

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

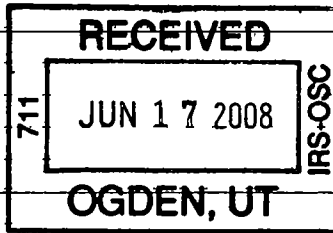
The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990 header section A-M including organization name (CLINTON FIRST AID & RESCUE SQUAD, INC.), EIN (23-7000760), and website (WWW.CLINTONEMS.ORG).

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

Main table with 21 rows detailing revenue (Total: 1,093,685), expenses (Total: 1,165,185), and net assets (Total: 1,987,578).

SCANNED JUL 11 2008 Revenue



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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	315,263.	315,263.		
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	20,326.	20,326.		
29 Payroll taxes	31,054.	31,054.		
30 Professional fundraising fees				
31 Accounting fees	5,150.		5,150.	
32 Legal fees				
33 Supplies	27,597.	27,597.		
34 Telephone	5,534.		5,534.	
35 Postage and shipping	2,322.	2,322.		
36 Occupancy				
37 Equipment rental and maintenance	60,061.	60,061.		
38 Printing and publications	789.	789.		
39 Travel				
40 Conferences, conventions, and meetings	12,255.	12,255.		
41 Interest	69,897.	69,897.		
42 Depreciation, depletion, etc (attach schedule)	321,460.	321,460.		
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	293,477.	287,787.		5,690.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,165,185.	1,148,811.	10,684.	5,690.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

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.

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 \$) If this amount includes foreign grants, check here

1,148,811.

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 1,148,811.

Part IV Balance Sheets (See the instructions)

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	193,685.	45	131,043.
	46 Savings and temporary cash investments	216,737.	46	240,261.
	47 a Accounts receivable	47a 284,913.		
	b Less: allowance for doubtful accounts	47b 60,000.	174,807.	47c 224,913.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))			50b
	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		9,536.	53 9,533.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
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 4,522,746.			
b Less: accumulated depreciation STMT 5	57b 1,996,161.	2,643,413.	57c 2,526,585.	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74) Add lines 45 through 58		3,238,178.	59 3,132,335.	
Liabilities	60 Accounts payable and accrued expenses	10,912.	60	16,136.
	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	1,166,055.	64b	1,128,621.
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities. Add lines 60 through 65		1,176,967.	66 1,144,757.	
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	2,061,211.	67	1,987,578.
	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 and column (B) must equal line 21)		2,061,211.	73 1,987,578.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		3,238,178.	74 3,132,335.	

Part VI Other Information <i>(continued)</i>		Yes	No
82 a 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?	82a		X
b 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.)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b		N/A
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h 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?	85h		N/A
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 a 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	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 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>			
b 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	89b		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>			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed <u>NJ</u>			
b Number of employees employed in the pay period that includes March 12, 2007	90b		13
91 a 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>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b		X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country ▶ N/A

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 the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	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					645,131.
b VENDING					4,634.
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	9,317.	
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					3,217.
101 Net income or (loss) from special events			01	56,664.	
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.		65,981.	652,982.
105 Total (add line 104, columns (B), (D), and (E))					718,963.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).

93 **RECEIPTS GENERATED TO ASSIST THE ORGANIZATION PROVIDE EMERGENCY MEDICAL CARE AND TRANSPORTATION FOR THE TOWN OF CLINTON AND CLINTON TOWNSHIP.**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

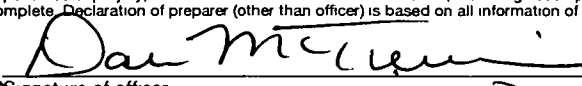
Yes No


	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

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

Please Sign Here:  Date: 6/7/08
 Signature of officer: DAN McTIERNAN, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 6/2/08 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): PP0626953
 Firm's name (or yours if self-employed), address, and ZIP + 4: BEDARD, KUROWICKI & CO., CPA'S, PC
114 BROAD STREET
FLEMINGTON, NJ 08822 EIN: 22-3298874 Phone no.: 908 782 7900

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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**

2007

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-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

		Yes	No
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.		X
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.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	764,468.	737,260.	799,957.	413,976.	2,715,661.
16 Membership fees received			0.	2,196.	2,196.
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	61,974.	59,419.	50,448.	57,154.	228,995.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,988.	7,213.	3,533.	16,931.	34,665.
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			SEE STATEMENT 7 28,522.		28,522.
23 Total of lines 15 through 22	833,430.	803,892.	882,460.	490,257.	3,010,039.
24 Line 23 minus line 17	771,456.	744,473.	832,012.	433,103.	2,781,044.
25 Enter 1% of line 23	8,334.	8,039.	8,825.	4,903.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 55,621.
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 2003 through 2006 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 2,781,044.
d Add: Amounts from column (e) for lines: 18 34,665. 19 _____ 22 28,522. 26b _____					26d 63,187.
e Public support (line 26c minus line 26d total)					26e 2,717,857.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.7279%
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					
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 11b, 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					
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 2003 through 2006, 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.

Part V Private School Questionnaire (See page 9 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.)		

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	

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	

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 11 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 - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	41	
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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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							
125	BUILDING							
	091504	SL	31.50	16	2,280,701.		168,940.	72,403.
	* 990 PAGE 2 TOTAL BUILDINGS							
					2,280,701.	0.	168,940.	72,403.
	FURNITURE & FIXTURES							
118	FURNITURE-DAY ROOM							
	110804	SL	5.00	16	9,848.		4,268.	1,970.
119	FURNITURE-MEETING ROOM							
	120604	SL	5.00	16	4,618.		1,925.	924.
120	TV AND SOUND SYSTEM							
	110404	SL	5.00	16	4,845.		2,100.	969.
121	FURNITURE-OFFICE							
	091804	SL	5.00	16	27,647.		12,440.	5,529.
122	KITCHEN APPLIANCES							
	112504	SL	5.00	16	3,651.		1,521.	730.
123	ICE MACHINE							
	122304	SL	5.00	16	3,056.		1,222.	611.
126	FURNITURE							
	041705	SL	5.00	16	2,224.		742.	445.
127	WINDOW TREATMENTS							
	013005	SL	5.00	16	2,149.		824.	430.
135	LOCKERS FOR BUILDING							
	103105	SL	5.00	16	3,331.		777.	666.
139	SIGN							
	051405	SL	5.00	16	4,261.		1,420.	852.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					65,630.	0.	27,239.	13,126.
	TRANSPORTATION EQUIPMENT							
28	TRAILER							
	120397	SL	5.00	16	4,103.		4,103.	0.
31	(D) BOAT MOTOR							
	111897	SL	5.00	16	3,000.		3,000.	0.
32	BOSTON WHALER							
	110797	SL	5.00	16	5,300.		5,300.	0.
53	2 FORD EMS RIGS							
	030197	SL	5.00	16	191,302.		191,302.	0.
54	FORD EXCURSION							
	111899	SL	5.00	16	55,000.		55,000.	0.
56	VEHICLES - FULLY DEPRECIATED							
	010194	SL	5.00	16	267,332.		267,332.	0.
84	RESCUE TRUCK - OSHKOSH							
	122402	SL	5.00	16	240,000.		192,000.	48,000.
86	(D) MAKO BAM06H							
	112902	SL	5.00	16	16,000.		13,067.	800.
87	AFT/GME RESCUE AMBULANCE							
	043002	SL	5.00	16	224,692.		209,711.	14,981.
88	2003 FORD EXPEDITION							
	053103	SL	5.00	16	31,624.		22,664.	6,325.
89	2003 EXPEDITION CONVERSION COSTS							
	102603	SL	5.00	16	15,918.		10,083.	3,184.

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
113	RESCUE BOAT							
	041304	SL	5.00	16	33,038.		18,172.	6,608.
124	RESCUE TRUCK - OSHKOSH							
	013104	SL	5.00	16	336,930.		196,543.	67,386.
134	RESCUE TRUCK - UPGRADES							
	020605	SL	3.00	16	2,985.		1,907.	995.
148	2006 FORD RESCUE TRUCK							
	092506	SL	5.00	17	156,812.		7,841.	31,362.
158	2006 FORD CRUSADER AMBULANCE							
	021307	SL	7.00	19C	152,354.			10,882.
	* 990 PAGE 2 TOTAL TRANSPORTATION EQUIPMENT							
					1,736,390.	0.	1198025.	190,523.
	OTHER							
155	3 DELL COMPUTERS							
	063007	SL	3.00	19A	4,396.			733.
156	3 COTS							
	050507	SL	5.00	19B	10,425.			1,043.
157	RADIOS/PAGERS/CHARGES							
	063007	SL	3.00	19A	5,414.			902.
	* 990 PAGE 2 TOTAL OTHER							
					20,235.	0.	0.	2,678.
	PROGRAM SERVICES							
1	(D) UNIFORMS							
	083194	SL	5.00	16	10,184.		10,184.	0.
2	(D) RADIOS							
	072694	SL	5.00	16	2,590.		2,590.	0.
3	(D) RADIOS							
	120794	SL	5.00	16	911.		911.	0.
4	(D) EQUIPMENT							
	012194	SL	5.00	16	12,359.		12,359.	0.
5	(D) EQUIPMENT							
	090595	SL	5.00	16	8,360.		8,360.	0.
6	(D) GAS DETECTOR KIT							
	110795	SL	5.00	16	2,632.		2,468.	0.
7	(D) FIRE EQUIPMENT							
	120695	SL	5.00	16	9,641.		9,641.	0.
8	(D) COMM. RESCUE KIT							
	121895	SL	5.00	16	4,842.		4,357.	0.
9	(D) RADIOS							
	050195	200DB	5.00	17	2,225.		2,225.	0.
10	(D) RADIOS							
	110795	200DB	5.00	17	1,395.		1,395.	0.
11	(D) MEDICAL EQUIPMENT							
	020795	200DB	5.00	17	2,270.		2,270.	0.
12	(D) MEDICAL EQUIPMENT							
	100395	200DB	5.00	17	1,165.		1,165.	0.
13	(D) UNIFORMS							
	052195	200DB	5.00	17	3,022.		3,022.	0.
14	(D) UNIFORMS							
	060496	200DB	5.00	17	6,791.		6,791.	0.
15	(D) RADIOS							
	030596	200DB	5.00	17	1,430.		1,430.	0.

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
16	(D) RADIOS							
	050796	200DB	5.00	17	2,015.		2,015.	0.
17	(D) RADIOS							
	110696	200DB	5.00	17	898.		898.	0.
18	(D) MCU 100C MODULE							
	021596	SL	5.00	16	1,179.		1,082.	0.
19	(D) LP300 W/ PRINTER							
	071296	SL	5.00	16	6,037.		6,037.	0.
20	(D) EQUIPMENT							
	110596	SL	5.00	16	1,230.		1,230.	0.
21	(D) RESCUE SYSTEM							
	101796	SL	5.00	16	986.		986.	0.
22	(D) EQUIPMENT							
	120396	SL	5.00	16	1,374.		1,374.	0.
23	(D) BRAKE PEDAL CUTTER							
	120296	SL	5.00	16	1,761.		1,761.	0.
24	(D) EQUIPMENT							
	070196	SL	5.00	16	1,071.		1,071.	0.
25	(D) STRETCHER							
	031897	SL	5.00	16	5,400.		5,400.	0.
26	(D) CPU							
	122497	SL	5.00	16	3,707.		3,707.	0.
27	(D) EQUIPMENT							
	120897	SL	5.00	16	4,782.		4,782.	0.
29	RADIOS							
	121197	SL	5.00	16	1,670.		1,670.	0.
33	(D) RADIOS							
	112997	SL	5.00	16	840.		840.	0.
34	(D) TURN OUT GEAR							
	103197	SL	5.00	16	3,773.		3,773.	0.
36	(D) HELMETS							
	081997	SL	5.00	16	2,868.		2,868.	0.
37	(D) RADIOS							
	020696	SL	5.00	16	775.		775.	0.
38	(D) UNIFORMS							
	050298	SL	5.00	16	8,696.		8,406.	0.
40	SOFTWARE							
	080498	SL	3.00	16	2,375.		2,375.	0.
42	CAMERA ID PHOTO KIT							
	121498	SL	5.00	16	1,146.		1,146.	0.
43	(D) 12 PAGERS & CHARGERS							
	030398	SL	5.00	16	5,562.		5,189.	0.
44	SCUBA AIR PACKS							
	030198	SL	5.00	16	1,538.		1,437.	0.
45	EQUIPMENT							
	031098	SL	5.00	16	3,933.		3,672.	0.
46	OUTLETS & WIRING							
	100398	SL	5.00	16	1,522.		1,522.	0.
47	MOBILE FILL							
	120398	SL	5.00	16	9,387.		9,387.	0.
48	FIRE EQUIPMENT							
	120398	SL	5.00	16	6,036.		6,036.	0.
50	EQUIPMENT - FULLY DEPRECIATED							
	010194	SL	5.00	16	154,648.		154,648.	0.

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
52	COMMAND CENTER							
	071194	SL	5.00	16	873.		873.	0.
74	(3) LP 500'S LIFE PAK DEFIBRILLATORS							
	033101	SL	5.00	16	4,893.		4,893.	0.
75	(2) LIFE PAK 500 DEFIBRILLATORS							
	123101	SL	5.00	16	5,000.		5,000.	0.
76	AIR CONDITIONER							
	063001	SL	5.00	16	4,249.		4,249.	0.
77	(4) MINITOR PAGERS							
	052101	SL	5.00	16	8,604.		8,604.	0.
78	MINI-TELESCOPIC RAMS							
	120101	SL	5.00	16	11,938.		11,938.	0.
80	LP 500 EN LIFEPAK							
	112902	SL	5.00	16	5,049.		4,124.	925.
81	MOTOROLA HT 1250'S (3)							
	041702	SL	5.00	16	2,025.		1,890.	135.
82	5" CUTTER MODEL 3020UL							
	112902	SL	5.00	16	3,250.		2,654.	596.
90	STAIR PRO MODEL 3							
	121503	SL	5.00	16	1,795.		1,107.	359.
91	DEFIBRILATORS LP 500'S							
	070303	SL	5.00	16	5,043.		3,531.	1,009.
92	DEFIBRILATORS LP 500'S							
	123103	SL	5.00	16	4,169.		2,502.	834.
93	KIT UPGRADES							
	123103	SL	5.00	16	1,400.		840.	280.
94	DELL LASER JET							
	021703	SL	5.00	16	1,768.		1,357.	354.
95	TRAILER AND CONVERTER BOX							
	112703	SL	5.00	16	3,655.		2,254.	731.
96	CARABINER							
	120703	SL	5.00	16	1,448.		894.	290.
97	EXTREME DRY SUIT							
	120703	SL	5.00	16	349.		216.	70.
98	LSP EXTRICATION LIFT							
	121503	SL	5.00	16	853.		527.	171.
99	PARATECH HINGED BASE							
	121503	SL	5.00	16	1,315.		811.	263.
100	CARBURETOR MINI CUTTER AND TOOLS							
	121503	SL	5.00	16	21,570.		13,302.	4,314.
101	TITANIUM STRETCHER							
	121703	SL	5.00	16	1,195.		717.	239.
102	THERMAL JUMPSUITS							
	122203	SL	5.00	16	712.		426.	142.
103	FLOATATION KIT							
	122903	SL	5.00	16	341.		204.	68.
104	SCBA UPGRADE KIT							
	123103	SL	5.00	16	6,144.		3,687.	1,229.
105	DALMATION SCBA CARBON FIBER CYLINDERS							
	123103	SL	5.00	16	1,812.		1,086.	362.
106	WATER RESCUE EQUIPMENT							
	123103	SL	5.00	16	1,678.		1,008.	336.
107	1250 HEAVY DUTY VEHICLE CHARGER							
	102603	SL	5.00	16	3,787.		2,397.	757.

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
108	PAGERS AND CHARGERS							
	122203	SL	5.00	16	3,220.		1,932.	644.
109	BASE STATION							
	123103	SL	5.00	16	2,000.		1,200.	400.
110	MOBILE RADIOS, REPEATERS, M88 PORTABLE							
	123103	SL	5.00	16	2,919.		1,752.	584.
111	MOBILE RADIOS AND CHARGERS							
	102603	SL	5.00	16	1,703.		1,080.	341.
112	STAIR CHAIRS							
	122304	SL	5.00	16	5,385.		2,154.	1,077.
114	HOLMATO TOOLS							
	083104	SL	5.00	16	17,794.		8,304.	3,559.
115	MOTOROLA RADIOS							
	102404	SL	5.00	16	2,307.		999.	461.
116	INTERCO HEADSETS							
	062004	SL	5.00	16	3,287.		1,643.	657.
117	RADIOS/PAGERS/CHARGES							
	071004	SL	5.00	16	5,501.		2,750.	1,100.
128	PRO CARE MONITOR							
	091805	SL	5.00	16	3,030.		758.	606.
129	AUTOPULSE PLATFORM SYSTEM							
	091805	SL	5.00	16	14,795.		3,699.	2,959.
130	IMPACT ASPIRATOR							
	092305	SL	5.00	16	970.		243.	194.
131	PORTABLE CUTTING SYSTEM							
	112705	SL	5.00	16	1,788.		388.	358.
132	100 FT HOSE AIRLINE							
	122605	SL	5.00	16	2,418.		484.	484.
133	WATER RESCUE EQUIPMENT							
	122605	SL	5.00	16	5,093.		1,019.	1,019.
136	8 PAGERS							
	093005	SL	3.00	16	3,624.		1,510.	1,208.
137	12 MINI PAGERS							
	111305	SL	3.00	16	5,436.		2,114.	1,812.
138	PAGERS AND CHARGERS							
	121005	SL	3.00	16	2,265.		818.	755.
140	4 RADIOS							
	121505	SL	3.00	16	2,013.		727.	671.
141	4 SKA PACKS							
	121505	SL	3.00	16	4,664.		1,685.	1,555.
142	RESCUE JUMSUITS							
	041706	SL	5.00	17	3,497.		466.	699.
143	31 RESCUE COATS							
	080606	SL	5.00	17	11,193.		933.	2,239.
144	RESCUE JACKETS							
	112606	SL	5.00	17	12,018.		200.	2,404.
146	GPS RADIOS							
	041706	SL	3.00	17	1,166.		259.	389.
147	RADIOS							
	011506	SL	3.00	17	1,027.		342.	342.
149	RESCUE JACKETS							
	010407	SL	5.00	19B	3,005.			301.
150	EXTRICATING GEAR							
	032707	SL	5.00	19B	1,015.			102.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF MAKO FILL STATION	11/29/02	03/27/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,500.	16,000.	0.	13,867.	-633.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF YAMAHA ENGINE	11/18/97	03/03/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	800.	3,000.	0.	3,000.	800.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF CUTTER	12/02/96	06/15/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	2,000.	2,832.	0.	2,832.	2,000.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF FERNO SQUADMATE	01/01/94	09/19/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,050.	0.	0.	0.	1,050.

TO FM 990, PART I, LN 8	5,350.	21,832.	0.	19,699.	3,217.
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FORM 990	SPECIAL EVENTS AND ACTIVITIES			STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
FUND DRIVE	56,664.		56,664.		56,664.
TO FM 990, PART I, LINE 9	56,664.		56,664.		56,664.

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE UNIFORMS	63,831.	63,831.			
UTILITIES	9,744.	9,744.			
TRAINING	26,294.	26,294.			
FIRST AID SUPPLIES	7,104.	7,104.			
BAD DEBT EXPENSE	15,734.	15,734.			
BILLING EXPENSES	93,335.	93,335.			
LICENSES	33,327.	33,327.			
SUBSCRIPTIONS	518.	518.			
FUEL	721.	721.			
MISCELLANEOUS	23,091.	23,091.			
SCHOLARSHIP	13,088.	13,088.			
DIRECT FUNDRAISING EXPENSES	1,000.	1,000.			
	5,690.				5,690.
TOTAL TO FM 990, LN 43	293,477.	287,787.			5,690.

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

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
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
TRAILER	4,103.	4,103.	0.
RADIOS	1,670.	1,670.	0.
BOSTON WHALER	5,300.	5,300.	0.
SOFTWARE	2,375.	2,375.	0.
CAMERA ID PHOTO KIT	1,146.	1,146.	0.
SCUBA AIR PACKS EQUIPMENT	1,538.	1,437.	101.
OUTLETS & WIRING	3,933.	3,672.	261.
MOBILE FILL	1,522.	1,522.	0.
FIRE EQUIPMENT	9,387.	9,387.	0.
EQUIPMENT - FULLY DEPRECIATED	6,036.	6,036.	0.
COMMAND CENTER	154,648.	154,648.	0.
2 FORD EMS RIGS	873.	873.	0.
FORD EXCURSION	191,302.	191,302.	0.
VEHICLES - FULLY DEPRECIATED	55,000.	55,000.	0.
(3) LP 500'S LIFE PAK DEFIBRILLATORS	267,332.	267,332.	0.
(2) LIFE PAK 500 DEFIBRILLATORS	4,893.	4,893.	0.
AIR CONDITIONER	5,000.	5,000.	0.
(4) MINITOR PAGERS	4,249.	4,249.	0.
MINI-TELESCOPIC RAMS	8,604.	8,604.	0.
LP 500 EN LIFEPAK	11,938.	11,938.	0.
MOTOROLA HT 1250'S (3)	5,049.	5,049.	0.
5" CUTTER MODEL 3020UL	2,025.	2,025.	0.
RESCUE TRUCK - OSHKOSH	3,250.	3,250.	0.
AFT/GME RESCUE AMBULANCE	240,000.	240,000.	0.
2003 FORD EXPEDITION	224,692.	224,692.	0.
2003 EXPEDITION CONVERSION COSTS	31,624.	28,989.	2,635.
STAIR PRO MODEL 3	15,918.	13,267.	2,651.
DEFIBRILATORS LP 500'S	1,795.	1,466.	329.
DEFIBRILATORS LP 500'S	5,043.	4,540.	503.
KIT UPGRADES	4,169.	3,336.	833.
DELL LASER JET	1,400.	1,120.	280.
TRAILER AND CONVERTER BOX	1,768.	1,711.	57.
CARABINER	3,655.	2,985.	670.
EXTREME DRY SUIT	1,448.	1,184.	264.
LSP EXTRICATION LIFT	349.	286.	63.
PARATECH HINGED BASE	853.	698.	155.
CARBURETOR MINI CUTTER AND TOOLS	1,315.	1,074.	241.
TITANIUM STRETCHER	21,570.	17,616.	3,954.
THERMAL JUMPSUITS	1,195.	956.	239.
FLOATATION KIT	712.	568.	144.
SCBA UPGRADE KIT	341.	272.	69.
	6,144.	4,916.	1,228.

DALMATTON SCBA CARBON FIBER CYLINDERS	1,812.	1,448.	364.
WATER RESCUE EQUIPMENT	1,678.	1,344.	334.
1250 HEAVY DUTY VEHICLE CHARGER	3,787.	3,154.	633.
PAGERS AND CHARGERS	3,220.	2,576.	644.
BASE STATION	2,000.	1,600.	400.
MOBILE RADIOS, REPEATERS, M88 PORTABLE	2,919.	2,336.	583.
MOBILE RADIOS AND CHARGERS	1,703.	1,421.	282.
STAIR CHAIRS	5,385.	3,231.	2,154.
RESCUE BOAT	33,038.	24,780.	8,258.
HOLMATO TOOLS	17,794.	11,863.	5,931.
MOTOROLA RADIOS	2,307.	1,460.	847.
INTERCO HEADSETS	3,287.	2,300.	987.
RADIOS/PAGERS/CHARGES	5,501.	3,850.	1,651.
FURNITURE-DAY ROOM	9,848.	6,238.	3,610.
FURNITURE-MEETING ROOM	4,618.	2,849.	1,769.
TV AND SOUND SYSTEM	4,845.	3,069.	1,776.
FURNITURE-OFFICE	27,647.	17,969.	9,678.
KITCHEN APPLIANCES	3,651.	2,251.	1,400.
ICE MACHINE	3,056.	1,833.	1,223.
RESCUE TRUCK - OSHKOSH BUILDING	336,930.	263,929.	73,001.
FURNITURE	2,280,701.	241,343.	2,039,358.
WINDOW TREATMENTS	2,224.	1,187.	1,037.
PRO CARE MONITOR	2,149.	1,254.	895.
AUTOPULSE PLATFORM SYSTEM	3,030.	1,364.	1,666.
IMPACT ASPIRATOR	14,795.	6,658.	8,137.
PORTABLE CUTTING SYSTEM	970.	437.	533.
100 FT HOSE AIRLINE	1,788.	746.	1,042.
WATER RESCUE EQUIPMENT	2,418.	968.	1,450.
RESCUE TRUCK - UPGRADES	5,093.	2,038.	3,055.
LOCKERS FOR BUILDING	2,985.	2,902.	83.
8 PAGERS	3,331.	1,443.	1,888.
12 MINI PAGERS	3,624.	2,718.	906.
PAGERS AND CHARGERS	5,436.	3,926.	1,510.
SIGN	2,265.	1,573.	692.
4 RADIOS	4,261.	2,272.	1,989.
4 SKA PACKS	2,013.	1,398.	615.
RESCUE JUMSUITS	4,664.	3,240.	1,424.
31 RESCUE COATS	3,497.	1,165.	2,332.
RESCUE JACKETS	11,193.	3,172.	8,021.
GPS RADIOS	12,018.	2,604.	9,414.
RADIOS	1,166.	648.	518.
2006 FORD RESCUE TRUCK	1,027.	684.	343.
RESCUE JACKETS	156,812.	39,203.	117,609.
EXTRICATING GEAR	3,005.	301.	2,704.
HELMETS	1,015.	102.	913.
BOOTS	1,400.	140.	1,260.
WATER TEAM GEAR	1,058.	106.	952.
HONDA GAS PUMP, CUTTER & SPREADER	1,061.	106.	955.
	19,938.	1,994.	17,944.

3 DELL COMPUTERS	4,396.	733.	3,663.
3 COTS	10,425.	1,043.	9,382.
RADIOS/PAGERS/CHARGES	5,414.	902.	4,512.
2006 FORD CRUSADER AMBULANCE	152,354.	10,882.	141,472.
TOTAL TO FORM 990, PART IV, LN 57	4,517,716.	1,999,240.	2,518,476.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN CONTRIB	PLAN EXPENSE	ACCOUNT
MELINDA STORTZ P.O. BOX 5265 CLINTON, NJ 08809	PRESIDENT 0.00	0.	0.	0.	0.
DAN MCTIERNAN P.O. BOX 5265 CLINTON, NJ 08809	VICE PRESIDENT 0.00	0.	0.	0.	0.
ROSE MILLIGAN P.O. BOX 5265 CLINTON, NJ 08809	TREASURER 0.00	0.	0.	0.	0.
LAURA THEN P.O. BOX 5265 CLINTON, NJ 08809	SECRETARY 0.00	0.	0.	0.	0.
FRANK SETNICKY P.O. BOX 5265 CLINTON, NJ 08809	CHIEF 0.00	0.	0.	0.	0.
MIKE GALLAS P.O. BOX 5265 CLINTON, NJ 08809	ASSISTANT CHIEF 0.00	0.	0.	0.	0.
DAVID DALRYMPLE P.O. BOX 5265 CLINTON, NJ 08809	RESCUE CAPTAIN 0.00	0.	0.	0.	0.
JOHN PHELAN P.O. BOX 5265 CLINTON, NJ 08809	RESCUE LIEUTENANT 0.00	0.	0.	0.	0.
MATTHEW STIFF P.O. BOX 5265 CLINTON, NJ 08809	EMS CAPTAIN 0.00	0.	0.	0.	0.

DOUGLAS REGA P.O. BOX 5265 CLINTON, NJ 08809	EMS LIEUTENANT 0.00	0.	0.	0.
CHIP MILCAREK P.O. BOX 5265 CLINTON, NJ 08809	WATER RESCUE OFFICER 0.00	0.	0.	0.
BILL FAUST P.O. BOX 5265 CLINTON, NJ 08809	OPERATIONS MANAGER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

SCHEDULE A	OTHER INCOME			STATEMENT	7
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
GAIN FROM SALE OF ASSETS	0.	0.	28,522.	0.	
TOTAL TO SCHEDULE A, LINE 22	0.	0.	28,522.	0.	

Depreciation and Amortization 990
(Including Information on Listed Property)

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

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

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	125,000.
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	500,000.
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 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 2006 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 2008. 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 allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	267,716.

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 2007	17	37,435.
18	If you are electing 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 2007 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		9,810.	3 YRS.	HY	SL	1,635.
b 5-year property		37,902.	5 YRS.	HY	SL	3,792.
c 7-year property		152,354.	7 YRS.	HY	SL	10,882.
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 2007 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	321,460.
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 the 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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special allowance for qualified Gulf Opportunity Zone 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: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 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.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

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

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

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

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.