCOME TAX RETURN

2016

EXTENDED TO NOVEMBER 15, 2017

OMB No. 1545-0047

Form **990****Return of Organization Exempt From Income Tax**

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

2016Department 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

For the 2016 calendar year, or tax year beginning and ending

| | | | |
|--|--|------------|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization STRYKERSVILLE VOLUNTEER FIRE COMPANY, INC. | | D Employer identification number 16-1542290 |
| | Doing business as | | E Telephone number 585-457-9390 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 235,398. |
| | City or town, state or province, country, and ZIP or foreign postal code STRYKERSVILLE, NY 14145 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | F Name and address of principal officer: RUSSELL REISDORF SAME AS C ABOVE | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: N/A | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1917 M State of legal domicile: NY |

Part I Summary

| | | | | |
|-----------------------------|---|--|-----------------|-----------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: PROVIDING OF FIRE PROTECTION. | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 14 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 14 | |
| | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 0 | |
| | 6 | Total number of volunteers (estimate if necessary) | 62 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0. | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 129,345. | 113,744. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 89. | 126. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 62,914. | 59,121. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 192,348. | 172,991. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 150. | 75. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 150,368. | 119,093. |
| Net Assets or Fund Balances | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 150,518. | 119,168. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 41,830. | 53,823. |
| | 20 | Total assets (Part X, line 16) | 484,219. | 538,042. |
| | 21 | Total liabilities (Part X, line 26) | 0. | 0. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 484,219. | 538,042. |

Part II Signature Block

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.

| | | | |
|------------------------|--|---------------------------------|--|
| Sign Here | Signature of officer RUSSELL REISDORF, TREASURER | | Date |
| | Type or print name and title | | |
| Paid Preparer Use Only | Print/Type preparer's name TIMOTHY P. MOAG | Preparer's signature | Date 06/23/17 |
| | Firm's name FREED MAXICK CPAS, P.C. | Firm's EIN 45-4051133 | Check if self-employed <input type="checkbox"/> PTIN P00524657 |
| | Firm's address ONE EVANS STREET BATAVIA, NY 14020-3110 | Phone no. 585-344-1967 | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.

Form 990 (2016)

16-1542290 Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE FIRE PROTECTION AND EMERGENCY SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 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.

4a (Code:) (Expenses \$ **95,443.** including grants of \$ **75.**) (Revenue \$ **16,645.**)

STRYKERSVILLE FIRE COMPANY, INC.'S MAIN PURPOSE IS TO PROVIDE FIRE AND EMERGENCY PROTECTION TO THE TERRITORY IN WHICH THE OPERATIONS OF THE ORGANIZATION ARE PRINCIPALLY CONDUCTED AND ADJACENT AREAS WHEN SUMMONED OR CONTRACTED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **95,443.**

Form 990 (2016)

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Form 990 (2016)

Part IV Checklist of Required Schedules

16-1542290 Page 3

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 | X |
| 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? <i>If "Yes," complete Schedule C, Part I</i> | 3 | X |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 4 | X |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | 5 | X |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | 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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> | 18 | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | X |

Form 990 (2016)

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Form 990 (2016)

16-1542290 Page 4

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|----------|----------|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | 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 | | 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 Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | 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): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | 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 | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | 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 | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | 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 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 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 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | 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 | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |
| Note. All Form 990 filers are required to complete Schedule O | | |

Form 990 (2016)

STRYKERSVILLE VOLUNTEER

FIRE COMPANY, INC.

Form 990 (2016)

16-1542290

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 |
| 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) | 2b | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | |
| 4a 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)? | 4a | X |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c Enter the amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

Form 990 (2016)

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Form 990 (2016)

16-1542290 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

Section A. Governing Body and Management

| | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|--|----|----|---|---|---|---|---|----|----|----|----|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 14 | | | | | | | | | | | | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | | | | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | 14 | | | | | | | | | | | | |
| 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 | | | | | | X | | | | | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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? | | | | | 4 | | | | | | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | 5 | | | | | | | | X |
| 6 Did the organization have members or stockholders? | | | | | | | 6 | | | | | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 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 persons other than the governing body? | | | | | | | | | 7b | | | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | | | | |
| a The governing body? | | | | | | | | | | 8a | X | | | |
| b Each committee with authority to act on behalf of the governing body? | | | | | | | | | | | 8b | X | | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | | | | | | | | 9 | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | 10a | 10b | 11a | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|--|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | | | | | | | | | | | | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | | | | | |
| 11a 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 | | | | | | | | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | | | | | 12c | X | | | | | | | |
| 13 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? | | | | | | | | | | | | | | |
| a The organization's CEO, Executive Director, or top management official | | | | | | | | | 15a | | | | | X |
| b Other officers or key employees of the organization | | | | | | | | | | 15b | | | | X |
| 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 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 exempt status with respect to such arrangements? | | | | | | | | | | | | 16b | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ 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, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **RUSS REISDORF - 585-457-9390**
594 MINKEL RD, STRYKERSVILLE, NY 14145

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Form 990 (2016)

16-1542290 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Form 990 (2016)

16-1542290 Page **9**

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---------------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | 290. | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | 105,746. | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,708. | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | |
| | h Total. Add lines 1a-1f | | 113,744. | | |
| Program Service Revenue | Business Code | | | | |
| | 2 a | | | | |
| | b | | | | |
| | c | | | | |
| | d | | | | |
| | e | | | | |
| | f All other program service revenue | | | | |
| g Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 126. | | 126. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | |
| | 5 Royalties | | | | |
| | 6 a Gross rents | (i) Real (ii) Personal | 3,715. | | |
| | b Less: rental expenses | | 0. | | |
| | c Rental income or (loss) | | 3,715. | | |
| | d Net rental income or (loss) | | 3,715. | 3,715. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | |
| | b Less: cost or other basis and sales expenses | | | | |
| | c Gain or (loss) | | | | |
| | d Net gain or (loss) | | | | |
| | 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | 104,883. | | |
| | b Less: direct expenses | b | 62,407. | | |
| | c Net income or (loss) from fundraising events | | 42,476. | | 42,476. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | |
| | b Less: direct expenses | b | | | |
| | c Net income or (loss) from gaming activities | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less: cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | |
| 11 a FOREIGN FIRE | 900099 | 11,846. | 11,846. | | |
| b MISCELLANEOUS | 900099 | 1,084. | 1,084. | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 12,930. | | | |
| 12 Total revenue. See instructions. | | 172,991. | 16,645. | 0. | 42,602. |

STRYKERSVILLE VOLUNTEER

FIRE COMPANY, INC.

Form 990 (2016)

16-1542290 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21 | 75. | 75. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 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): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 1,200. | | 1,200. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 599. | | 599. | |
| 12 Advertising and promotion | 632. | 632. | | |
| 13 Office expenses | 3,394. | | 3,394. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 15,573. | 15,573. | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,725. | 1,725. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 27,717. | 14,707. | 13,010. | |
| 23 Insurance | 11,873. | 11,873. | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS AND MAINTENANCE | 44,407. | 44,407. | | |
| b MEALS AND ENTERTAINMENT | 4,971. | | 4,971. | |
| c SUPPLIES | 3,340. | 3,340. | | |
| d FUEL | 2,675. | 2,675. | | |
| e All other expenses | 987. | 436. | 551. | |
| 25 Total functional expenses. Add lines 1 through 24e | 119,168. | 95,443. | 23,725. | 0. |
| 3 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)

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Form 990 (2016)

16-1542290 Page 11

Part 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 |
|---|--|--------------------------|----------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 25,953. | 1 | 7,820. |
| | 2 Savings and temporary cash investments | 219,295. | 2 | 318,967. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,408,087. | | |
| | b Less: accumulated depreciation | 10b 1,196,832. | 238,971. | 10c 211,255. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets. See Part IV, line 11 | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 484,219. | 16 | 538,042. | |
| Liabilities | 17 Accounts payable and accrued expenses | | 17 | |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 0. | 26 | 0. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 484,219. | 27 | 538,042. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 484,219. | 33 | 538,042. | |
| 34 Total liabilities and net assets/fund balances | 484,219. | 34 | 538,042. | |

Form 990 (2016)

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Form 990 (2016)

16-1542290 Page 12

Part 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 | 172,991. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 119,168. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 53,823. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 484,219. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 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 | 538,042. |

Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 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 on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O. | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | |

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

OMB No. 1545-0047

2016

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Employer identification number
16-1542290

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ 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: _____
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ 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.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

STRYKERSVILLE VOLUNTEER

Schedule A (Form 990 or 990-EZ) 2016 **FIRE COMPANY, INC.**

16-1542290 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not 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 | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 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 VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc. (see instructions) 12

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support test - 2015. 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 - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 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) 2016

STRYKERSVILLE VOLUNTEER

Schedule A (Form 990 or 990-EZ) 2016 **FIRE COMPANY, INC.**

16-1542290 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 126,647. | 116,630. | 123,900. | 129,345. | 7,998. | 504,520. |
| 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 | 126,484. | 125,271. | 107,523. | 106,447. | 105,746. | 571,471. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 253,131. | 241,901. | 231,423. | 235,792. | 113,744. | 1,075,991. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| 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 | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 1,075,991. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 9 Amounts from line 6 | 253,131. | 241,901. | 231,423. | 235,792. | 113,744. | 1,075,991. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 48. | 72. | 51. | 89. | 126. | 386. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 48. | 72. | 51. | 89. | 126. | 386. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 11,163. | 5,383. | 6,448. | 8,566. | 13,220. | 44,780. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 264,342. | 247,356. | 237,922. | 244,447. | 127,090. | 1,121,157. |

14 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

| | | |
|---|----|---------|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | 95.97 % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | 96.32 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|-------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | .03 % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | .03 % |

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

STRYKERSVILLE VOLUNTEER

Schedule A (Form 990 or 990-EZ) 2016 **FIRE COMPANY, INC.**

16-1542290 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

STRYKERSVILLE VOLUNTEER

Schedule A (Form 990 or 990-EZ) 2016 **FIRE COMPANY, INC.**

16-1542290 Page 5

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

| | Yes | No |
|-----|-----|----|
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

| | Yes | No |
|---|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

| | Yes | No |
|---|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
 - b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

| | Yes | No |
|----|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

STRYKERSVILLE VOLUNTEER

Schedule A (Form 990 or 990-EZ) 2016 **FIRE COMPANY, INC.**

16-1542290 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|--------------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | (B) Current Year |
|----------------------------------|---|----------------|------------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

| | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

Section E - Distribution Allocations (see instructions)

| | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016 FIRE COMPANY, INC.

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Employer identification number

16-1542290

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Employer identification number

16-1542290**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | TOWN OF SHELDON 1380 CENTERLINE ROAD STRYKERSVILLE, NY 14145 | \$ 41,461. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | TOWN OF JAVA 1380 CENTERLINE ROAD STRYKERSVILLE, NY 14145 | \$ 62,336. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | TOWN OF HOLLAND 47 PEARL STREET HOLLAND, NY 14080 | \$ 6,793. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.

Employer identification number

16-1542290

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016Open to Public
InspectionName of the organization **STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**Employer identification number
16-1542290**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 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 |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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" on 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) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| (ii) Assets included in Form 990, Part X | ▶ \$ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| | |
|---|------------|
| a Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

16-1542290 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
e ☐ Other _____

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 maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 12,000. | | | 12,000. |
| b Buildings | 373,461. | | 205,891. | 167,570. |
| c Leasehold improvements | 30,495. | | 5,832. | 24,663. |
| d Equipment | 992,131. | | 985,109. | 7,022. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 211,255. |

Schedule D (Form 990) 2016

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Schedule D (Form 990) 2016

16-1542290 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2016

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Schedule D (Form 990) 2016

16-1542290 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | 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" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | 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 | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |

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.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Employer identification number
16-1542290

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

STRYKERSVILLE VOLUNTEER

Schedule G (Form 990 or 990-EZ) 2016 **FIRE COMPANY, INC.**

16-1542290 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|---------------------------------|-----------------------------|---------------------|--|
| | | PICNIC/CARNIVAL (event type) | GUN RAFFLES (event type) | 2 (total number) | |
| Revenue | 1 Gross receipts | 46,050. | 31,327. | 27,506. | 104,883. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 46,050. | 31,327. | 27,506. | 104,883. |
| Direct Expenses | 4 Cash prizes | 2,450. | | | 2,450. |
| | 5 Noncash prizes | 248. | 18,878. | 265. | 19,391. |
| | 6 Rent/facility costs | | | 355. | 355. |
| | 7 Food and beverages | 7,163. | 511. | 3,871. | 11,545. |
| | 8 Entertainment | 3,200. | | | 3,200. |
| | 9 Other direct expenses | 17,280. | 6,933. | 1,253. | 25,466. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 62,407. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 42,476. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| Direct Expenses | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: NY

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

STRYKERSVILLE VOLUNTEER

Schedule G (Form 990 or 990-EZ) 2016 **FIRE COMPANY, INC.**

16-1542290 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|-------------------------------|-----|--------|---|
| a The organization's facility | 13a | 100.00 | % |
| b An outside facility | 13b | | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ **RUSSELL REISDORF**

Address ▶ **594 MINKEL ROAD - STRYKERSVILLE, NY 14145**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.

Schedule G (Form 990 or 990-EZ)

16-1542290 Page 4

Part IV Supplemental Information (continued)

(

(

(

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

**STRYKERSVILLE VOLUNTEER
FIRE COMPANY, INC.**

Employer identification number
16-1542290

FORM 990, PART VI, SECTION A, LINE 2:

**THE TREASURER, RUSSELL REISDORF IS BROTHERS WITH RANDY REISDORF, 3RD
ASSISTANT. DUANE REISDORF, DIRECTOR, IS RUSSELL AND RANDY REISDORF'S 3RD
COUSIN.**

FORM 990, PART VI, SECTION A, LINE 7A:

THE GOVERNING BODY HAS THE AUTHORITY TO ELECT MEMBERS TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

**A COPY OF THE FEDERAL RETURN, FORM 990, WAS PROVIDED TO THE BOARD FOR
REVIEW PRIOR TO FILING WITH THE IRS.**

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS ANNUALLY REVIEWED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print | Name of exempt organization or other filer, see instructions. | Enter filer's identifying number |
|--|--|--|
| File by the due date for filing your return. See instructions. | STRYKERSVILLE VOLUNTEER FIRE COMPANY, INC. | Employer identification number (EIN) or 16-1542290 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 594 MINKEL ROAD | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. STRYKERSVILLE, NY 14145 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| 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 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

RUSS REISDORF

- The books are in the care of ► **594 MINKEL RD - STRYKERSVILLE, NY 14145**

Telephone No. ► **585-457-9390**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2016** or

► ☐ tax year beginning , and ending

- If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|---|-----------|----|-----------|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

COPY

**AGREEMENT FOR EMERGENCY AMBULANCE SERVICES LOCATED
IN THE TOWN OF SHELDON**

THIS AGREEMENT, made this 21st day of April 2014, between the **Town of the Sheldon** (the Town), a municipal corporation organized under the laws of the State of New York and located in Wyoming County, New York with a mailing address of 1380 Centerline Road, Strykersville, New York 14145, party of the first part, and the **Strykersville Fire Company Inc.**, a membership corporation organized and existing under the Not-For-Profit Corporation Law of the State of New York, with its principal office located at 594 Minkel Road, Strykersville, New York 14145, (the "Contractor").,

WITNESSETH:

WHEREAS, the Town is desirous of entering into an agreement for providing emergency ambulance service to the residents of the Town of Sheldon pursuant to the provisions of General Municipal Law section 122-b; and

WHEREAS, the Contractor is desirous of furnishing emergency ambulance service to the Town for a three (3) year period under the terms and conditions set forth herein; and

WHEREAS, The Town does engage and contract with the Contractor to furnish emergency ambulance service in the following manner; and

WHEREAS, pursuant to Article 11, section 184(2) of New York State Town Law, a public hearing was held at the Town Hall on July 15, 2014, after due publication of notices of such hearing and such hearing having been called for the purpose of aiding in the determination of whether or not an Agreement should be made between the said Town and the Contractor for further emergency ambulance protection within the Harris Corners Fire District, a map of said Fire District is attached hereto; and

WHEREAS, at said public hearing there were no objections to the making of such Agreements; and

WHEREAS, at such meeting of the Town held on October 21, 2014 2014, the Town was duly authorized to enter into this Agreement with the Contractor for emergency ambulance services for the period of time outlined herein and upon the terms and provisions herein set forth; and

COPY

WHEREAS, this Agreement has been duly authorized by the governing board of directors of the Contractor;

NOW, THEREFORE, in consideration of the mutual promises herein contained, the Town does engage the Contractor to furnish emergency ambulance service to the Town and the Contractor agrees to furnish such protection, commencing on January 1, 2015 in the following manner, to wit:

SERVICE TO BE PROVIDED

1. The Contractor agrees to furnish 24-hour emergency ambulance service in the Town, and when notified by telephone or in any other manner of the need for this service within the Town, the Contractor will respond and attend upon the emergency without delay to transport any sick or injured person within the Town to the nearest available hospital, unless the injured person asks to be delivered to another hospital having available bed space. This provision shall not be construed to limit the Primary Operating Territory, as specified in the Ambulance Service Certificate, or otherwise limit operations pursuant to a mutual aid agreement, in response to a disaster management situation or pursuant to temporary approval by the Department of Health or the Regional Emergency Medical Service Council.

2. Contractor agrees to provide a duly licensed ambulance squad for operation of vehicle and to provide basic and advanced life support first response coverage and service within the Town.

3. Contractor agrees to employ at least one (1) person certified at least as a basic Emergency Medical Technician in the State of New York, who shall be available to respond to emergencies in the Town.

4. Contractor further agrees to keep in force its Ambulance Service Certificate and to maintain compliance with the applicable requirements of article 30 of the Public Health Law and State Emergency Medical Services Code.

5. Contractor agrees, that in the event that the Contractor does not have the capability to respond to an emergency situation, that the Contractor shall make the Wyoming County Office of Emergency Services aware so that the nearest available unit providing the appropriate level of care may be dispatched.

CERTIFIED AMBULANCE SERVICE

6. Contractor agrees that it shall provide an ambulance service (i) with an ambulance which meets all applicable statutes, codes, rules and regulations and (ii) with all of the personnel, equipment and supplies required by the New York Public Health Law and the regulations promulgated by the New York State Department of Health (DOH),

7. Contractor agrees to keep in force its Ambulance Service Statement of Registration, and comply with (i) all the applicable requirements of Article 30 of the Public Health Law and State Emergency Medical Services Code (10 NYCRR Part 800), and (ii) all rules and regulations formulated by the Town, pursuant to section 122-b of the General Municipal Law, relating to the use of ambulance apparatus and equipment in the provision of the ambulance services hereunder.

8. Contractor shall procure and pay for all permits and licenses necessary for the ambulance services to be rendered hereunder.

9. Contractor agrees that it will operate, maintain and repair any ambulances it owns or leases pursuant to this Agreement in accordance with applicable provisions of law.

10. Contractor shall operate and maintain a suitable facility within the hamlet of Strykersvile, New York to house any ambulances and other suitable

equipment which are used in connection with this Agreement.

COPY

INSURANCE

11. Contractor shall carry liability insurance with a limit of at least \$500,000 providing coverage for vehicles, premises, operation, products and completed operations including liability for loss imposed upon the Fire Company by subdivision 2 Section 209 of the General Municipal Law of the State of New York. The Contractor shall also name the Town as additional insured with respect to the liability coverage set forth herein and furnish to the Town a certificate of insurance.

12. Should any loss or damage whatsoever be sustained to the apparatus or other equipment, the cost of materials and any other special or incidental expenses incurred in the operation of services or equipment of the Contractor in answering or attending upon returning from a call for assistance in the area serviced by the Agreement, irrespective of the cause thereof, the amount thereof shall be a charge upon the Contractor and not against the Town.

13. Nothing herein contained shall be deemed to limit or affect in any way the responsibility or liability of the Town for injury sustained by any fire fighter or ambulance personnel or for the death of any fire fighter or ambulance personnel while engaged upon the performance of his or her duties, and otherwise, as provided by section 205 of the General Municipal Law or any other statute of the State of New York and members of the Contractor while engaged in the performance of said duties answering, attending upon or returning from any call provided for by this Agreement, shall have the same rights, privileges and immunities as volunteer fire fighters as provided for by law. All policies shall be written in accordance with **Schedule A**, attached hereto.

TERM & PAYMENT SCHEDULE

14. In consideration of furnishing aid and the use of its apparatus, as

aforesaid, the Contractor shall receive from the Town the sum indicated in **Schedule B** with agreement to furnish to the Contractor for the provision of emergency ambulance services for the years 2015-2017.

COPY

15. This Agreement shall be operative and effective as of January 1, 2015 and shall continue for a term of three (3) years, which term shall expire on the 31st day of December 2017. Either party may notify the other in writing of its election to terminate this Agreement with one (1) year notice of such intention.

IN WITNESS WHEREOF, the parties have duly executed and delivered this Agreement the day and year first above written.

TOWN BOARD OF THE TOWN OF SHELDON

[SEAL]

By: _____

John Knab, Supervisor

Attest:

Carol Zittel
Carol Zittel, Clerk

STRYKERSVILLE FIRE COMPANY INC.

By: _____

Russell R. Reisdorf

Treasurer

COPY

SCHEDULE A

TOWN OF SHELDON

Insurance Requirements

Commercial General Liability (including Incidental Medical Malpractice) with limits of:

| | |
|---------------------|--|
| \$2,000,000. | General Aggregate Limit |
| \$1,000,000. | Products-Completed Operations Aggregate Limit |
| \$1,000,000. | Personal Injury & Advertising Limit |
| \$1,000,000. | Each Occurrence |
| \$ 50,000. | Fire Damage Limit |
| \$ 5,000. | Medical Expense Limit |

***Fire Department Errors and Omissions Liability coverage with limits of:**

| | |
|---------------------|---|
| \$1,000,000. | Each Occurrence |
| \$2,000,000. | Aggregate |
| \$1,000,000. | Umbrella Policy (Excess Liability) |

This coverage is to include "any act, error or omission in services rendered in the discharge of lawful volunteer fire department duties".

Business Auto Liability coverage (including Non-owned and Hired Auto liability) @ \$1,000,000. Combined Single Limit per occurrence.

Mutual Aid Liability coverage pursuant to Section G209 of General Municipal Law with a limit of \$250,000.00 per occurrence.

***Only Applicable to Company**

SCHEDULE B

COPY

Ambulance Payment Schedule:

| | |
|------|------------|
| 2015 | \$970.00 |
| 2016 | \$990.00 |
| 2017 | \$1,010.00 |

Ambulance
AGREEMENT

COPY COPY

THIS AGREEMENT, made as of the 1st day of January 2003, between the TOWN OF SHELDON and the TOWN OF BENNINGTON, Wyoming County, New York, on behalf of the Harris Corners (Bennington-Sheldon) Fire Protection District, party of the first part and Strykersville Fire Company, Inc., Strykersville, New York, party of the second part:

WITNESSETH:

WHEREAS, there has been established in the Town of Sheldon and the Town of Bennington a fire protection district known as the Harris Corners (Bennington-Sheldon) Fire Protection District, such district duly adopted by the Town Boards of the Town of Sheldon and the Town of Bennington, and

WHEREAS, the Strykersville Fire Company, Inc. has an ambulance and emergency rescue squad capable of answering emergency calls within the Harris Corners (Bennington-Sheldon) Fire Protection District; and

WHEREAS, following a public hearing, the boards authorized a contract with the Strykersville Fire Company, Inc. for emergency service to the district on the terms and provisions set forth herein, and

WHEREAS, this contract has also been authorized by the emergency rescue squad of the Strykersville Fire Company, Inc.

NOW THEREFORE, the Town Boards of the Town of Sheldon and of the Town of Bennington do engage the Strykersville Fire Company, Inc. to furnish emergency service to the Harris Corners (Bennington-Sheldon) Fire Protection District and the Strykersville Fire Company, Inc., agrees to furnish such protection in the following manner.

1. The Emergency Rescue squad of the Strykersville Fire Company, Inc. shall at all times during the period of this Agreement be subject to call for emergency ambulance service for the purpose of transporting any sick, injured or disabled person within the area of the Fire Protection District to a hospital or clinic or other place for treatment or care.
2. In consideration of furnishing services and the use of the ambulance, the Strykersville Fire Company shall receive the sum of Eighteen hundred \$1800.00 Dollars per year for the next Five (5) years beginning January 1, 2003. The sums due and owing the Strykersville Fire Company, Inc. shall be payable June 1st of each year of this Agreement. The Town of Sheldon and the Town of Bennington hereby agree to share equally the cost of this contract.

COPY

3. The Strykersville Fire Company shall also carry liability insurance policy with a limit of at least \$500,000 providing coverage for vehicles, premises, operations, products and completed operations. In addition, the Strykersville Fire Company shall carry \$500,000 liability coverage for liability for loss imposed upon the Fire Company by Subdivision 2 of Section 209 of the General Municipal Law of the State of New York. The Strykersville Fire Company, Inc. shall also name the Town of Sheldon and the Town of Bennington as additional insured with respect to the liability coverage herein set forth and furnish to each town a certificate of insurance.
4. All monies to be paid under any provision of this agreement shall be a charge upon the Harris Corners (Bennington-Sheldon) Fire Protection District and be assured and levied upon the taxable property of said district and collected with the town taxes.
5. This agreement shall commence January 1, 2003 and continue for a period of five (5) years.

IN WITNESS WHEREOF, the parties have executed and delivered this Agreement the day and year first above mentioned.

TOWN OF SHELDON

by

TOWN OF BENNINGTON

by

STRYKERSVILLE FIRE COMPANY

By

COPY

FIRE PROTECTION CONTRACT

THIS AGREEMENT, made the 12 day of SEPTEMBER, 2011, between the Town Board of the Towns of JAVA and SHELDON, Wyoming County, New York, and the Town of HOLLAND, Erie County, New York, herein after referred to as the Party of the First Part; and the STRYKERSVILLE FIRE PROTECTION DISTRICT Wyoming County, New York, hereinafter referred to as the Party of the Second Part.

WITNESSETH:

WHEREAS, there has been duly established in the Towns of JAVA and SHELDON, Wyoming County, New York, and the Town of HOLLAND, Erie County, New York, a fire protection district known as the FIRE PROTECTION DISTRICT #364; and

WHEREAS, following a public hearing duly called, the several Town Boards of the Party of the First Part, duly authorized a contract with the Party of the Second Part for fire protection in said District; and

WHEREAS, the parties do now wish to enter into the Fire Protection District as follows:

1. That the Party of the Second Part shall furnish fire protection, together with ambulance, emergency and rescue services, to the Party of the First Part during the term of this agreement, providing the same shall be approved in and by the several Towns pursuant to law.

2. The Party of the Second Part shall at all times during the period of this agreement be subject to call for attendance upon any fire in such district, and when properly notified by any person within or on behalf of the District.

3. That when so notified of a fire within said District, said Fire Companies shall respond and attend upon the fire without delay and with such necessary equipment as now held by said District, including suitable fire trucks, ladders, high pressure pumps, fog and hose apparatus. Upon arriving at the scene of the fire, the firemen of the Party of the Second Part attending shall proceed diligently in every way reasonably suggested to the extinguishment of the fire and the saving of life and property in connections therewith. Excepting from the Agreement, however, grass fires in the said District, unless the same are endangering buildings, and that this Agreement shall otherwise cover all property within said Fire Protection District.

4. As an additional element of "fire district" under this Contract, the Party of the Second Part shall at all times during the period of this Agreement be subject to call to provide ambulance, emergency and rescue services, when properly notified by any person within or on behalf of the District.

COPY

2.

5. That in consideration of furnishing said fire protection as aforementioned the Party of the Second Part will receive the sum of (\$103,943.00) for the calendar year of 2012, and a like sum thereafter during the remaining period of this Agreement; and the Party of the First Part covenants and agrees on behalf of said Fire Protection District to make the first annual payment of the same to the Party of the Second Part on or before April 1, 2012, and on or before the 1st day of April of each year thereafter during the period of this Agreement. That as between the several Towns of the Party of the First Part, such payments shall be allocated for the calendar year of 2012 and for each year thereafter based upon the applicable Equalization rates for each Town.

6. Any loss or damage sustained to the apparatus or other equipment of the Party of the Second Part in answering, attending upon or returning from a call for fire protection or performing any other lawful function, whether sustained in District or outside thereof, which functions are not pursuant to any mutual aid call and irrespective of the cause thereof, shall be charged against the Party of the Second Part, and said Party of the Second Part shall be wholly and completely responsible for any costs and expenses incurred thereby.

7. Should any loss or damage, however, be sustained to the apparatus or other equipment of the Party of the Second Part in answering, attending upon or returning from a call for fire protection or performing any lawful function, or sustained in the District or outside thereof, pursuant to a mutual aid call, irrespective of the cause thereof, the amount shall be charged against the Party of the First Part and paid by it to the Party of the Second Part within Sixty (60) Days after written notice of the same is served as hereinafter provided; also the Party of the First Part shall pay to the Party of the Second Part the amount of any and all possible expenses incurred in the operations of the apparatus or equipment of the latter in answering any such calls or lawful function, together with the cost of any and all materials used by the Party of the Second Part, its Fire Company or any members thereof, its Fire Police Squad, or a Fire Patrol in connection with the same, excepting gasoline and transporting charges. Said expense and cost to be paid within Sixty (60) Days after written notice of the same has been served as hereinafter provided. No claim, however, shall be allowed unless within Sixty (60) Days after such loss or damage has been sustained, or such expense has been incurred, and such material has been used unless a written notice thereof shall be served by mail or otherwise on the Town Clerk of the several Towns of said District. That in addition thereto, the Party of the First Part shall also be liable for any and all benefits provided by the Volunteer Firemen's Benefit Law.

8. All monies to be paid under any provision of this Agreement shall be a charge upon the Fire District to be assessed and levied upon the taxable property in said District and collected with the Town taxes therein.

COPY

3.

9. That members of the Fire Company of the Party of the Second Part, when engaged in the performance of their duties in answering, attending upon or returning from any call provided for by this Agreement, or as otherwise provided by law, shall have the same rights, privilege and immunities as if performing the same in any other locality, and all rights granted to them by law.

10. That this contract has been duly authorized by the STRYKERSVILLE FIRE PROTECTION DISTRICT, Wyoming County, New York, the Party of the Second Part; and the several Towns within the Fire Protection District #364, comprising the Party of the First Part agree to cause proper publication of the several official newspapers of such Towns in order to hold public hearing thereon as required by law for the adoption of this Agreement; and is so authorized as provided by this statutes so applicable and this Agreement shall take effect on the 1st day of January, 2012, for a period of ONE (1) Year expiring December 31, 2012, and shall be automatically renewed for each calendar year thereafter for Five (5) Years, which shall finally terminate on December 31, 2016; unless either party shall notify the other in writing prior to August 20th in any calendar year that this Agreement will terminate on the following December 31st. The several Town Clerks of the Towns within the Party of the First Part shall thereafter notify and remind the Parties hereto of this renewal provision, of the notification date, and of the eventual termination of the date of this Agreement in July of each calendar year.

11. The STRYKERSVILLE FIRE COMPANY INC. shall, upon the written request of any of the Town Boards comprising the Fire District, submit to any such requesting Town Boards an annual financial statement reflecting all assets held and liabilities due as of December 31st along with a summary of cash receipts and disbursements for the year ending December 31st, outlining the categories of funds and income received and expenses paid or reserves created for utilities, equipment, supplies, training, maintenance, upkeep and replacement of equipment, buildings and land. Any such requests statement shall be submitted by the Fire District to the requesting board within Sixty (60) Days after the year end.

COPY

4.

12. The Fire Protection District will receive the following sums for the calendar year 2012 and a like sum thereafter during the remaining period of the Agreement from:

| | |
|------------------------------|--------------|
| Town of Java Fire Protection | \$ 62,335.71 |
| Town of Sheldon | \$ 35,211.12 |
| Town of Holland | \$ 6,396.17 |

| | |
|-------|--------------|
| Total | \$103,943.00 |
|-------|--------------|

13. That this constitutes the entire Agreement between the parties unless amended by operation of any statute or laws of the State of New York, and shall ensure to and bind the respective Parties hereto.

IT IS RESOLVED, that the Supervisor of each of the Three (3) Towns execute the contract on behalf of the District and the president of the Fire District shall execute this Agreement on behalf of the

IN WITNESS WHEREOF, the Parties have hereunto duly executed and delivered this Agreement the day and the year first above written.

FIRE PROTECTION DISTRICT #364

By: James W. Fleischman

Date: 9/13/11

SUPERVISOR, TOWN OF JAVA

John H. Knab

Date: 9/24/11

SUPERVISOR, TOWN OF SHELDON

Michael C. Kasper

Date: 17 OCT 11

SUPERVISOR, TOWN OF HOLLAND

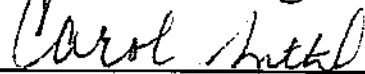
COPY

5.

ATTEST:


TOWN CLERK, TOWN OF JAVA

Date: 9/13/2011


TOWN CLERK, TOWN OF SHELDON

Date: 9/27/2011


TOWN CLERK, TOWN OF HOLLAND


Date: 10-17-11

STRYKERSVILLE FIRE PROTECTION DISTRICT

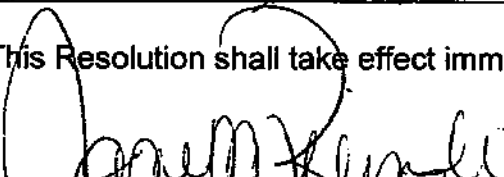
By:  President

Date: 10/13-11

ATTEST:

 Chief

This Resolution shall take effect immediately.


TOWN CLERK, TOWN OF JAVA

Date: 9/13/2011


TOWN CLERK, TOWN OF SHELDON

Date: 9/27/2011


TOWN CLERK, TOWN OF HOLLAND

Date: 10-17-11

COPY

6.

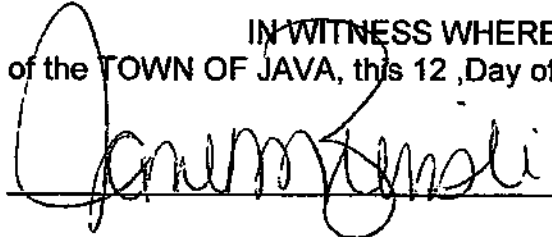
STATE OF NEW YORK)

) SS:

COUNTY OF WYOMING)

I, the undersigned, Town Clerk of the TOWN OF JAVA, Wyoming
County, New York do hereby certify that the foregoing is a true copy of a
Resolution adopted by the TOWN BOARDS of the TOWNS of JAVA,
SHELDON, WYOMING COUNTY, NY and
TOWN OF HOLLAND, ERIE COUNTY, New York.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal
of the TOWN OF JAVA, this 12 ,Day of September, 2011.



TOWN CLERK, TOWN OF JAVA



Strykersville Volunteer Fire Company Inc.

594 Minkel Rd.
PO Box 38
Strykersville, NY 14145

Strykersville Volunteer Fire Company Inc.

Expanded Territory Addresses & Call Volume 2014 thru 2016

Town of Bennington

Town of Holland

TOWN OF HOLLAND

| | 2014 | 2015 | 2016 |
|--|-------------|-------------|-------------|
| 13093 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13182 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13263 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13379 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13411 SANDERS HILL ROAD | 0 | 2 | 2 |
| 13433 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13475 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13504 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13510 SANDERS HILL ROAD | 0 | 0 | 1 |
| 13516 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13520 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13530 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13595 SANDERS HILL ROAD | 1 | 0 | 0 |
| 13690 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13779 SANDERS HILL ROAD | 0 | 3 | 0 |
| 13790 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13860 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13861 SANDERS HILL ROAD | 0 | 0 | 0 |
| 13911 SANDERS HILL ROAD | 0 | 1 | 0 |
| 13480 PARKER ROAD - BREEZY HILL CAMPGROUND | 0 | 0 | 0 |
| 13500 PARKER ROAD -MT. MEADOWS CAMPGROUND | 0 | 2 | 1 |

TOWN OF BENNINGTON

| | | | |
|----------------------|---|---|---|
| 1672 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1673 FOLSOMDALE ROAD | 0 | 0 | 1 |
| 1841 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1901 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1919 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1926 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1934 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1949 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1950 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1980 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1983 FOLSOMDALE ROAD | 0 | 0 | 0 |
| 1512 FORKEL ROAD | 1 | 0 | 0 |
| 1732 BAILEY ROAD | 0 | 0 | 0 |
| 1756 BAILEY ROAD | 0 | 0 | 0 |
| 1661 BAILEY ROAD | 0 | 0 | 0 |

| | | | |
|--------------------|---|---|---|
| 41 BEAR ROAD | 1 | 0 | 0 |
| 46 BEAR ROAD | 0 | 0 | 0 |
| 57 BEAR ROAD | 0 | 0 | 0 |
| 60 BEAR ROAD | 0 | 0 | 0 |
| 80 BEAR ROAD | 0 | 0 | 0 |
| 88 BEAR ROAD | 0 | 0 | 0 |
| 105 BEAR ROAD | 0 | 0 | 1 |
| 117 BEAR ROAD | 0 | 0 | 0 |
| 121 BEAR ROAD | 1 | 0 | 0 |
| 124 BEAR ROAD | 0 | 0 | 0 |
| 137 BEAR ROAD | 0 | 0 | 0 |
| 141 BEAR ROAD | 0 | 0 | 0 |
| 157 BEAR ROAD | 0 | 0 | 0 |
| 196 BEAR ROAD | 0 | 0 | 0 |
| 216 BEAR ROAD | 0 | 0 | 0 |
| 217 BEAR ROAD | 0 | 0 | 0 |
| 222 BEAR ROAD | 0 | 0 | 0 |
| 229 BEAR ROAD | 0 | 0 | 0 |
| 242 BEAR ROAD | 0 | 0 | 0 |
| 247 BEAR ROAD | 0 | 0 | 0 |
| 282 BEAR ROAD | 0 | 0 | 0 |
| 283 BEAR ROAD | 0 | 0 | 0 |
| 291 BEAR ROAD | 0 | 1 | 0 |
| 313 BEAR ROAD | 0 | 0 | 0 |
| 377 BEAR ROAD | 0 | 0 | 0 |
| 409 BEAR ROAD | 0 | 0 | 0 |
| 484 BEAR ROAD | 0 | 0 | 0 |
| 533 BEAR ROAD | 0 | 0 | 1 |
| 667 BEAR ROAD | 0 | 0 | 0 |
| 723 BEAR ROAD | 0 | 0 | 0 |
| 751 BEAR ROAD | 0 | 0 | 0 |
| 779 BEAR ROAD | 0 | 0 | 0 |
| 787 BEAR ROAD | 0 | 0 | 0 |
| 796 BEAR ROAD | 0 | 0 | 0 |
| 837 BEAR ROAD | 0 | 0 | 0 |
| 843 BEAR ROAD | 0 | 0 | 0 |
| 855 BEAR ROAD | 0 | 0 | 0 |
| 884 BEAR ROAD | 0 | 0 | 0 |
| 1540 BURROUGH ROAD | 0 | 0 | 0 |
| 1562 BURROUGH ROAD | 1 | 0 | 0 |
| 1638 BURROUGH ROAD | 0 | 0 | 0 |
| 1644 BURROUGH ROAD | 0 | 0 | 0 |
| 1656 BURROUGH ROAD | 0 | 0 | 0 |
| 1700 BURROUGH ROAD | 0 | 0 | 0 |

| | | | |
|--------------------|---|---|---|
| 1726 BURROUGH ROAD | 0 | 0 | 0 |
| 1729 BURROUGH ROAD | 0 | 0 | 0 |
| 1784 BURROUGH ROAD | 0 | 1 | 0 |
| 1806 BURROUGH ROAD | 0 | 1 | 1 |
| 1819 BURROUGH ROAD | 0 | 1 | 0 |
| 1835 BURROUGH ROAD | 0 | 0 | 0 |
| 1864 BURROUGH ROAD | 0 | 0 | 0 |
| 1899 BURROUGH ROAD | 0 | 0 | 0 |
| 1988 BURROUGH ROAD | 0 | 0 | 0 |

| | | | |
|--------------|----------|-----------|----------|
| TOTAL | 5 | 12 | 8 |
|--------------|----------|-----------|----------|