

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

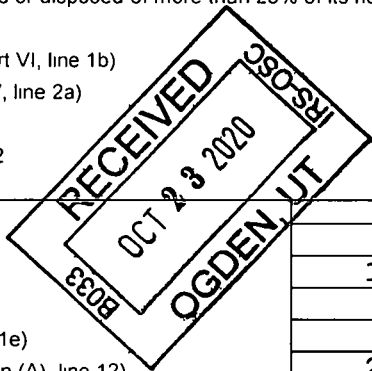
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OMB No 1545-0047

2019 Open to Public Inspection

Part I Summary: A For the 2019 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization SOUTH BRANCH EMERGENCY SERVICES, INC; D Employer identification number 23-7000760; E Telephone number 908-735-4012; F Name and address of principal officer SHARON BURHAM; J Website HTTPS://WWW.SBES365.ORG/; K Form of organization Corporation; L Year of formation 1968; M State of legal domicile NJ

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission...; 2-7 Governance questions; 8-12 Revenue; 13-19 Expenses; 20-22 Assets and Fund Balances.



Part II Signature Block: Under penalties of perjury, I declare that I have examined this return... Sign Here: SHARON BURHAM, PRESIDENT; Paid Preparer: JOSEPH M. CARDUCCI, CPA, BKC, CPAS, PC; Date: 10/8/20; Firm's EIN: 22-3299874; Phone: 908-782-7900

Vertical stamps: 1726, 990, 2019, 3, 5, 2020, JAN 06 2022, JUN 10 2021, 61 453, 2022, 599018

Handwritten numbers: 93, 48, 5

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

**THE ORGANIZATION PROVIDES EMERGENCY MEDICAL CARE AND TRANSPORTATION TO THE TOWN OF CLINTON, CLINTON TOWNSHIP AND NEIGHBORING COMMUNITIES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ **2,077,586** including grants of \$ ) (Revenue \$ **1,624,569** )

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

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

**N/A**

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

**N/A**

4d Other program services (Describe on Schedule O )

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

4e Total program service expenses **2,077,586**

ABDGO

Part IV Checklist of Required Schedules

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | X  |
| 4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V   |     | X  |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | X   |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  |     | X  |
| c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  |     | X  |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

|     |  | Yes | No |
|-----|--|-----|----|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
|     | 2a   | 60  |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)          | X   |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  |     |    |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |     | X  |
| b   | If "Yes," enter the name of the foreign country ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
|     | 7d   |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| 8   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |     |    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| a   | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| 10  | <b>Section 501(c)(7) organizations.</b> Enter  |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| 11  | <b>Section 501(c)(12) organizations.</b> Enter   |     |    |
| a   | Gross income from members or shareholders  | 11a |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  | 11b |    |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| 13  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O  | 13a |    |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b |    |
| c   | Enter the amount of reserves on hand   | 13c |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b |    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N                    | 15  | X  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O  | 16  | X  |

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

Section A. Governing Body and Management

Table with columns 1a, 1b, 12, 9, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with columns Yes, No. Rows include questions about local chapters, conflict of interest policy, whistleblower policy, document retention, compensation review, joint ventures, and exempt status.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

CHUCK COLLINS
CLINTON

P. O. BOX 5265

NJ 08809

908-735-4012

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) HOWARD BUCHANAN<br>DEPUTY & OPS CHIEF      | 40.00<br>0.00  | X   |                       | X       |              |                              | 92,146 | 0  | 0   |   |
| (2) MICHELLE GARDNER<br>FIELD TRAINING OFFICER | 40.00<br>0.00  | X   |                       | X       |              |                              | 64,588 | 0  | 0   |   |
| (3) EVAN HOLTZ<br>EMS LIEUTENANT               | 8.00<br>0.00   | X   |                       | X       |              |                              | 34,858 | 0  | 0   |   |
| (4) SHARON BURHAM<br>PRESIDENT                 | 8.00<br>0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (5) CHUCK COLLINS<br>TREASURER                 | 8.00<br>0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (6) MICHAEL JANKOWSKI<br>VICE PRESIDENT        | 8.00<br>0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (7) MIKE LAPCZYNSKI<br>EMS CAPTAIN             | 8.00<br>0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (8) CHRIS MILLER<br>DEPUTY CHIEF               | 8.00<br>0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (9) JOSEPH OLIVO<br>EMS CAPTAIN                | 8.00<br>0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (10) CHRIS QUERRY<br>RESCUE CAPTAIN            | 8.00<br>0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |
| (11) FRANK SETNICKY<br>CHIEF                   | 8.00<br>0.00   | X   |                       | X       |              |                              | 0      | 0  | 0   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box unless person is both an officer and a director/trustee) |                       |          |              |                              |                | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|----------|--------------|------------------------------|----------------|--|---|---|
|  |  | Individual trustee or director   | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former         |  |   |   |
| (12) <b>ALEXIS SETNICKY</b>                                    | 8.00   |  |                       |          |              |                              |                |  |   |   |
| <b>SECRETARY</b>   | 0.00   | <b>X</b>   |                       | <b>X</b> |              |                              |                | 0  | 0   |   |
|  |  |  |                       |          |              |                              |                |  |   |   |
|  |  |  |                       |          |              |                              |                |  |   |   |
|  |  |  |                       |          |              |                              |                |  |   |   |
|  |  |  |                       |          |              |                              |                |  |   |   |
|  |  |  |                       |          |              |                              |                |  |   |   |
|  |  |  |                       |          |              |                              |                |  |   |   |
|  |  |  |                       |          |              |                              |                |  |   |   |
| <b>1b Subtotal</b>   |  |  |                       |          |              |                              | <b>191,592</b> |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |          |              |                              |                |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |          |              |                              | <b>191,592</b> |  |   |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue                           | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |        |
|---|--|--|--|--------------------------------------|---|--------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | 1a Federated campaigns   | 1a   |  |                                      |   |        |
|   | b Membership dues  | 1b   |  |                                      |   |        |
|   | c Fundraising events   | 1c   | 43,824                                       |                                      |   |        |
|   | d Related organizations  | 1d   |  |                                      |   |        |
|   | e Government grants (contributions)  | 1e   | 163,854                                      |                                      |   |        |
|   | f All other contributions, gifts, grants,<br>and similar amounts not included above  | 1f   | 31,025                                       |                                      |   |        |
|   | g Noncash contributions included in lines 1a-1f  | 1g   | \$   |                                      |   |        |
|   | <b>h Total</b> Add lines 1a-1f   |  | <b>238,703</b>                               |                                      |   |        |
| <b>Program Service<br/>Revenue</b>                                | Business Code  |  |  |                                      |   |        |
|   | 2a BILLING INCOME  | 900099   | 1,314,213                                    | 1,314,213                            |   |        |
|   | b TOWNSHIP SERVICES  | 900099   | 193,360                                      | 193,360                              |   |        |
|   | c TRAINING SERVICES  | 900099   | 110,060                                      | 110,060                              |   |        |
|   | d  |  |  |                                      |   |        |
|   | e  |  |  |                                      |   |        |
|   | f All other program service revenue  |  |  |                                      |   |        |
| <b>g Total.</b> Add lines 2a-2f                                   |  | <b>1,617,633</b>                               |  |                                      |   |        |
| <b>Other Revenue</b>  | 3 Investment income (including dividends, interest, and<br>other similar amounts)  |  | 41   |                                      | 41  |        |
|   | 4 Income from investment of tax-exempt bond proceeds   |  |  |                                      |   |        |
|   | 5 Royalties  |  |  |                                      |   |        |
|   | 6a Gross rents   | (i) Real                                       | 6a   |                                      |   |        |
|   |  | (ii) Personal                                  | 6b   |                                      |   |        |
|   |  |  | 6c   |                                      |   |        |
|   | d Net rental income or (loss)  |  |  |                                      |   |        |
|   | 7a Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities                                 | 7a   |                                      |   |        |
|   |  | (ii) Other                                     | 7b   |                                      |   |        |
|   |  |  | 7c   |                                      |   |        |
|   | d Net gain or (loss)   |  |  |                                      |   |        |
|   | 8a Gross income from fundraising events<br>(not including \$ 43,824<br>of contributions reported on line 1c)<br>See Part IV, line 18 |  | 8a   |                                      |   |        |
|   |  | b Less direct expenses                         | 8b   | 8,512                                |   |        |
|   |  | c Net income or (loss) from fundraising events |  | -8,512                               |   | -8,512 |
| 9a Gross income from gaming activities<br>See Part IV, line 19    |  | 9a   |  |                                      |   |        |
|   | b Less direct expenses   | 9b   |  |                                      |   |        |
|   | c Net income or (loss) from gaming activities  |  |  |                                      |   |        |
| 10a Gross sales of inventory, less<br>returns and allowances      |  | 10a  |  |                                      |   |        |
|   | b Less cost of goods sold  | 10b  |  |                                      |   |        |
|   | c Net income or (loss) from sales of inventory   |  |  |                                      |   |        |
| <b>Miscellaneous<br/>Revenue</b>                                  | Business Code  |  |  |                                      |   |        |
|   | 11a MISCELLANEOUS  | 900099   | 21,530                                       | 21,530                               |   |        |
|   | b  |  |  |                                      |   |        |
|   | c  |  |  |                                      |   |        |
|   | d All other revenue  |  |  |                                      |   |        |
| <b>e Total</b> Add lines 11a-11d                                  |  | <b>21,530</b>                                  |  |                                      |   |        |
| <b>12 Total revenue.</b> See instructions                         |  | <b>1,869,395</b>                               | <b>1,639,163</b>                             | <b>0</b>                             | <b>-8,471</b>   |        |

**Part IX Statement of Functional Expenses**

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 191,593               | 191,593                         |  |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages   | 656,144               | 656,144                         |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  | 23,857                | 23,857                          |  |                             |
| 10 Payroll taxes   | 82,718                | 82,718                          |  |                             |
| 11 Fees for services (nonemployees)  |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 4,475                 |                                 | 4,475                                  |                             |
| c Accounting   | 97,738                | 70,718                          | 27,020                                 |                             |
| d Lobbying   |                       |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O )  |                       |                                 |  |                             |
| 12 Advertising and promotion   |                       |                                 |  |                             |
| 13 Office expenses   | 25,947                | 9,628                           | 16,319                                 |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 75,825                | 75,825                          |  |                             |
| 17 Travel  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  | 65,132                | 65,132                          |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 300,744               | 300,744                         |  |                             |
| 23 Insurance   | 72,033                | 72,033                          |  |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )  |                       |                                 |  |                             |
| a <b>BAD DEBT EXPENSE</b>  | 244,272               | 244,272                         |  |                             |
| b <b>REPAIRS AND MAINTENANCE</b>   | 138,803               | 138,803                         |  |                             |
| c <b>TRAINING EXPENSE</b>  | 48,988                | 48,988                          |  |                             |
| d <b>MISCELLANEOUS</b>   | 37,104                | 37,104                          |  |                             |
| e All other expenses   | 60,027                | 60,027                          |  |                             |
| <b>25 Total functional expenses</b> Add lines 1 through 24e  | <b>2,125,400</b>      | <b>2,077,586</b>                | <b>47,814</b>                          | <b>0</b>                    |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|                                    |   | (A)<br>Beginning of year  |           | (B)<br>End of year |           |
|------------------------------------|---|---|-----------|--------------------|-----------|
| <b>Assets</b>                      | 1   | Cash—non-interest-bearing   | 80,622    | 1                  | 56,672    |
|                                    | 2   | Savings and temporary cash investments  | 90,095    | 2                  | 41,136    |
|                                    | 3   | Pledges and grants receivable, net  |           | 3                  |           |
|                                    | 4   | Accounts receivable, net  | 477,741   | 4                  | 350,837   |
|                                    | 5   | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |           | 5                  |           |
|                                    | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |           | 6                  |           |
|                                    | 7   | Notes and loans receivable, net   |           | 7                  |           |
|                                    | 8   | Inventories for sale or use   |           | 8                  |           |
|                                    | 9   | Prepaid expenses and deferred charges   | 10,014    | 9                  | 15,018    |
|                                    | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 5,900,468 |                    |           |
|                                    | b   | Less accumulated depreciation   | 3,366,108 | 10c                | 2,534,360 |
|                                    | 11  | Investments—publicly traded securities  |           | 11                 |           |
|                                    | 12  | Investments—other securities See Part IV, line 11   |           | 12                 |           |
|                                    | 13  | Investments—program-related See Part IV, line 11  |           | 13                 |           |
|                                    | 14  | Intangible assets   |           | 14                 |           |
|                                    | 15  | Other assets See Part IV, line 11   | 99,572    | 15                 | 71,123    |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)  | 3,481,895   | 16        | 3,069,146          |           |
| <b>Liabilities</b>                 | 17  | Accounts payable and accrued expenses   | 32,058    | 17                 | 7,756     |
|                                    | 18  | Grants payable  |           | 18                 |           |
|                                    | 19  | Deferred revenue  |           | 19                 |           |
|                                    | 20  | Tax-exempt bond liabilities   |           | 20                 |           |
|                                    | 21  | Escrow or custodial account liability Complete Part IV of Schedule D  |           | 21                 |           |
|                                    | 22  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons      |           | 22                 |           |
|                                    | 23  | Secured mortgages and notes payable to unrelated third parties  | 1,401,123 | 23                 | 1,266,749 |
|                                    | 24  | Unsecured notes and loans payable to unrelated third parties  |           | 24                 |           |
|                                    | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  |           | 25                 |           |
|                                    | 26  | <b>Total liabilities.</b> Add lines 17 through 25   | 1,433,181 | 26                 | 1,274,505 |
| <b>Net Assets or Fund Balances</b> | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. |   |           |                    |           |
|                                    | 27  | Net assets without donor restrictions   | 2,048,714 | 27                 | 1,794,641 |
|                                    | 28  | Net assets with donor restrictions  |           | 28                 |           |
|                                    | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.          |   |           |                    |           |
|                                    | 29  | Capital stock or trust principal, or current funds  |           | 29                 |           |
|                                    | 30  | Paid-in or capital surplus, or land, building, or equipment fund  |           | 30                 |           |
|                                    | 31  | Retained earnings, endowment, accumulated income, or other funds  |           | 31                 |           |
| 32                                 | <b>Total net assets or fund balances</b>  | 2,048,714   | 32        | 1,794,641          |           |
| 33                                 | <b>Total liabilities and net assets/fund balances</b>   | 3,481,895   | 33        | 3,069,146          |           |

**Part XI Reconciliation of Net Assets**

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

**X**

|    |   |    |           |
|----|---|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 1,869,395 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 2,125,400 |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | -256,005  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                     | 4  | 2,048,714 |
| 5  | Net unrealized gains (losses) on investments  | 5  |           |
| 6  | Donated services and use of facilities  | 6  |           |
| 7  | Investment expenses   | 7  |           |
| 8  | Prior period adjustments  | 8  | 1,932     |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9  |           |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,794,641 |

**Part XII Financial Statements and Reporting**

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

|    |  | Yes      | No       |
|----|--|----------|----------|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |          |          |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>X</b> |          |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O   | <b>X</b> |          |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |          | <b>X</b> |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |          |          |

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

**Public Charity Status and Public Support**

OMB No 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ

Open to Public  
Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

|   |   |
|---|---|
| Name of the organization<br><b>SOUTH BRANCH EMERGENCY SERVICES, INC<br/>F/K/A CLINTON FIRST AID &amp; RESCUE SQ</b> | Employer identification number<br><b>23-7000760</b> |
|---|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part ) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s)

OK

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018 | (e) 2019 | (f) Total |
|---|-----------|-----------|-----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 1,283,760 | 1,982,068 | 1,704,930 | 483,988  | 238,703  | 5,693,449 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3   | 1,283,760 | 1,982,068 | 1,704,930 | 483,988  | 238,703  | 5,693,449 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |           |           |           |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4  |           |           |           |          |          | 5,693,449 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018 | (e) 2019 | (f) Total |
|--|-----------|-----------|-----------|----------|----------|-----------|
| 7 Amounts from line 4  | 1,283,760 | 1,982,068 | 1,704,930 | 483,988  | 238,703  | 5,693,449 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  | 108       | 158       | 141       | 68       | 41       | 516       |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   |           |           |           |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |           |           |           |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10  |           |           |           |          |          | 5,693,965 |
| 12 Gross receipts from related activities, etc. (see instructions)   |           |           |           |          | 12       | 3,319,571 |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |           |           |           |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |        |
|--|----|--------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))  | 14 | 99.99% |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14  | 15 | 99.99% |
| 16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>  |    |        |
| b <b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>  |    |        |
| 17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |    |        |
| b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |        |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>  |    |        |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| 8 <b>Public support.</b> (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |          |          |          |          |          |           |
| c Add lines 10a and 10b   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12)   |          |          |          |          |          |           |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15                       | 16 | % |

**Section D. Computation of Investment Income Percentage**

|   |    |   |
|---|----|---|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17                         | 18 | % |

- 19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 3b.

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

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

| Section A - Adjusted Net Income  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|----------------------------------|--|----------------|--------------------------------|
| 1                                | Net short-term capital gain  | 1              |                                |
| 2                                | Recoveries of prior-year distributions   | 2              |                                |
| 3                                | Other gross income (see instructions)  | 3              |                                |
| 4                                | Add lines 1 through 3  | 4              |                                |
| 5                                | Depreciation and depletion   | 5              |                                |
| 6                                | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                                |
| 7                                | Other expenses (see instructions)  | 7              |                                |
| 8                                | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |
| Section B - Minimum Asset Amount |  | (A) Prior Year | (B) Current Year<br>(optional) |
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)   |                |                                |
| a                                | Average monthly value of securities  | 1a             |                                |
| b                                | Average monthly cash balances  | 1b             |                                |
| c                                | Fair market value of other non-exempt-use assets   | 1c             |                                |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                                |
| e                                | Discount claimed for blockage or other factors (explain in detail in Part VI)  |                |                                |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets   | 2              |                                |
| 3                                | Subtract line 2 from line 1d   | 3              |                                |
| 4                                | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4              |                                |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5              |                                |
| 6                                | Multiply line 5 by .035  | 6              |                                |
| 7                                | Recoveries of prior-year distributions   | 7              |                                |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                                |
| Section C - Distributable Amount |  |                | Current Year                   |
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1              |                                |
| 2                                | Enter 85% of line 1  | 2              |                                |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3              |                                |
| 4                                | Enter greater of line 2 or line 3  | 4              |                                |
| 5                                | Income tax imposed in prior year   | 5              |                                |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6              |                                |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)                                 |                |                                |

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

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI) See instructions   |              |
| 7 <b>Total annual distributions</b> Add lines 1 through 6  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2019 from Section C, line 6   |              |
| 10 Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019   |                             |  |   |
| a From 2014   |                             |  |   |
| b From 2015   |                             |  |   |
| c From 2016   |                             |  |   |
| d From 2017   |                             |  |   |
| e From 2018   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2019 distributable amount  |                             |  |   |
| i Carryover from 2014 not applied (see instructions)  |                             |  |   |
| j <b>Remainder</b> Subtract lines 3g, 3h, and 3i from 3f  |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7 \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2019 distributable amount  |                             |  |   |
| c <b>Remainder</b> Subtract lines 4a and 4b from 4  |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions |                             |  |   |
| 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c  |                             |  |   |
| 8 <b>Breakdown of line 7</b>  |                             |  |   |
| a Excess from 2015  |                             |  |   |
| b Excess from 2016  |                             |  |   |
| c Excess from 2017  |                             |  |   |
| d Excess from 2018  |                             |  |   |
| e Excess from 2019  |                             |  |   |

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

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
▶ Attach to Form 990

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**SOUTH BRANCH EMERGENCY SERVICES, INC  
F/K/A CLINTON FIRST AID & RESCUE SQ**

Employer identification number

**23-7000760**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year   |                         |  |
| 2 Aggregate value of contributions to (during year)   |                         |  |
| 3 Aggregate value of grants from (during year)  |                         |  |
| 4 Aggregate value at end of year  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d                              |

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

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

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

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

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

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

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Term endowment  %

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

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

- (i) Unrelated organizations
- (ii) Related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land                  |                                      |                                 |                              |                |
| b Buildings              |                                      | 2,390,234                       | 1,151,302                    | 1,238,932      |
| c Leasehold improvements |                                      |                                 |                              |                |
| d Equipment              |                                      | 3,442,504                       | 2,147,076                    | 1,295,428      |
| e Other                  |                                      | 67,730                          | 67,730                       |                |

**Total** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **2,534,360**

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, followed by rows (2) through (9) and Total.

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

X

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

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

|   |  |    |       |           |
|---|--|----|-------|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements     |    | 1     | 1,877,907 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12           |    |       |           |
|   | a Net unrealized gains (losses) on investments                               | 2a |       |           |
|   | b Donated services and use of facilities                                     | 2b |       |           |
|   | c Recoveries of prior year grants  | 2c |       |           |
|   | d Other (Describe in Part XIII)  | 2d | 8,512 |           |
|   | e Add lines 2a through 2d  |    | 2e    | 8,512     |
| 3 | Subtract line 2e from line 1   |    | 3     | 1,869,395 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1          |    |       |           |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b           | 4a |       |           |
|   | b Other (Describe in Part XIII)  | 4b |       |           |
|   | c Add lines 4a and 4b  |    | 4c    |           |
| 5 | Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) |    | 5     | 1,869,395 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|   |  |    |       |           |
|---|--|----|-------|-----------|
| 1 | Total expenses and losses per audited financial statements                     |    | 1     | 2,133,912 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25               |    |       |           |
|   | a Donated services and use of facilities                                       | 2a |       |           |
|   | b Prior year adjustments   | 2b |       |           |
|   | c Other losses   | 2c |       |           |
|   | d Other (Describe in Part XIII)  | 2d | 8,512 |           |
|   | e Add lines 2a through 2d  |    | 2e    | 8,512     |
| 3 | Subtract line 2e from line 1   |    | 3     | 2,125,400 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1              |    |       |           |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b             | 4a |       |           |
|   | b Other (Describe in Part XIII)  | 4b |       |           |
|   | c Add lines 4a and 4b  |    | 4c    |           |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |    | 5     | 2,125,400 |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAIN INCOME TAX PROVISIONS, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT, FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT, THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES \$ 8,512

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**Part XIII Supplemental Information** *(continued)*

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PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES \$ 8,512

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**SOUTH BRANCH EMERGENCY SERVICES, INC  
F/K/A CLINTON FIRST AID & RESCUE SQ**

Employer identification number

**23-7000760**

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
|   |               | Yes  | No |                                   |  |   |
| 1   |               |  |    |                                   |  |   |
| 2   |               |  |    |                                   |  |   |
| 3   |               |  |    |                                   |  |   |
| 4   |               |  |    |                                   |  |   |
| 5   |               |  |    |                                   |  |   |
| 6   |               |  |    |                                   |  |   |
| 7   |               |  |    |                                   |  |   |
| 8   |               |  |    |                                   |  |   |
| 9   |               |  |    |                                   |  |   |
| 10  |               |  |    |                                   |  |   |
| <b>Total</b>  |               |  |    |                                   |  |   |

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

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

|                 |   | (a) Event #1   | (b) Event #2          | (c) Other events              | (d) Total events              |
|-----------------|---|--|-----------------------|-------------------------------|-------------------------------|
|                 |   | <b>FUND DRIVE INCO</b><br>(event type)                     | _____<br>(event type) | <b>NONE</b><br>(total number) | (add col (a) through col (c)) |
| Revenue         | 1   | Gross receipts   | 43,824                |                               | 43,824                        |
|                 | 2   | Less Contributions   | 43,824                |                               | 43,824                        |
|                 | 3   | Gross income (line 1 minus line 2)                         |                       |                               |                               |
| Direct Expenses | 4   | Cash prizes  |                       |                               |                               |
|                 | 5   | Noncash prizes   |                       |                               |                               |
|                 | 6   | Rent/facility costs  |                       |                               |                               |
|                 | 7   | Food and beverages   |                       |                               |                               |
|                 | 8   | Entertainment  |                       |                               |                               |
|                 | 9   | Other direct expenses                                      | 8,512                 |                               | 8,512                         |
|                 | 10  | Direct expense summary Add lines 4 through 9 in column (d) |                       |                               |                               |
| 11              | Net income summary Subtract line 10 from line 3, column (d) |  |                       |                               | -8,512                        |

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states?

Yes  No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes  No

b If "Yes," explain

- 11 Does the organization conduct gaming activities with nonmembers? Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes  No
- 13 Indicate the percentage of gaming activity conducted in
 

|          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

Name ▶

Address ▶

**16 Gaming manager information**

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

**17 Mandatory distributions**

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047

**2019**

Open to Public  
Inspection

|                          |   |                                |                   |
|--------------------------|---|--------------------------------|-------------------|
| Name of the organization | <b>SOUTH BRANCH EMERGENCY SERVICES, INC<br/>F/K/A CLINTON FIRST AID &amp; RESCUE SQ</b> | Employer identification number | <b>23-7000760</b> |
|--------------------------|---|--------------------------------|-------------------|

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

**ALEXIS SETNICKY**

**FRANK SETNICKY**

**SECRETARY**

**CHIEF**

**FATHER AND DAUGHTER**

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

EFFECTIVE JULY 1, 2020, A LOCAL NON-PROFIT, HIGH BRIDGE EMERGENCY SQUAD IS MERGING WITH CLINTON FIRST AID RESCUE SQUAD, INC. THE ORGANIZATION WILL SURVIVE AND CONTINUE TO OPERATE BUT WILL CHANGE ITS NAME. THE MERGED ORGANIZATION WILL BE KNOWN AS SOUTH BRANCH EMERGENCY SERVICES. CLINTON FIRST AID & RESCUE SQUAD, INC. AMENDED ITS GOVERNING DOCUMENTS TO REFLECT THE CHANGE IN NAME.

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

MEMBERSHIP IS OPEN TO THE PUBLIC; ALL MEMBERS MUST COMPLETE THE REQUIRED TRAINING TO BECOME A MEMBER.

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

ALL OFFICERS ARE ELECTED EVERY OTHER YEAR (2-YEAR TERMS).

**FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS**

MONTHLY MEMBERSHIP MEETINGS ARE HELD. ALL EXPENSES ARE APPROVED AT THE MEETINGS. ALL NEW POLICIES ARE REVIEWED AND APPROVED BY THE EXECUTIVE BOARD.

Name of the organization

SOUTH BRANCH EMERGENCY SERVICES, INC

Employer identification number

23-7000760

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
 THE FORM 990 IS REVIEWED BY THE EXECUTIVE BOARD BEFORE IT IS SIGNED AND  
 MAILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 ALL DOCUMENTS ARE AVAILABLE FOR REVIEW UPON WRITTEN REQUEST TO THE  
 EXECUTIVE BOARD.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

|                      |    |        |
|----------------------|----|--------|
| FUNDRAISING EXPENSES | \$ | 8,512  |
| FUNDRAISING EXPENSES | \$ | -8,512 |

**NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
CERTIFICATE OF ALTERNATE NAME**

**SOUTH BRANCH EMERGENCY SERVICES INC.  
0900011510**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-name did on the 15th of April, 2020, file and record in this department a Certificate of Alternate Name.

1. **Business Name:** SOUTH BRANCH EMERGENCY SERVICES INC.
2. **New Jersey Business Entity ID:** 0900011510
3. **Alternate Name:**

**Name:** CLINTON FIRST AID AND RESCUE SQUAD

**Activity To Be Conducted Using Alternate Name**

PROVIDE EMERGENCY SERVICES TO THE COMMUNITIES WE SERVE

**Alternate Name is Valid Until:** 04/15/2025

**Signature and Title**

SHARON BURHAM, PRESIDENT



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
15th day of April, 2020*

*Elizabeth M Muoio  
State Treasurer*

*Certificate Number 4100661440*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*

*New Jersey Division of Revenue & Enterprise Services  
Certificate of Amendment for NJ Non-Profit Corporations  
NJSA 15A:9-4  
New Jersey Non-Profit Corporation Act*

State of New Jersey  
Department of the Treasury  
Division of Revenue & Enterprise Services  
Business Amendments  
Filed

Validation Number. 4100592290  
04/14/20 19 37 44

Verify this certificate online at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

This Domestic Non-Profit Corporation filed with the Division of Revenue and Enterprise Services to amend its Certificate of Formation. The filer is responsible for ensuring strict compliance with NJSA 15A:9-4.

1. Name of Domestic Non-Profit Corporation. CLINTON FIRST AID AND RESCUE SQUAD, INC.

2. Business ID Number: 0900011510

3. Date of the Filing of the Original Certificate. 03/19/1968

4. Amendments:

Article 1, Business Name is amended as follows:

Previous Name: CLINTON FIRST AID AND RESCUE SQUAD, INC.  
Amended Name: SOUTH BRANCH EMERGENCY SERVICES INC.

6. Adoption Proceedings:

Number entitled to vote: 23  
Voting For: 21  
Voting Against: 2  
Date of Adoption: 04/14/2020

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 15A:9-4 and that they are authorized to sign this form on behalf of the NJ Domestic Non-Profit Corporation on April 14, 2020.

**Signature**

SHARON BURHAM, PRESIDENT