

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

OMB No. 1545-0047

**2007****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

<b>A</b> For the 2007 calendar year, or tax year beginning , and ending		<b>D</b> Employer identification number 13-6141685	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<small>Please use IRS label or print or type. See Specific Instructions.</small>	<b>C</b> Name of organization OSSINING VOLUNTEER AMBULANCE CORPS INC	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 523	
		City or town	State or country ZIP + 4
		OSSINING NY 10562	
		<b>E</b> Telephone number (914) 941-3941	
		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
<b>G</b> Website: ▶		<b>H</b> and <b>I</b> are not applicable to section 527 organizations.	
<b>J</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>K</b> Check here <input type="checkbox"/> If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		<b>H(b)</b> If "Yes," enter number of affiliates ▶	
		<b>H(c)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)	
		<b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>I</b> Group Exemption Number ▶	
<b>L</b> Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 861,497		<b>M</b> Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	<b>1a</b>		0
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	64,170	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	0	
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	0	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 64,170 noncash \$ 0)	<b>1e</b>		64,170
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		794,571
	<b>3</b> Membership dues and assessments	<b>3</b>		0
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		1,350
	<b>5</b> Dividends and interest from securities	<b>5</b>		0
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		0	
<b>7</b> Other investment income (describe ▶ )	<b>7</b>		0	
<b>Expenses</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>		0
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		0
	<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>		0
	<b>8d</b>			0
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1b)	<b>9a</b>		0
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		0
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		0
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		0
	<b>b</b> Less: cost of goods sold	<b>10b</b>		0
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		0
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		1,406	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		861,497	
<b>Net Assets</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		874,891
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		55,085
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		1,006
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		0
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>		930,982
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		-69,485	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		1,415,045	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		1,345,560	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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(HTA)

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## OSSINING VOLUNTEER AMBULANCE CORPS INC

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Page **2****Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	23 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	24 0	0		
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 0	0	0	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	26 0			
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	27 0			
<b>28</b>	Employee benefits not included on lines 25a - 27	28 0			
<b>29</b>	Payroll taxes	29 0			
<b>30</b>	Professional fundraising fees	30 0			
<b>31</b>	Accounting fees	31 2,825		2,825	
<b>32</b>	Legal fees	32 0			
<b>33</b>	Supplies	33 0			
<b>34</b>	Telephone	34 2,700	2,160	540	
<b>35</b>	Postage and shipping	35 0			
<b>36</b>	Occupancy	36 0			
<b>37</b>	Equipment rental and maintenance	37 0			
<b>38</b>	Printing and publications	38 0			
<b>39</b>	Travel	39 0			
<b>40</b>	Conferences, conventions, and meetings	40 3,049		3,049	
<b>41</b>	Interest	41 0			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	42 107,253	98,728	8,525	0
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	See attached statement	43a 815,155	774,003	40,146	1,006
<b>b</b>		43b 0	0	0	0
<b>c</b>		43c 0	0	0	0
<b>d</b>		43d 0	0	0	0
<b>e</b>		43e 0	0	0	0
<b>f</b>		43f 0	0	0	0
<b>g</b>		43g 0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 930,982	874,891	55,085	1,006

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0 ; (ii) the amount allocated to Program services \$ :

(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

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Page **3****Part III Statement of Program Service Accomplishments** (See the instructions.)

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

What is the organization's primary exempt purpose? ► VOLUNTEER AMBULANCE CORP		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
<b>a</b> OVAC IS LICENSED BY THE STATE OF NEW YORK AS A PROVIDER OF ALS (ADVANCED LIFE SUPPORT) CARE. OVAC RESPONDS TO EMERGENCY AND NONEMERGENCY CALLS WITHIN OUR RESPONSE AREA AS SET IN OUR CHARTER. OUR RESPONSE AREA COVERS THE ENTIRE OSSINING SCHOOL DISTRICT.		
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	874,891
<b>b</b>		
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
<b>c</b>		
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
<b>d</b>		
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
<b>e</b> Other program services (attach schedule)		
(Grants and allocations \$	0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	0
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		874,891

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**Part IV Balance Sheets** (See the instructions.)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	400	<b>45</b>	400
	<b>46</b> Savings and temporary cash investments	398,680	<b>46</b>	284,884
	<b>47 a</b> Accounts receivable	<b>47a</b> 0	<b>47c</b>	240,758
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b> 0		
	<b>48 a</b> Pledges receivable	<b>48a</b> 0	<b>48c</b>	0
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b> 0		
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	<b>50a</b>	0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b> 0	<b>51c</b>	0
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b> 0		
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	5,052	<b>53</b>	6,346
	<b>54 a</b> Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 0	<b>54a</b>	0
	<b>b</b> Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 0	<b>54b</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment: basis	<b>55a</b> 0	<b>55c</b>	0
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b> 0		
<b>56</b> Investments—other (attach schedule)		<b>56</b>	0	
<b>57 a</b> Land, buildings, and equipment: basis	<b>57a</b> 1,949,854	<b>57c</b>	848,866	
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 1,100,988			
<b>58</b> Other assets, including program-related investments (describe <b>▶ INTANGIBLE ASSETS - NET</b> )	2,773	<b>58</b>	1,022	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58	1,441,112	<b>59</b>	1,382,276	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	26,067	<b>60</b>	36,716
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe <b>▶</b> )	0	<b>65</b>	0
	<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65	26,067	<b>66</b>	36,716
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted	560,907	<b>67</b>	460,086
	<b>68</b> Temporarily restricted	3,486	<b>68</b>	35,586
	<b>69</b> Permanently restricted	850,652	<b>69</b>	849,888
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	1,415,045	<b>73</b>	1,345,560
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	1,441,112	<b>74</b>	1,382,276

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	861,497
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	861,497
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	861,497

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	930,982
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	930,982
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	930,982

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>RAYMOND BARLI</u> Str	Title <u>CHAIRMAN</u>			
City <u>OSSINING</u> ST <u>NY</u> ZIP <u>10562</u>	Hr/WK	0	0	0
Name <u>ERIC PFEFFERS</u> Str	Title <u>CAPTAIN</u>			
City <u>OSSINING</u> ST <u>NY</u> ZIP <u>10562</u>	Hr/WK	0	0	0
Name <u>JEFF FERRARA</u> Str	Title <u>1ST LT</u>			
City <u>OSSINING</u> ST <u>NY</u> ZIP <u>10562</u>	Hr/WK	0	0	0
Name <u>LORENE METTTL</u> Str	Title <u>2ND LT</u>			
City <u>OSSINING</u> ST <u>NY</u> ZIP <u>10562</u>	Hr/WK	0	0	0
Name <u>ALEX BECK</u> Str	Title <u>TREASURER</u>			
City <u>OSSINING</u> ST <u>NY</u> ZIP <u>10562</u>	Hr/WK	0	0	0
Name <u>JEANNIE FARREL</u> Str	Title <u>SECRETARY</u>			
City <u>OSSINING</u> ST <u>NY</u> ZIP <u>10562</u>	Hr/WK	0	0	0
Name <u>N/A</u> Str	Title			
City ST ZIP	Hr/WK			
Name <u>N/A</u> Str	Title			
City ST ZIP	Hr/WK			
Name <u>N/A</u> Str	Title			
City ST ZIP	Hr/WK			
Name <u>N/A</u> Str	Title			
City ST ZIP	Hr/WK			

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**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . 9		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . . .	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . . If "Yes," attach a statement that includes the information described in the instructions.	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				
Name <u>N/A</u> Str . . . . . City <u>ST</u> ZIP . . . . .				

**Part VI Other Information** (See the instructions.)

	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b> N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization . . . . . and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<b>81a</b> NONE	
<b>81 a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .	<b>81a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	X

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OSSINING VOLUNTEER AMBULANCE CORPS INC

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**Part VI Other Information (continued)**

Yes No

<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>		X
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>	N/A	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b>	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	0	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>		
<b>86</b>	<b>501(c)(7) orgs.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>		
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88a</b>		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		X
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>			
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>			
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		X
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	N/A	
<b>90 a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> NY			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	<b>90b</b>		12
<b>91 a</b>	The books are in care of <input type="checkbox"/> Name ALEX BECK Telephone no. <input type="checkbox"/> 914-941-3941 Located at <input type="checkbox"/> OVAC, P.O. BOX 523 City OSSINING ST NY ZIP + 4 <input type="checkbox"/> 10563			
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/>	<b>91b</b>		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Page **8****Part VI Other Information (continued)**

Yes No

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ NoIf "Yes," enter the name of the foreign country **▶** \_\_\_\_\_**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here **▶** ☐and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **92** N/A**Part VII Analysis of Income-Producing Activities (See the instructions.)****Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> REVENUE RECOVERY			02	609,671	
<b>b</b> FLY CAR			02	184,900	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	1,350	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> MISCELLANEOUS					1,406
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		795,921	1,406
<b>105</b> Total (add line 104, columns (B), (D), and (E))					797,327

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>93</b>	INCOME RECEIVED FROM INSURANCE REIMBURSEMENTS AND RECOVERY.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)****(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



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Page **9****Part XI**

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

				Yes	No	
<b>106</b>	Did the reporting organization <b>make</b> any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Totals</b>				0

				Yes	No	
<b>107</b>	Did the reporting organization <b>receive</b> any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.					X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>Totals</b>				0

				Yes	No	
<b>108</b>	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?					X

**Please Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date 11/12/2008	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00090868
	Firm's name (or yours if self-employed), address, and ZIP + 4 NICHOLAS J. JOHANNETS, CPA 515 COLDENHAM RD, WALDEN, NY 12586	EIN 14-1675099	Phone no. (845) 564-2940	

Form **990** (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**

OMB No. 1545-0047

**2007**Department of the Treasury  
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

OSSINING VOLUNTEER AMBULANCE CORPS INC

Employer identification number

13-6141685

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

Total number of other employees paid over \$50,000 ▶ 0

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of others receiving over \$50,000 for professional services ▶ 0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of other contractors receiving over \$50,000 for other services ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

(HTA)

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ☐ City ☐ ST ☐ Country
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
<b>Total</b>					0

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	69,937	82,284	72,377	60,849	285,447
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,464	1,037	902	3,613	7,016
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	2,260	100	700	523	3,583
23 Total of lines 15 through 22	73,661	83,421	73,979	64,985	296,046
24 Line 23 minus line 17	73,661	83,421	73,979	64,985	296,046
25 Enter 1% of line 23	737	834	740	650	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 5,921
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 296,046
d Add: Amounts from column (e) for lines:	18 7,016	19			26d 10,599
	22 3,583	26b			
e Public support (line 26c minus line 26d total)					26e 285,447
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 96.42%
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
	(2006)	(2005)	(2004)	(2003)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2006)	(2005)	(2004)	(2003)	
c Add: Amounts from column (e) for lines:	15	16			27c 0
	17	20	21		27d 0
d Add: Line 27a total and line 27b total					27e 0
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....	<b>32d</b>	
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....	<b>33h</b>	
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated group. Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

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

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0





Form **8868**

(Rev. April 2007)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>OSSINING VOLUNTEER AMBULANCE CORPS INC</b>	Employer identification number <b>13-6141685</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 523</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OSSINING NY 10562</b>	

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

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

- The books are in the care of ▶ See attached worksheet

Telephone No. ▶ 914-941-3941

FAX No. ▶

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

- 1** I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15/2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2007 or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

(HTA)

Form **8868** (Rev. 4-2007)



**Part I (8868) - Books in care of**

Name

<input checked="checked" type="checkbox"/>
<input type="checkbox"/>

Person

Business

ALEX BECK

Address

OVAC, P.O. BOX 523

Fax no.

Telephone no.

914-941-3941

City

OSSINING

State

NY

Zip code

10563

Foreign country

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Contributions to Donor Advised Funds . . . . .</b>		
<b>Line 1b - Direct public support</b>		
1 Contributions . . . . .	64,170	1
2 Membership dues and assessments (contributions from the public) . . . . .		2
3 Commercial co-venture . . . . .		3
4 Special events contributions (Line 9 - Special Events) . . . . .	0	4
5 . . . . .		5
6 . . . . .		6
7 . . . . .		7
8 . . . . .		8
9 . . . . .		9
10 Total . . . . .	64,170	10 0
<b>Line 1c - Indirect public support . . . . .</b>		
<b>Line 1d - Government contributions (grants) . . . . .</b>		

**Part II, Line 43 (990) - Other Deductions**

815,155

774,003

40,146

1,006

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	AMBULANCE OPERATIONS	58,802	58,802		
2	BANK CHARGES	523		523	
3	BUILDING MAINTENANCE	30,933	24,746	6,187	
4	UTILITIES	29,073	23,258	5,815	
5	CABLE	1,422		1,422	
6	DUES & SUBSCRIPTIONS	65		65	
7	ENTERTAINMENT	9,827		9,827	
8	FUNDRAISING EXPENSES	1,006			1,006
9	GOOD & WELFARE	527		527	
10	INSURANCE	96,533	86,878	9,655	
11	OFFICE EXPENSE	6,105	1,221	4,884	
12	PARAMEDICS	272,217	272,217		
13	RADIO REPAIRS & MAINTENANCE	4,220	4,220		
14	REVENUE RECOVERY EXPENSE	41,169	41,169		
15	TRAINING	898	898		
16	MISCELLANEOUS	3,314	2,651	663	
17	REAL ESTATE TAXES	1,142	914	228	
18	FLY CAR - EXPENSES	16,073	16,073		
19	FLY CAR - MEDICS	224,853	224,853		
20	MEMBERSHIP COMMITTEE	12,402	12,402		
21	SCHOLARSHIPS	500	500		
22	AMORTIZATION	1,751	1,401	350	
23	COMMUNICATION	1,800	1,800		

**Part IV, Line 47 (990) - Accounts Receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	186,328			
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	186,328	0	0	0

Part IV, Line 57 (990) - Land, Buildings, and Equipment

Category or Item		Land (net of any amortization)	Buildings and Equipment	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
1		X	X	1,949,854	1,086,920	1,100,988	847,879	848,866
2							0	0
3							0	0
4							0	0
5							0	0
6							0	0
7							0	0
8							0	0
9							0	0
10							0	0
11							0	0
12							0	0
13							0	0
14							0	0
15							0	0
16							0	0
17							0	0
18							0	0
19							0	0
20							0	0

**Part IV, Line 58 (990) - Other Assets**

2,773

1,022

Description		Beginning	End
1	INTANGIBLE ASSETS - NET	2,773	1,022
2			
3			
4			
5			
6			
7			
8			
9			
10			



**Part VII, Line 93 (990) - Program Service Revenue**

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
Program Service Revenue		Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	REVENUE RECOVERY			02	609,671	
b	FLY CAR			02	184,900	
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

**Part VII, Line 103 (990) - Other Revenue**

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
Other Revenue Description		Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	MISCELLANEOUS					1,406
b						
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

**Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	93
2	INCOME RECEIVED FROM INSURANCE REIMBURSEMENTS AND RECOVERY.
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

**Part IV-A, Line 22 (Sch A (990/990-EZ)) - Other Income**

Description		(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
1	MISCELLANEOUS	2,260	100	700	523	3,583
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
Total of Other Income		2,260	100	700	523	3,583