

Return of Organization Exempt From Income Tax

2003

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)

Open to Public Inspection

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

A For the 2003 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: **CLINTON FIRST AID & RESCUE SQUAD, INC.**
 Number and street (or P O box if mail is not delivered to street address): **P.O. BOX 5265**
 City or town, state or country, and ZIP + 4: **CLINTON, NJ 08809**

D Employer identification number: **23-7000760**

E Telephone number: **908-735-8234**

F Accounting method: Cash Accrual Other (specify)

G Website: **WWW.CLINTONEMS.ORG**

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.

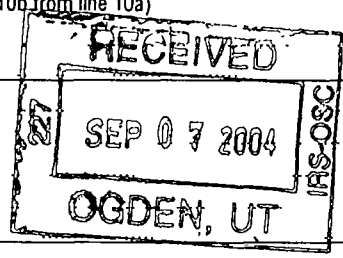
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **1,062,740.**

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 Group Exemption Number: _____

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received.				
	a	Direct public support	1a	514,483.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 514,483. noncash \$)	1d	514,483.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	416,172.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	16,931.		
	5	Dividends and interest from securities	5			
	6a	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				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	58,000.		
		(B) Other	8b	45,332.		
			8c	12,668.		
		d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	12,668.	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	57,154.			
b	Less direct expenses other than fundraising expenses	9b	7,153.			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	50,001.			
10a	Gross sales of inventory, less returns and allowances	10a				
		b	Less cost of goods sold	10b		
		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	1,010,255.			
Expenses	13	Program services (from line 44, column (B))	13	623,246.		
	14	Management and general (from line 44, column (C))	14	11,217.		
	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	634,463.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	375,792.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,417,946.		
	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	1,793,738.		



Part II Statement of Functional Expenses

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	156,928.	156,928.		
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	15,995.	15,995.		
30	Professional fundraising fees				
31	Accounting fees	4,565.		4,565.	
32	Legal fees				
33	Supplies	12,626.	12,626.		
34	Telephone	9,334.	2,682.	6,652.	
35	Postage and shipping	588.	588.		
36	Occupancy				
37	Equipment rental and maintenance	30,232.	30,232.		
38	Printing and publications	199.	199.		
39	Travel				
40	Conferences, conventions, and meetings	14,046.	14,046.		
41	Interest	1,798.	1,798.		
42	Depreciation, depletion, etc (attach schedule)	131,442.	131,442.		
43	Other expenses not covered above (itemize)				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e SEE STATEMENT 3	43e	256,710.	256,710.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	634,463.	623,246.	11,217. 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 \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	THE ORGANIZATION PROVIDES EMERGENCY MEDICAL CARE AND TRANSPORTATION FOR THE TOWN OF CLINTON AND CLINTON TOWNSHIP.	(Grants and allocations \$ _____)	623,246.
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		623,246.

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		45 948,412.
	46 Savings and temporary cash investments	759,709.	46
	47 a Accounts receivable	47a 141,932.	
	b Less allowance for doubtful accounts	47b 40,000.	47c 101,932.
	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	3,712.	53 5,552.
	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 1,793,871.		
b Less accumulated depreciation STMT 5	57b 1,289,043.	57c 504,828.	
58 Other assets (describe <input type="checkbox"/> CONSTRUCTION IN PROGRESS)	39,473.	58 342,313.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,461,684.	59 1,903,037.	
Liabilities	60 Accounts payable and accrued expenses	19,477.	60 109,299.
	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 <input type="checkbox"/> CAPITAL LEASE PAYABLE)	24,261.	65 0.
66 Total liabilities (add lines 60 through 65)	43,738.	66 109,299.	
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	1,417,946.	67 1,793,738.
	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)	1,417,946.	73 1,793,738.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,461,684.	74 1,903,037.

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	1,017,407.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) FUND DRIVE \$ 7,153.		
	Add amounts on lines (1) through (4)	b	7,153.
c	Line a minus line b	c	1,010,254.
1	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) ROUNDING \$ 1.		
	Add amounts on lines (1) and (2)	d	1.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,010,255.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	641,615.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) STMT 6 \$ 7,153.		
	Add amounts on lines (1) through (4)	b	7,153.
c	Line a minus line b	c	634,462.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) ROUNDING \$ 1.		
	Add amounts on lines (1) and (2)	d	1.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	634,463.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MELINDA STORTZ	RECORDING SECRETARY			
	NONE	0.	0.	0.
JOSEPH KORKUCH	PRESIDENT			
	NONE	0.	0.	0.
ROSE MILLIGAN	TREASURER			
	NONE	0.	0.	0.
DAN JANKOWSKI	VICE PRESIDENT			
	NONE	0.	0.	0.
JOE OLIVIO	RESCUE CAPTAIN			
	NONE	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule Yes No

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
81a	Enter direct or indirect political expenditures. See line 81 instructions. <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
90a	List the states with which a copy of this return is filed <u>NONE</u>		
90b	Number of employees employed in the pay period that includes March 12, 2003		12
91	The books are in care of <u>ROSE MILLIGAN</u> Telephone no <u>908-713-1852</u>		
	Located at <u>CLINTON, NJ</u> ZIP + 4 <u>08809</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

	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	
93 Program service revenue					
a BILLING INCOME					413,976.
b VENDING					2,196.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	16,931.	
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					12,668.
101 Net income or (loss) from special events			12	50,001.	
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.		66,932.	428,840.
105 Total (add line 104, columns (B), (D), and (E))					495,772.

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 page 34 of the instructions)

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 page 34 of the instructions)

(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 page 34 of the instructions)

- (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, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge
3/30/04 **JOSEPH KORKUCI, PRESIDENT**
Date Type or print name and title
Date Check if self- Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

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	

8

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) 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>	1		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
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b		X
<p>4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	219,192.	724,956.	178,781.	147,566.	1,270,495.
16 Membership fees received	382.	1,604.			1,986.
17 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	59,085.	54,756.	57,052.	45,469.	216,362.
18 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	10,087.	22,491.	22,383.	17,169.	72,130.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	288,746.	803,807.	258,216.	210,204.	1,560,973.
24 Line 23 minus line 17	229,661.	749,051.	201,164.	164,735.	1,344,611.
25 Enter 1% of line 23	2,887.	8,038.	2,582.	2,102.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 26,892.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 1,344,611.
d Add: Amounts from column (e) for lines 18 <u>72,130.</u> 19 _____ 22 _____ 26b _____					26d 72,130.
e Public support (line 26c minus line 26d total)					26e 1,272,481.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.6356%
27 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	(2002)	(2001)	(2000)	(1999)	
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	(2002)	(2001)	(2000)	(1999)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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/>			
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/>			
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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A		
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i 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

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
BUILDINGS								
57	BUILDING							
	03/01/73	SL	30.00	16	25,320.		24,807.	141.
58	BUILDING							
	06/01/73	SL	30.00	16	80,000.		80,000.	0.
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.		4,349.	153.
62	FLOORS							
	04/22/93	SL	10.00	16	957.		911.	32.
63	LIGHTS							
	06/08/93	SL	10.00	16	2,291.		2,176.	95.
64	DOORS & LOCKS							
	01/19/94	SL	10.00	16	1,054.		894.	105.
65	DRIVEWAY							
	04/22/96	SL	10.00	16	5,010.		3,257.	501.
66	GUTTERS							
	05/10/96	SL	10.00	16	1,290.		840.	129.
68	IMPROVEMENTS - FULLY DEPRECIATED							
	01/01/89	SL	10.00	16	23,849.		23,849.	0.
	* 990 PAGE 2 TOTAL BUILDINGS							
					180,316.	0.	177,053.	1,156.
TRANSPORTATION EQUIPMENT								
28	TRAILER							
	12/03/97	SL	5.00	16	4,103.		4,103.	0.
31	BOAT MOTOR							
	11/18/97	SL	5.00	16	3,000.		3,000.	0.
32	BOSTON WHALER							
	11/07/97	SL	5.00	16	5,300.		5,300.	0.
53	2 FORD EMS RIGS							
	03/01/97	SL	5.00	16	191,302.		191,302.	0.
54	FORD EXCURSION							
	11/18/99	SL	5.00	16	55,000.		34,375.	11,000.
56	VEHICLES - FULLY DEPRECIATED							
	01/01/94	SL	5.00	16	404,332.		404,332.	0.
72	(D) AMBULANCE 2000 FORD							
	03/24/00	SL	5.00	16	113,333.		62,334.	5,667.
84	RESCUE TRUCK							
	12/24/02	SL	5.00	16	240,000.			48,000.
86	MAKO BAM06H							
	11/29/02	SL	5.00	16	16,000.		267.	3,200.
87	AFT/GME RESCUE AMBULANCE							
	04/30/02	SL	5.00	16	224,692.		29,959.	44,938.
88	2003 FORD EXPEDITION							
	05/31/03	SL	5.00	16	31,624.			3,689.
89	2003 EXPEDITION CONVERSION COSTS							
	10/26/03	SL	5.00	16	15,918.			531.
	* 990 PAGE 2 TOTAL TRANSPORTATION EQUIPMENT							
					1,304,604.	0.	734,972.	117,025.

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.		6,791.	0.
15	RADIOS							
	030596	200DB	5.00	17	1,430.		1,430.	0.
16	RADIOS							
	050796	200DB	5.00	17	2,015.		2,015.	0.
17	RADIOS							
	110696	200DB	5.00	17	898.		898.	0.
18	MCU 100C MODULE							
	021596	SL	5.00	16	1,179.		1,082.	0.
19	LP300 W/ PRINTER							
	071296	SL	5.00	16	6,037.		6,037.	0.
20	EQUIPMENT							
	110596	SL	5.00	16	1,230.		1,230.	0.
21	RESCUE SYSTEM							
	101796	SL	5.00	16	986.		986.	0.
22	EQUIPMENT							
	120396	SL	5.00	16	1,374.		1,374.	0.
23	BRAKE PEDAL CUTTER							
	120296	SL	5.00	16	1,761.		1,761.	0.
24	EQUIPMENT							
	070196	SL	5.00	16	1,071.		1,071.	0.
25	STRETCHER							
	031897	SL	5.00	16	5,400.		5,400.	0.
26	CPU							
	122497	SL	5.00	16	3,707.		3,707.	0.

Asset Number	Description of property					Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/ IRC sec	Life or rate	Line No					
27	EQUIPMENT								
	12/08/97	SL	5.00	16		4,782.		4,782.	0.
29	RADIOS								
	12/11/97	SL	5.00	16		1,670.		1,670.	0.
33	RADIOS								
	11/29/97	SL	5.00	16		840.		840.	0.
34	TURN OUT GEAR								
	10/31/97	SL	5.00	16		3,773.		3,773.	0.
36	HELMETS								
	08/19/97	SL	5.00	16		2,868.		2,868.	0.
37	RADIOS								
	02/06/96	SL	5.00	16		775.		775.	0.
38	UNIFORMS								
	05/02/98	SL	5.00	16		8,696.		7,826.	580.
40	SOFTWARE								
	08/04/98	SL	3.00	16		2,375.		2,375.	0.
42	CAMERA ID PHOTO KIT								
	12/14/98	SL	5.00	16		1,146.		1,031.	115.
43	12 PAGERS & CHARGERS								
	03/03/98	SL	5.00	16		5,562.		5,004.	185.
44	SCUBA AIR PACKS								
	03/01/98	SL	5.00	16		1,538.		1,386.	51.
45	EQUIPMENT								
	03/10/98	SL	5.00	16		3,933.		3,541.	131.
46	OUTLETS & WIRING								
	10/03/98	SL	5.00	16		1,522.		1,368.	154.
47	MOBILE FILL								
	12/03/98	SL	5.00	16		9,387.		8,447.	940.
48	FIRE EQUIPMENT								
	12/03/98	SL	5.00	16		6,036.		5,433.	603.
50	EQUIPMENT - FULLY DEPRECIATED								
	01/01/94	SL	5.00	16		157,148.		157,148.	0.
52	COMMAND CENTER								
	07/11/94	SL	5.00	16		873.		873.	0.
74	(3) LP 500'S LIFE PAK DEFIBRILLATORS								
	03/31/01	SL	5.00	16		4,893.		1,713.	979.
75	(2) LIFE PAK 500 DEFIBRILLATORS								
	12/31/01	SL	5.00	16		5,000.		1,000.	1,000.
76	AIR CONDITIONER								
	06/30/01	SL	5.00	16		4,249.		1,275.	850.
77	(4) MINITOR PAGERS								
	05/21/01	SL	5.00	16		8,604.		2,725.	1,721.
78	MINI-TELESCOPIC RAMS								
	12/01/01	SL	5.00	16		11,938.		2,587.	2,388.
80	LP 500 EN LIFEPAK								
	11/29/02	SL	5.00	16		5,049.		84.	1,010.
81	MOTOROLA HT 1250'S (3)								
	04/17/02	SL	5.00	16		2,025.		270.	405.
82	5" CUTTER MODEL 3020UL								
	11/29/02	SL	5.00	16		3,250.		54.	650.
90	STAIR PRO MODEL 3								
	12/15/03	SL	5.00	16		1,795.			30.
91	DEFIBRILATORS LP 500'S								
	07/03/03	SL	5.00	16		5,043.			504.

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
92	DEFIBRILATORS LP 500'S							
	123103	SL	5.00	16	4,169.			0.
93	KIT UPGRADES							
	123103	SL	5.00	16	1,400.			0.
94	DELL LASER JET							
	021703	SL	5.00	16	1,768.			295.
95	TRAILER AND CONVERTER BOX							
	112703	SL	5.00	16	3,655.			61.
96	CARABINER							
	120703	SL	5.00	16	1,448.			24.
97	EXTREME DRY SUIT							
	120703	SL	5.00	16	349.			6.
98	LSP EXTRICATION LIFT							
	121503	SL	5.00	16	853.			14.
99	PARATECH HINGED BASE							
	121503	SL	5.00	16	1,315.			22.
100	CARBURETOR MINI CUTTER AND TOOLS							
	121503	SL	5.00	16	21,570.			360.
101	TITANIUM STRETCHER							
	121703	SL	5.00	16	1,195.			0.
102	THERMAL JUMPSUITS							
	122203	SL	5.00	16	712.			0.
103	FLOATATION KIT							
	122903	SL	5.00	16	341.			0.
104	SCBA UPGRADE KIT							
	123103	SL	5.00	16	6,144.			0.
105	DALMATION SCBA CARBON FIBER CYLINDERS							
	123103	SL	5.00	16	1,812.			0.
106	WATER RESCUE EQUIPMENT							
	123103	SL	5.00	16	1,678.			0.
107	1250 HEAVY DUTY VEHICLE CHARGER							
	102603	SL	5.00	16	3,787.			126.
108	PAGERS AND CHARGERS							
	122203	SL	5.00	16	3,220.			0.
109	BASE STATION							
	123103	SL	5.00	16	2,000.			0.
110	MOBILE RADIOS, REPEATERS, M88 PORTABLE							
	123103	SL	5.00	16	2,919.			0.
111	MOBILE RADIOS AND CHARGERS							
	102603	SL	5.00	16	1,703.			57.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES							
					422,283.	0.	313,577.	13,261.
	* GRAND TOTAL 990 PAGE 2 DEPR							
					1,907,203.	0.	1225602.	131,442.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
2000 FORD TRUCK - TOTALED IN MVA	03/24/00	04/01/03	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
N/A - INSURANCE PROCEEDS	55,000.	113,333.	0.	68,001.	9,668.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
RESCUE TRUCK		06/01/03	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
TEWKSBURY TOWNSHIP EMS	3,000.	0.	0.	0.	3,000.
TO FM 990, PART I, LN 8	58,000.	113,333.	0.	68,001.	12,668.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUND DRIVE	57,154.		57,154.	7,153.	50,001.
TO FM 990, PART I, LINE 9	57,154.		57,154.	7,153.	50,001.

FORM 990	OTHER EXPENSES			STATEMENT 3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	47,576.	47,576.		
UNIFORMS	17,567.	17,567.		
UTILITIES	6,579.	6,579.		
TRAINING	11,143.	11,143.		
FIRST AID SUPPLIES	14,887.	14,887.		
BAD DEBT EXPENSE	120,512.	120,512.		
BILLING EXPENSES	25,234.	25,234.		
LICENSES	729.	729.		
SUBSCRIPTIONS	1,159.	1,159.		
FUEL				
	9,725.	9,725.		
MISCELLANEOUS				
	274.	274.		
SCHOLARSHIP	1,000.	1,000.		
MARINE UNITS	325.	325.		
TOTAL TO FM 990, LN 43	256,710.	256,710.		

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 4
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EXPLANATION

THE ORGANIZATION PROVIDES EMERGENCY MEDICAL CARE AND
TRANSPORTATION FOR THE TOWN OF CLINTON AND CLINTON TOWNSHIP.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 5
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
UNIFORMS	10,184.	10,184.	0.
RADIOS	2,590.	2,590.	0.
RADIOS	911.	911.	0.
EQUIPMENT	12,359.	12,359.	0.
EQUIPMENT	8,360.	8,360.	0.
GAS DETECTOR KIT	2,632.	2,468.	164.
FIRE EQUIPMENT	9,641.	9,641.	0.
COMM. RESCUE KIT	4,842.	4,357.	485.
RADIOS	2,225.	2,225.	0.

RADIOS	1,395.	1,395.	0.
MEDICAL EQUIPMENT	2,270.	2,270.	0.
MEDICAL EQUIPMENT	1,165.	1,165.	0.
UNIFORMS	3,022.	3,022.	0.
UNIFORMS	6,791.	6,791.	0.
RADIOS	1,430.	1,430.	0.
RADIOS	2,015.	2,015.	0.
RADIOS	898.	898.	0.
MCU 100C MODULE	1,179.	1,082.	97.
LP300 W/ PRINTER	6,037.	6,037.	0.
EQUIPMENT	1,230.	1,230.	0.
RESCUE SYSTEM	986.	986.	0.
EQUIPMENT	1,374.	1,374.	0.
BRAKE PEDAL CUTTER	1,761.	1,761.	0.
EQUIPMENT	1,071.	1,071.	0.
STRETCHER	5,400.	5,400.	0.
CPU	3,707.	3,707.	0.
EQUIPMENT	4,782.	4,782.	0.
TRAILER	4,103.	4,103.	0.
RADIOS	1,670.	1,670.	0.
BOAT MOTOR	3,000.	3,000.	0.
BOSTON WHALER	5,300.	5,300.	0.
RADIOS	840.	840.	0.
TURN OUT GEAR	3,773.	3,773.	0.
HELMETS	2,868.	2,868.	0.
RADIOS	775.	775.	0.
UNIFORMS	8,696.	8,406.	290.
SOFTWARE	2,375.	2,375.	0.
CAMERA ID PHOTO KIT	1,146.	1,146.	0.
12 PAGERS & CHARGERS	5,562.	5,189.	373.
SCUBA AIR PACKS	1,538.	1,437.	101.
EQUIPMENT	3,933.	3,672.	261.
OUTLETS & WIRING	1,522.	1,522.	0.
MOBILE FILL	9,387.	9,387.	0.
FIRE EQUIPMENT	6,036.	6,036.	0.
EQUIPMENT - FULLY DEPRECIATED	157,148.	157,148.	0.
COMMAND CENTER	873.	873.	0.
2 FORD EMS RIGS	191,302.	191,302.	0.
FORD EXCURSION	55,000.	45,375.	9,625.
VEHICLES - FULLY DEPRECIATED	404,332.	404,332.	0.
BUILDING	25,320.	24,948.	372.
BUILDING	80,000.	80,000.	0.
IMPROVEMENTS	28,909.	28,909.	0.
IMPROVEMENTS	7,061.	7,061.	0.
PAINTING	4,575.	4,502.	73.
FLOORS	957.	943.	14.
LIGHTS	2,291.	2,271.	20.
DOORS & LOCKS	1,054.	999.	55.
DRIVEWAY	5,010.	3,758.	1,252.
GUTTERS	1,290.	969.	321.
IMPROVEMENTS - FULLY DEPRECIATED	23,849.	23,849.	0.
(3) LP 500'S LIFE PAK			
DEFIBRILLATORS	4,893.	2,692.	2,201.

(2) LIFE PAK 500			
DEFIBRILLATORS	5,000.	2,000.	3,000.
AIR CONDITIONER	4,249.	2,125.	2,124.
(4) MINITOR PAGERS	8,604.	4,446.	4,158.
MINI-TELESCOPIC RAMS	11,938.	4,975.	6,963.
LP 500 EN LIFEPAK	5,049.	1,094.	3,955.
MOTOROLA HT 1250'S (3)	2,025.	675.	1,350.
5" CUTTER MODEL 3020UL	3,250.	704.	2,546.
RESCUE TRUCK	240,000.	48,000.	192,000.
MAKC BAM06H	16,000.	3,467.	12,533.
AFT/GME RESCUE AMBULANCE	224,692.	74,897.	149,795.
2003 FORD EXPEDITION	31,624.	3,689.	27,935.
2003 EXPEDITION CONVERSION			
COSTS	15,918.	531.	15,387.
STAIR PRO MODEL 3	1,795.	30.	1,765.
DEFIBRILATORS LP 500'S	5,043.	504.	4,539.
DEFIBRILATORS LP 500'S	4,169.	0.	4,169.
KIT UPGRADES	1,400.	0.	1,400.
DELL LASER JET	1,768.	295.	1,473.
TRAILER AND CONVERTER BOX	3,655.	61.	3,594.
CARABINER	1,448.	24.	1,424.
EXTREME DRY SUIT	349.	6.	343.
LSP EXTRICATION LIFT	853.	14.	839.
PARATECH HINGED BASE	1,315.	22.	1,293.
CARBURETOR MINI CUTTER AND			
TOOLS	21,570.	360.	21,210.
TITANIUM STRETCHER	1,195.	0.	1,195.
THERMAL JUMPSUITS	712.	0.	712.
FLOATATION KIT	341.	0.	341.
SCBA UPGRADE KIT	6,144.	0.	6,144.
DALMATION SCBA CARBON FIBER			
CYLINDERS	1,812.	0.	1,812.
WATER RESCUE EQUIPMENT	1,678.	0.	1,678.
1250 HEAVY DUTY VEHICLE			
CHARGER	3,787.	126.	3,661.
PAGERS AND CHARGERS	3,220.	0.	3,220.
BASE STATION	2,000.	0.	2,000.
MOBILE RADIOS, REPEATERS, M88			
PORTABLE	2,919.	0.	2,919.
MOBILE RADIOS AND CHARGERS	1,703.	57.	1,646.
TOTAL TO FORM 990, PART IV, LN 57	<u>1,793,870.</u>	<u>1,289,043.</u>	<u>504,827.</u>

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	6
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DESCRIPTION	AMOUNT
FUND DRIVE EXPENSES	7,153.
TOTAL TO FORM 990, PART IV-B	7,153.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return CLINTON FIRST AID & RESCUE SQUAD, INC.	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 23-7000760
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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	100,000.
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	400,000.
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	

(i) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the 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 2002 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 2004. 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 qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	131,442.

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 2003	17	
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 2003 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	
i Nonresidential real property	/		39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2003 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	131,442.
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
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
23 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year:					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

▶ 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 CLINTON FIRST AID & RESCUE SQUAD, INC.	Employer identification number 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 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2003** 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 ▶ *Andrew D. Miller* Title ▶ *CIA* Date ▶ *5/11/04*

LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)