

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2001 calendar year, or tax year period beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization CLINTON FIRST AID & RESCUE SQUAD, INC.		<b>D</b> Employer identification number 23-7000760
		Number and street (or P O box if mail is not delivered to street address) P.O. BOX 5265		<b>E</b> Telephone number 908-735-8234
		City or town, state or country, and ZIP + 4 CLINTON, NJ 08809		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN ▶

**G** Web site ▶ N/A

**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

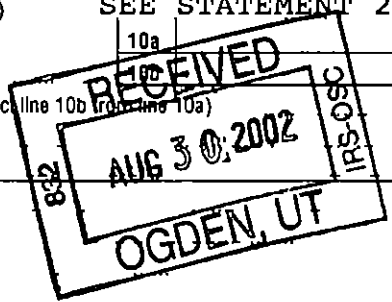
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,017,155.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received		1d	724,956.
	a	Direct public support		
	b	Indirect public support	1b	
	c	Government contributions (grants)	1c	
	d	Total (add lines 1a through 1c) (cash \$ 724,956. noncash \$ )	1d	724,956.
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	213,348.
3	Membership dues and assessments		3	1,104.
4	Interest on savings and temporary cash investments		4	22,491.
5	Dividends and interest from securities		5	
6	a	Gross rents	6a	
	b	Less rental expenses	6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe ▶ )		7	
8	a	Gross amount from sale of assets other than inventory	8a	500.
	b	Less cost or other basis and sales expenses	8b	
	c	Gain or (loss) (attach schedule)	8c	500.
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	500.
9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	54,756.
	b	Less direct expenses other than fundraising expenses	9b	7,501.
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	47,255.
10	a	Gross sales of inventory less returns and allowances	10a	
	b	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)		11	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	1,009,654.
Expenses	13	Program services (from line 44, column (B))	13	390,102.
	14	Management and general (from line 44, column (C))	14	9,276.
	15	Fundraising (from line 44, column (D))	15	
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 13 and 14, column (A))	17	399,378.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	610,276.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	780,152.
	20	Other changes in net assets or fund balances (attach explanation)	20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,390,428.

SCANNED SEP 17 2002



<b>Part II Statement of Functional Expenses</b>		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages	79,421.	79,421.		
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	8,173.	8,173.		
30	Professional fundraising fees				
31	Accounting fees	4,000.		4,000.	
32	Legal fees				
33	Supplies	23,652.	23,652.		
34	Telephone	6,278.	1,773.	4,505.	
35	Postage and shipping	771.		771.	
36	Occupancy				
37	Equipment rental and maintenance	11,921.	11,921.		
38	Printing and publications	1,361.	1,361.		
39	Travel				
40	Conferences, conventions, and meetings	11,973.	11,973.		
41	Interest	3,181.	3,181.		
42	Depreciation, depletion, etc (attach schedule)	97,303.	97,303.		
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	<b>SEE STATEMENT 3</b>	151,344.	151,344.		
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	399,378.	390,102.	9,276.	0.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

<b>Part III Statement of Program Service Accomplishments</b>		Program Service Expenses
What is the organization's primary exempt purpose? <b>SEE STATEMENT 4</b>		(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a	<b>THE ORGANIZATION PROVIDES EMERGENCY MEDICAL CARE AND TRANSPORTATION FOR THE TOWN OF CLINTON AND CLINTON TOWNSHIP.</b>	390,102.
	(Grants and allocations \$ _____)	
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>390,102.</b>

**Part IV Balance Sheets**

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	454,887.	46 1,124,016.
	47 a Accounts receivable	47a 144,303.	
	b Less allowance for doubtful accounts	47b 16,000.	47c 128,303.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	954.	53 954.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings and equipment basis	57a 1,299,769.	
	b Less accumulated depreciation STMT 5	57b 1,128,211.	57c 171,558.
58 Other assets (describe <b>CONSTRUCTION IN PROGRESS</b> )		58 7,412.	
59 Total assets (add lines 45 through 58) (must equal line 74)	829,090.	59 1,432,243.	
Liabilities	60 Accounts payable and accrued expenses	3,500.	60 6,607.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <b>CAPITAL LEASE PAYABLE</b> )	45,438.	65 35,208.
66 Total liabilities (add lines 60 through 65)	48,938.	66 41,815.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	780,152.	67 1,390,428.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19, column (B) must equal line 21)	780,152.	73 1,390,428.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	829,090.	74 1,432,243.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information

Table with columns for question number, question text, Yes, and No. Includes questions 76 through 91 regarding organizational activities, financials, and employee information.

91 The books are in care of ROSE MILLIGAN Telephone no 908-713-1852
Located at CLINTON, NJ ZIP + 4 08809

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a BILLING INCOME					210,192.
b VENDING					3,156.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			03	1,104.	
95 Interest on savings and temporary cash investments			14	22,491.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					500.
101 Net income or (loss) from special events			12	47,255.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		70,850.	213,848.
105 Total (add line 104, columns (B), (D), and (E))					284,698.

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33)

(a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

Preparing schedules and statements and to the best of my knowledge and belief It is true information of which preparer has any knowledge

0107 Joseph M Korkuch - PRESIDENT

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 601(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2001**

Name of the organization

CLINTON FIRST AID & RESCUE SQUAD, INC.

Employer identification number

23 7000760

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<p>Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments</p>		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**  
**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total		
<b>15</b> Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	178,781.	147,566.	156,316.	195,387.	678,050.		
<b>16</b> Membership fees received							
<b>17</b> Gross receipts from admissions merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	57,052.	45,469.	38,566.	28,957.	170,044.		
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	22,383.	17,169.	22,362.	22,660.	84,574.		
<b>19</b> Net income from unrelated business activities not included in line 18							
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.							
<b>23</b> Total of lines 15 through 22	258,216.	210,204.	217,244.	247,004.	932,668.		
<b>24</b> Line 23 minus line 17	201,164.	164,735.	178,678.	218,047.	762,624.		
<b>25</b> Enter 1% of line 23	2,582.	2,102.	2,172.	2,470.			
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> 15,252.		
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				<b>26b</b> 0.		
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				<b>26c</b> 762,624.		
	d Add Amounts from column (e) for lines	18 84,574.	19	22	<b>26d</b> 84,574.		
	e Public support (line 26c minus line 26d total)		26b		<b>26e</b> 678,050.		
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				<b>26f</b> 88.9101%		
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A						
	(2000)	(1999)	(1998)	(1997)			
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A						
	(2000)	(1999)	(1998)	(1997)			
	c Add Amounts from column (e) for lines	15	16	17	20	21	<b>27c</b> N/A
	d Add Line 27a total						<b>27d</b> N/A
	e Public support (line 27c total minus line 27d total)						<b>27e</b> N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)						<b>27f</b> N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))						<b>27g</b> N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))						<b>27h</b> N/A %
<b>28</b> Unusual Grants	For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						
	NONE						

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A  
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h )			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

CLINTON FIRST AID & RESCUE SQUAD, INC.

Employer identification number

23-7000760

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 foundation

Check 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 box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

For organizations filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

CLINTON FIRST AID & RESCUE SQUAD, INC.

23-7000760

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 564,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	PROGRAM SERVICES							
1	UNIFORMS							
	083194	SL	5.00	16	10,184.		10,184.	0.
2	RADIOS							
	072694	SL	5.00	16	2,590.		2,590.	0.
3	RADIOS							
	120794	SL	5.00	16	911.		911.	0.
4	EQUIPMENT							
	012194	SL	5.00	16	12,359.		12,359.	0.
5	EQUIPMENT							
	090595	SL	5.00	16	8,360.		8,360.	0.
6	GAS DETECTOR KIT							
	110795	SL	5.00	16	2,632.		2,468.	0.
7	FIRE EQUIPMENT							
	120695	SL	5.00	16	9,641.		9,641.	0.
8	COMM. RESCUE KIT							
	121895	SL	5.00	16	4,842.		4,357.	0.
9	RADIOS							
	050195	200DB	5.00	17	2,225.		2,225.	0.
10	RADIOS							
	110795	200DB	5.00	17	1,395.		1,395.	0.
11	MEDICAL EQUIPMENT							
	020795	200DB	5.00	17	2,270.		2,270.	0.
12	MEDICAL EQUIPMENT							
	100395	200DB	5.00	17	1,165.		1,165.	0.
13	UNIFORMS							
	052195	200DB	5.00	17	3,022.		3,022.	0.
14	UNIFORMS							
	060496	200DB	5.00	17	6,791.		6,112.	679.
15	RADIOS							
	030596	200DB	5.00	17	1,430.		1,287.	143.
16	RADIOS							
	050796	200DB	5.00	17	2,015.		1,814.	201.
17	RADIOS							
	110696	200DB	5.00	17	898.		808.	90.
18	MCU 100C MODULE							
	021596	SL	5.00	16	1,179.		1,062.	20.
19	LP300 W/ PRINTER							
	071296	SL	5.00	16	6,037.		5,433.	604.
20	EQUIPMENT							
	110596	SL	5.00	16	1,230.		1,107.	123.
21	RESCUE SYSTEM							
	101796	SL	5.00	16	986.		887.	99.
22	EQUIPMENT							
	120396	SL	5.00	16	1,374.		1,237.	137.
23	BRAKE PEDAL CUTTER							
	120296	SL	5.00	16	1,761.		1,585.	176.
24	EQUIPMENT							
	070196	SL	5.00	16	1,071.		965.	106.
25	STRETCHER							
	031897	SL	5.00	16	5,400.		4,050.	1,080.
26	CPU							
	122497	SL	5.00	16	3,707.		2,223.	741.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
27	EQUIPMENT							
	12/08/97	SL	5.00	16	4,782.		2,948.	956.
28	TRAILER							
	12/03/97	SL	5.00	16	4,103.		2,531.	821.
29	RADIOS							
	12/11/97	SL	5.00	16	1,670.		1,030.	334.
30	(D) EQUIPMENT							
	11/29/97	SL	5.00	16	3,035.		1,872.	152.
31	BOAT MOTOR							
	11/18/97	SL	5.00	16	3,000.		1,850.	600.
32	BOSTON WHALER							
	11/07/97	SL	5.00	16	5,300.		3,357.	1,060.
33	RADIOS							
	11/29/97	SL	5.00	16	840.		518.	168.
34	TURN OUT GEAR							
	10/31/97	SL	5.00	16	3,773.		2,390.	755.
35	(D) EQUIPMENT							
	02/05/97	SL	5.00	16	2,925.		2,291.	146.
36	HELMETS							
	08/19/97	SL	5.00	16	2,868.		1,913.	574.
37	RADIOS							
	02/06/96	SL	5.00	16	775.		762.	13.
38	UNIFORMS							
	05/02/98	SL	5.00	16	8,696.		4,348.	1,739.
39	(D) DEFIBULATOR							
	07/08/98	SL	5.00	16	1,750.		875.	88.
40	SOFTWARE							
	08/04/98	SL	3.00	16	2,375.		1,980.	395.
41	(D) DEFIBULATOR							
	09/01/98	SL	5.00	16	3,210.		1,605.	161.
42	CAMERA ID PHOTO KIT							
	12/14/98	SL	5.00	16	1,146.		573.	229.
43	12 PAGERS & CHARGERS							
	03/03/98	SL	5.00	16	5,562.		2,780.	1,112.
44	SCUBA AIR PACKS							
	03/01/98	SL	5.00	16	1,538.		770.	308.
45	EQUIPMENT							
	03/10/98	SL	5.00	16	3,933.		1,967.	787.
46	OUTLETS & WIRING							
	10/03/98	SL	5.00	16	1,522.		760.	304.
47	MOBILE FILL							
	12/03/98	SL	5.00	16	9,387.		4,693.	1,877.
48	FIRE EQUIPMENT							
	12/03/98	SL	5.00	16	6,036.		3,019.	1,207.
50	EQUIPMENT - FULLY DEPRECIATED							
	01/01/94	SL	5.00	16	156,668.		156,668.	0.
51	(D) NEW ENGINE							
	06/23/94	SL	5.00	16	11,050.		11,050.	0.
52	COMMAND CENTER							
	07/11/94	SL	5.00	16	873.		873.	0.
53	FORD EMS RIGS							
	03/01/97	SL	5.00	16	191,302.		146,665.	38,260.
54	FORD EXCURSION							
	11/18/99	SL	5.00	16	55,000.		12,375.	11,000.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
56	VEHICLES - FULLY DEPRECIATED							
	01/01/94	SL	5.00	16	404,812.		404,812.	0.
57	BUILDING							
	03/01/73	SL	30.00	16	25,320.		23,119.	844.
58	BUILDING							
	06/01/73	SL	30.00	16	80,000.		74,665.	2,667.
59	IMPROVEMENTS							
	06/01/90	SL	10.00	16	28,909.		28,909.	0.
60	IMPROVEMENTS							
	06/01/91	SL	10.00	16	7,061.		7,061.	0.
61	PAINTING							
	05/10/93	SL	10.00	16	4,575.		3,433.	458.
62	FLOORS							
	04/22/93	SL	10.00	16	957.		719.	96.
63	LIGHTS							
	06/08/93	SL	10.00	16	2,291.		1,718.	229.
64	DOORS & LOCKS							
	01/19/94	SL	10.00	16	1,054.		684.	105.
65	DRIVEWAY							
	04/22/96	SL	10.00	16	5,010.		2,255.	501.
66	GUTTERS							
	05/10/96	SL	10.00	16	1,290.		582.	129.
68	IMPROVEMENTS - FULLY DEPRECIATED							
	01/01/89	SL	10.00	16	23,849.		23,849.	0.
72	AMBULANCE 2000 FORD							
	03/24/00	SL	5.00	16	113,333.		17,000.	22,667.
74	(3) LP 500'S LIFE PAK DEFIBRILLATORS							
	03/31/01	SL	5.00	16	4,893.			734.
75	(2) LIFE PAK 500 DEFIBRILLATORS							
	12/31/01	SL	5.00	16	5,000.			0.
76	AIR CONDITIONER							
	06/30/01	SL	5.00	16	4,249.			425.
77	(4) MINITOR PAGERS							
	05/21/01	SL	5.00	16	8,604.			1,004.
78	MINI-TELESCOPIC RAMS							
	12/01/01	SL	5.00	16	11,938.			199.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES							
					1,321,739.	0.	1050786.	97,303.
	* GRAND TOTAL 990 PAGE 2 DEPR							
					1,321,739.	0.	1050786.	97,303.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
NEW ENGINE	06/23/94	04/10/01	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	500.	11,050.	0.	11,050.	500.
TO FM 990, PART I, LN 8	500.	11,050.	0.	11,050.	500.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUND DRIVE	54,756.		54,756.	7,501.	47,255.
TO FM 990, PART I, LINE 9	54,756.		54,756.	7,501.	47,255.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	37,152.	37,152.		
UNIFORMS	6,624.	6,624.		
UTILITIES	12,167.	12,167.		
TRAINING	4,486.	4,486.		
FIRST AID SUPPLIES	10,848.	10,848.		
BAD DEBT EXPENSE	49,677.	49,677.		
BILLING EXPENSES	18,300.	18,300.		
PROFESSIONAL FEES	1,211.	1,211.		
BANK CHARGES	440.	440.		
LICENSES	330.	330.		
SUBSCRIPTIONS	995.	995.		
FUEL	3,414.	3,414.		
MISCELLANEOUS	124.	124.		
REPAIRS	2,986.	2,986.		
SCHOLARSHIP	1,000.	1,000.		
MARINE UNITS	1,590.	1,590.		
TOTAL TO FM 990, LN 43	151,344.	151,344.		



## CLINTON FIRST AID &amp; RESCUE SQUAD, INC.

23-7000760

SOFTWARE	2,375.	2,375.	0.
CAMERA ID PHOTO KIT	1,146.	802.	344.
12 PAGERS & CHARGERS	5,562.	3,892.	1,670.
SCUBA AIR PACKS	1,538.	1,078.	460.
EQUIPMENT	3,933.	2,754.	1,179.
OUTLETS & WIRING	1,522.	1,064.	458.
MOBILE FILL	9,387.	6,570.	2,817.
FIRE EQUIPMENT	6,036.	4,226.	1,810.
EQUIPMENT - FULLY DEPRECIATED	156,668.	156,668.	0.
COMMAND CENTER	873.	873.	0.
2 FORD EMS RIGS	191,302.	184,925.	6,377.
FORD EXCURSION	55,000.	23,375.	31,625.
VEHICLES - FULLY DEPRECIATED	404,812.	404,812.	0.
BUILDING	25,320.	23,963.	1,357.
BUILDING	80,000.	77,332.	2,668.
IMPROVEMENTS	28,909.	28,909.	0.
IMPROVEMENTS	7,061.	7,061.	0.
PAINTING	4,575.	3,891.	684.
FLOORS	957.	815.	142.
LIGHTS	2,291.	1,947.	344.
DOORS & LOCKS	1,054.	789.	265.
DRIVEWAY	5,010.	2,756.	2,254.
GUTTERS	1,290.	711.	579.
IMPROVEMENTS - FULLY DEPRECIATED	23,849.	23,849.	0.
AMBULANCE 2000 FORD	113,333.	39,667.	73,666.
(3) LP 500'S LIFE PAK			
DEFIBRILLATORS	4,893.	734.	4,159.
(2) LIFE PAK 500			
DEFIBRILLATORS	5,000.	0.	5,000.
AIR CONDITIONER	4,249.	425.	3,824.
(4) MINITOR PAGERS	8,604.	1,004.	7,600.
MINI-TELESCOPIC RAMS	11,938.	199.	11,739.
TOTAL TO FORM 990, PART IV, LN 57	<u>1,299,769.</u>	<u>1,129,849.</u>	<u>169,920.</u>

**Depreciation and Amortization**  
(Including Information on Listed Property) **990**

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CLINTON FIRST AID & RESCUE SQUAD, INC. FORM 990 PAGE 2 23-7000760

**Part I Election To Expense Certain Tangible Property Under Section 179 Note** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	96,190.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	1,113.
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5-year property						
c 7-year property						
d 10 year property						
e 15 year property						
f 20-year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40 year	/	40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	97,303.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L		
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2001 tax year					
<b>43</b> Amortization of costs that began before your 2001 tax year					<b>43</b>
<b>44</b> Total Add amounts in column (f) See instructions for where to report					<b>44</b>

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>	
Type or print Name of Exempt Organization	Employer identification number
CLINTON FIRST AID & RESCUE SQUAD, INC.	23-7000760
File by the extended due date for filing the return See instructions Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
P.O. BOX 5265	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
CLINTON, NJ 08809	

**Check type of return to be filed** (File a separate application for each return)

Form 990   
  Form 990-EZ   
  Form 990-T (sec 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- 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

4 I request an additional 3-month extension of time until NOVEMBER 15, 2002

5 For calendar year 2001, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
WAITING FOR THIRD PARTY INFORMATION

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 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 and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form

Signature Andrew D. Kurawicki Title CIA Date 7/31/02

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print Name	BEDARD, KUROWICKI & CO.
Number and street (include suite, room, or apt no) Or a P O box number	318 HIGHWAY 202 N., SUITE 5
City or town, province or state, and country (including postal or ZIP code)	FLEMINGTON, NJ 08822

Form 8868

(December 2000)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

▶ File a separate application for each return

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note. Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	CLINTON FIRST AID & RESCUE SQUAD, INC.	23-7000760
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see Instructions	
	P.O. BOX 5265	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	CLINTON, NJ 08809	

Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- 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 will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶  calendar year 2001 or ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶  Title ▶ CHA Date ▶ 5/2/02

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)