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For	, y:	90		Return of Orgar							2000	
			Under s	ection 501(c), 527, or 4	947(a)(1) of the ini	ternal Revenu	e Code	except l	olack lung			,
		the Treesury	The erec		efit trust or private						Open to Pul	
A		e 2009 caler	ndar vear or tax	anization may have to us year beginning	e a copy or mis ret	um to satisfy s			uirements.		Inspectio	7
₿		pplicable:	Please C Name				, and er		Employer in	4	41	m
<u> </u>	Address		use ins	Business As					3-6141685	pentinica	uon numper	
	Name ch	ange	type. Numb	er and street (or P.O. box if a	mail is not delivered to	street address)	Ro		Telephone r	umber	101	
Ц	niliel reti		See P.O. BC	X 523					14) <u>9</u> 41-39			
	Ferminat	.eu	Instruc. .	r town, state or country, and						· · · · ·		·
	Amendea		tions, OSSINI		<u>N`</u>	ŕ		10562 g	Gross receip	ots \$	1,41	5,402
_ /	Applicatio	on pending		address of principal offic				H(a) is this	a group return	for affilia	ates? Yes	X No
				STREET, OSSINING	<u>, NY 10562</u>			H(b) Are a	ll affiliates inclu	ided?	Y #5	No
<u> </u> T	ах-ехе	mpt status:	X 501(c) (3) 🛋 (insert no.)	4947(a)(1) oi	r 527		if "No	," attach a list.	(see Inst	ructions)	_
JV	/ebsite	:: 🕨 N/A						H(c) Groug	exemption nu	mber 🕨	•	
ΚF	orm of o	rganization;	X Corporation	Trust Associatio	on 📃 Other 🕨		L Year	of formation	n;	M Stat	te of legal domicile:	NY
P	art I	Sum										
	1	Briefly des	scribe the organ	nization's mission or n	nost significant a	ctivities: <u>VC</u>	LUNT	EER AM	BULANCE (CORP		
æ												
Governance			****		· · · · · · · · · · · · · · · · · · ·							
vern												
	2	Check this	sbox 🕨 🔄 if	the organization disc	ontinued its operation	ations or disp	oosed d	of more th	nan 25% of		assets.	
áctivities &	3	Number of	f voting membe	ers of the governing bo	ody (Part VI, line	1a) , ,	т. с И С. Х.	,	• · · - -	3		15
vitie	5			voting members of the es (Part V, line 2a) .						4		8
Acti	6	Total num	ber of voluntee	rs (estimate if necess	 ຂດ/)		• • •	· · ·	· · ·	5		46
-	_	Total gross	s unrelated bus	siness revenue from P	art VIII. column (C) line 12	• • •		· · -	7a		50
					orm 990-T, line 34							
					orm 990-T, line 34					76	Current Year	
			ons and grants	(Part VIII, line 1h) 、		<u>4</u> .	· · ·		rior Year			3,558
ante	9	Program s	ons and grants ervice revenue	(Part VIII, line 1h)、 (Part VIII, line 2g)	· · · · · · ·	4 	 		rior Year 87, 880,	7b 165 241	14	3,558 0,859
Revenue	9 10	Program s Investmen	ons and grants ervice revenue it income (Part	(Part VIII, line 1h) . (Part VIII, line 2g) . VIII, column (A), lines	3, 4, and 7d) .	4 , <u>, ,</u> 	· · ·		rior Year 87, 880,	7b 165 241 786	14	0,859 784
Revenue	9 10 11	Program s Investmen Other reve	ons and grants ervice revenue it income (Part enue (Part VIII,	(Part VIII, line 1h) . (Part VIII, line 2g) . VIII, column (A), lines column (A), lines 5, 66	3, 4, and 7d) . d, 8c, 9c, 10c, an	4	· · ·		rior Year 87, 880,	7b 165 241 786 200	14 1,27	0,859 784 201
Revenue	9 10 11 12	Program s Investmen Other reve Total reven	ons and grants ervice revenue t income (Part enue (Part VIII, ue-add lines 8 t	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 66 brough 11 (must equal P	3, 4, and 7d) d, 8c, 9c, 10c, an art VIII, column (A)	4			rior Year 87, 880,	7b 165 241 786 200	14 1,27	0,859 784
Revenue	9 10 11 12 13	Program s Investmen Other reve Total revent Grants and	ons and grants ervice revenue t income (Part enue (Part VIII, ue <u>add lines 8 t</u> d similar amour	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 6 <u>hrough 11 (must equal P</u> hts paid (Part IX, colur	3, 4, and 7d) d, 8c, 9c, 10c, an Part VIII, column (A) mn (A), lines 1–3	4 ,			rior Year 87, 880,	7b 165 241 786 200	14 1,27	0,859 784 201
	9 10 11 <u>12</u> 13 14	Program s Investmen Other reve Total revenu Grants and Benefits pa	ons and grants service revenue t income (Part enue (Part VIII, ue <u>add lines 8 t</u> d similar amour aid to or for me	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 6 <u>hrough 11 (must equal P</u> hts paid (Part IX, colum mbers (Part IX, colum	3, 4, and 7d) d, 8c, 9c, 10c, an Part VIII, column (A) mn (A), lines 1–3 in (A), line 4)	4 , , , , , , , , , , , , , , , , ,			rior Year 87, 880, 968,	7b 165 241 786 200 392	14 1,27 1,41	0,859 784 201 5,402
	9 10 11 12 13 14 15	Program s Investmen Other rever Total revend Grants and Benefits pa Salaries, o	ons and grants ervice revenue it income (Part onue (Part VIII, ueadd lines 8 to d similar amour aid to or for me other compensa	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 6 <u>hrough 11 (must equal P</u> hts paid (Part IX, colur	3, 4, and 7d) d, 8c, 9c, 10c, an Part VIII, column (A) mn (A), lines 1–3 m (A), line 4) its (Part IX, colum	4 , d 11e)), line 12))	5–10)		rior Year 87, 880,	7b 165 241 786 200 392	14 1,27 1,41	0,859 784 201
	9 10 11 12 13 14 15 16a b	Program s Investmen Other reve Total revent Grants and Benefits pa Salaries, o Profession Total funda	ons and grants ervice revenue it income (Part enue (Part VIII, ue <u>add lines 8 t</u> d similar amour aid to or for me other compensa- nal fundraising f raising expense	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 6d hrough 11 (must equal P hts paid (Part IX, colum mbers (Part IX, column fees (Part IX, column (D es (Part IX, column (D	3, 4, and 7d) d, 8c, 9c, 10c, an <u>Part VIII, column (A)</u> mn (A), lines 1–3 in (A), line 4) its (Part IX, colum (A), line 11e)), line 25) ▶	4 , , , 	5–10)	· · · · · · · · · · · · · · · · · · ·	rior Year 87, 880, 968, 554,	7b 165 241 786 200 392 086	14 1,27 1,41	0,859 784 201 5,402 3,922
Expenses Reveaue	9 10 11 12 13 14 15 16a b 17	Program s Investmen Other rever Total reverse Grants and Benefits pa Salaries, o Profession Total funde Other expe	ons and grants ervice revenue t income (Part enue (Part VIII, ue <u>add lines 8 t</u> d similar amour aid to or for me other compensa ther compensa ial fundraising f raising expense enses (Part IX,	(Part VIII, line 1h) . (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 66 hrough 11 (must equal P nts paid (Part IX, colum mbers (Part IX, colum ation, employee benefi fees (Part IX, column (P column (A), lines 11a	3, 4, and 7d) d, 8c, 9c, 10c, an <u>Part VIII, column (A)</u> mn (A), lines 1–3 m (A), line 4) its (Part IX, colum (A), line 11e)), line 25) ► –11d, 11f–24f)	4	5–10) 1.913	· · · · · · · · · · · · · · · · · · ·	rior Year 87, 880, 968, 554,	7b 165 241 786 200 392 086	14 1,27 1,41 82	0,859 784 201 5,402 3,922
	9 10 11 12 13 14 15 16a b 17 18	Program s Investmen Other reve Total reven Grants and Benefits pa Salaries, o Profession Total funda Other expe Total expe	ons and grants ervice revenue t income (Part anue (Part VIII, <u>ue-add lines 8 t</u> d similar amour aid to or for me other compensa- tal fundraising f raising expense enses (Part IX, inses. Add lines	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 6 <u>brough 11 (must equal P</u> nts paid (Part IX, colum mbers (Part IX, column tion, employee benefi fees (Part IX, column (D column (A), lines 11a- s 13–17 (must equal P	3, 4, and 7d) d, 8c, 9c, 10c, an <u>Part VIII, column (A)</u> mn (A), lines 1–3 in (A), line 4) its (Part IX, colum (A), line 11e)), line 25) ▶ -11d, 11f-24f) Part IX, column (A)	4 ,	5–10)	· · · · · · · · · · · · · · · · · · ·	rior Year 87, 880, 968, 554, 458, 1,012,	7b 165 241 786 200 392 086 718 804	14 1,27 1,41 82 48 1,30	0,859 784 201 5,402 5,922 2,994 2,994 3,916
Expenses	9 10 11 12 13 14 15 16a b 17 18	Program s Investmen Other reve Total reven Grants and Benefits pa Salaries, o Profession Total funda Other expe Total expe	ons and grants ervice revenue t income (Part anue (Part VIII, <u>ue-add lines 8 t</u> d similar amour aid to or for me other compensa- tal fundraising f raising expense enses (Part IX, inses. Add lines	(Part VIII, line 1h) . (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 66 hrough 11 (must equal P nts paid (Part IX, colum mbers (Part IX, colum ation, employee benefi fees (Part IX, column (P column (A), lines 11a	3, 4, and 7d) d, 8c, 9c, 10c, an <u>Part VIII, column (A)</u> mn (A), lines 1–3 in (A), line 4) its (Part IX, colum (A), line 11e)), line 25) ▶ -11d, 11f-24f) Part IX, column (A)	4 ,	5–10)		rior Year 87, 880, 968, 554, 458, 1,012, -44,	7b 165 241 786 200 392 086 718 804 412	14 1,27 1,41 82 48 1,30 10	0,859 784 201 5,402 3,922 2,994
t or Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program s Investmen Other reve Total reven Grants and Benefits pa Salaries, o Profession Total funde Other expe Total expe Revenue la	ons and grants service revenue t income (Part anue (Part VIII, <u>ueadd lines 6 t</u> d similar amour aid to or for me other compensa- tal fundraising f raising expense enses (Part IX, nses. Add lines ess expenses.	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 6 <u>hrough 11 (must equal P</u> nts paid (Part IX, colum mbers (Part IX, column ation, employee benefi fees (Part IX, column (D column (A), lines 11a s 13–17 (must equal P Subtract line 18 from	3, 4, and 7d) d, 8c, 9c, 10c, an Part VIII, column (A) mn (A), lines 1–3 in (A), line 4) its (Part IX, colum (A), line 11e)), line 25) ► −11d, 11f–24f) Part IX, column (A line 12	4 ,	5–10) 1 <u>,913</u>		rior Year 87, 880, 968, 554, 554, 458, 1,012, 44, 1 of Current Ye	7b 165 241 786 200 392 086 086 086 086 412 ear	14 1,27 1,41 82 48 1,30 10 End of Year	0,859 784 201 5,402 3,922 3,922 2,994 2,994 3,916 5,486
t or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20	Program s Investmen Other reve Total revent Grants and Benefits pa Salaries, o Profession Total funda Other expe Revenue la Total asse	ons and grants service revenue it income (Part anue (Part VIII, <u>ue-add lines 8 t</u> d similar amour aid to or for me other compensa- tal fundraising f raising expense enses (Part IX, inses. Add lines ess expenses. ts (Part X, line	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 6 <u>hrough 11 (must equal P</u> nts paid (Part IX, colum mbers (Part IX, column ation, employee benefi fees (Part IX, column (D column (A), lines 11a s 13–17 (must equal F Subtract line 18 from 1 16)	3, 4, and 7d) d, 8c, 9c, 10c, an Part VIII, column (A) mn (A), lines 1–3 in (A), line 4) its (Part IX, colum (A), line 11e)), line 25) ▶ –11d, 11f–24f) Part IX, column (A line 12	4 ,	5–10)		rior Year 87, 880, 968, 554, 554, 458, 1,012, 458, 1,012,1 1,311,1	7b 165 241 786 200 392 086 086 086 086 412 ear 365	14 1,27 1,41 82 48 1,30 10 End of Year 1,41	0,859 784 201 5,402 5,922 5,922 2,994 2,994 3,916 5,486 3,740
es Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21	Program s Investmen Other reve Total revent Grants and Benefits pa Salaries, o Profession Total funda Other expe Revenue la Total asse Total liabili	ons and grants service revenue ti income (Part enue (Part VIII, <u>ue-add lines 8 ti</u> d similar amour aid to or for me other compensa- tal fundraising f raising expense enses (Part IX, inses. Add lines ess expenses. ts (Part X, line ities (Part X, line	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 6 <u>hrough 11 (must equal P</u> nts paid (Part IX, colum mbers (Part IX, column ation, employee benefi fees (Part IX, column (D column (A), lines 11a s 13–17 (must equal F Subtract line 18 from 16)	3, 4, and 7d) d, 8c, 9c, 10c, an Part VIII, column (A) mn (A), lines 1–3 in (A), line 4) its (Part IX, colum (A), line 11e)), line 25) ► -11d, 11f-24f) Part IX, column (A line 12	4 ,	5–10)		rior Year 87, 880, 968, 968, 554, 554, 458, 1,012, 458, 1,012, 458, 1,012, 1,012, 1,012, 1,012, 1,012, 1,0,10,	7b 165 241 786 200 392 086 086 086 086 412 sar 365 718	14 1,27 1,41 824 48 1,300 102 End of Year 1,414 12	2,859 784 201 5,402 3,922 2,994 2,994 2,994 3,916 5,486 3,740 2,106
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C Int Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 21 22 t 11	Program s Investmen Other rever Grants and Benefits pa Salaries, o Profession Total funda Other expe Total asse Total asses Total liabili Net assets Signa	ons and grants ervice revenue it income (Part anue (Part VIII, ueadd lines 8 th d similar amour aid to or for me other compensa- nal fundraising f raising expenses enses (Part IX, inses. Add lines ess expenses. its (Part X, line ities (Part X, line or fund balance ature Block enalties of perjury. I ef, it is true, correct,	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 66 hrough 11 (must equal P nts paid (Part IX, colum mbers (Part IX, column tion, employee benefi fees (Part IX, column (D column (A), lines 11a s (Part IX, column (D column (A), lines 11a s 13–17 (must equal P Subtract line 18 from 16) e 26) 	3, 4, and 7d) d, 8c, 9c, 10c, an Part VIII, column (A) mn (A), lines 1–3 in (A), line 4) its (Part IX, colum (A), line 11e)), line 25) ► -11d, 11f-24f) Part IX, column (A line 12 rom line 20	4 ,	5–10) 1.913	Beginning	rior Year 87, 880, 968, 968, 554, 554, 458, 1,012, 458, 1,012, 458, 1,012, 1,311, 1,311, 10, 1,301, ments, and to ti which prepare	7b 165 241 786 200 392 086 086 086 086 086 086 1412 sar 365 718 147 147	14 1,27 1,41 82 48 1,30 10 End of Year 1,41 1,40 1,40 f my knowledge	2,859 784 201 5,402 3,922 2,994 2,994 2,994 3,916 5,486 3,740 2,106
Left Expenses or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 21 22 t II	Program s Investmen Other rever Grants and Benefits pa Salaries, o Profession Total funda Other expe Total asset Total asset Total liabilit Net assets Signa Under pr and belic Prepared	ons and grants ervice revenue it income (Part onue (Part VIII, ueadd lines 8 th d similar amour aid to or for me other compensa- tal fundraising f raising expenses enses (Part IX, inses. Add lines ess expenses its (Part X, line ities (Part X, line ities (Part X, line or fund balance ature Block enalties of perjury. I of, it is true, correct, gnature of officer	(Part VIII, line 1h) (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 66 hrough 11 (must equal P nts paid (Part IX, colum mbers (Part IX, column tion, employee benefi fees (Part IX, column (D column (A), lines 11a s (Part IX, column (D column (A), lines 11a s 13–17 (must equal P Subtract line 18 from 16) e 26) 	3, 4, and 7d) d, 8c, 9c, 10c, an Part VIII, column (A) mn (A), lines 1–3 its (Part IX, colum (A), line 11e)), line 25) ► -11d, 11f-24f) Part IX, column (A line 12 rom line 20 d this return, including of preparer (other than	4 ,	5-10) 1,913	Beginning s and stater formation of	rior Year 87, 880, 968, 968, 968, 554, 554, 458, 1,012, 458, 1,012, 458, 1,012, 1,311, 10, 1,301, ments, and to the which prepared Date	7b 165 241 786 200 392 086 718 804 412 sar 365 718 147 reparer's	14 1,27 1,41 82 48 1,30 10 End of Year 1,41 1,40 1,40 1,40 1,40 1,40 1,40 1,40	2,859 784 201 5,402 3,922 2,994 2,994 2,994 3,916 5,486 3,740 2,106
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Palc Palc Palc Use	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 21 22 t 1 1 20 21 22 t 1 1 9	Program s Investmen Other rever Grants and Benefits pa Salaries, o Profession Total funde Other expe Total asset Total asset Total assets Under pa and belie Preparation Signature Signature Firm's na if self-em address.	ons and grants ervice revenue ti income (Part enue (Part VIII, <u>ue-add lines 8 ti</u> d similar amour aid to or for me other compensa- nal fundraising f raising expense enses (Part IX, inses. Add lines ess expenses. its (Part X, line ities (Part X, line ities (Part X, line ities (Part X, line ities (Part X, line ature Block enalties of perjury. I enalties of perjury. I enalties of perjury. I enalties of perjury. I anature of officer	(Part VIII, line 1h) . (Part VIII, line 2g) VIII, column (A), lines column (A), lines 5, 66 hrough 11 (must equal P nts paid (Part IX, column mbers (Part IX, column tion, employee benefit fees (Part IX, column (D column (A), lines 11a- 5 (Part IX, column (A), lines 11a- 5 (Pa	3, 4, and 7d) d, 8c, 9c, 10c, an Part VIII, column (A) mn (A), lines 1–3 in (A), line 4) its (Part IX, column (A), line 11e) -11d, 11f–24f) -11d, 11f–24f) -11d, 11f–24f) -11d, 11f–24f) -2art IX, column (A line 12 rom line 20 to this return, including of preparer (other than MNETS, CPA D, WALDEN, NY	4 ,	5-10) 1.913 schedule on all inf	Beginning s and stater formation of	rior Year 87, 880, 968, 9554, 554, 458, 1,012, 458, 1,012, 458, 1,012, 458, 1,012, 1,311, 10, 1,301, ments, and to the which prepare Date F(c) P	7b 165 241 786 200 392 086 718 804 412 sar 365 718 804 412 sar 365 718 147 ne best or r hes any Preparer's see instruct 0000904 4-1675	14 1,27 1,41 82 48: 1,30 10: End of Year 1,41 1; 1,40 f my knowledge knowledge. s identifying number tions) 868	2,859 784 201 5,402 3,922 2,994 2,994 2,994 3,916 5,486 3,740 2,106

	n 990 (2009) OSSINING VOLUNTEER AMBULANCE CORPS INC	13-6141685 Page 2
1	Briefly describe the organization's mission:	
	VOLUNTEER AMBULANCE CORP	
2	Did the organization undertake any significant program services during the year which were not liste	
	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	9
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program ser	vices by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	e amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	-
4a	(Code:) (Expenses \$1,239,619 including grants of \$) (Reve	enue \$ 640,468)
	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.	
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	-^*****	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4b	(Cods:) (Expenses \$including grants of \$) (Reve	enue S )
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	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		**
		•
		A
4 C	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
		~

		~ * * * •
4d	Other program services, (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 🕨 1.239.619	· · · · ·

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	13-6 1990 (2009) OSSINING VOLUNTEER AMBULANCE CORPS INC 13-6 13-6	41685	F	Page 3
га	rt IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A			ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	· •	-	X_
	Part II	4	İ I	x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	-		<u> </u>
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	{	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		<u> </u>
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes."			1
	complete Schedule D, Part I.	6		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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			<u> </u>
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; 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	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			<u>~</u>
	quasi-endowments? If "Yes," complete Schedule D, Part V	. 10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			<u>~</u>
	VII, VIII, IX, or X as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	日本 古石	i da da s	
	Schedule D, Part VI.			
•	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.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		eest.	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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.		y_{ixi}	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	化正常和		
	Schedule D, Parts XI, XII, and XIII.	12	X	
1 <u>2</u> A	Was the organization included in consolidated, independent audited financial statements for the tax			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		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	17		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	. 18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		T	
	If "Yes," complete Schedule G, Part III			Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

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	990 (2008) OSSINING VOLUNTEER AMBULANCE CORPS INC	5141685		4
Pa	rt IV Checklist of Required Schedules (continued)	141000		Page 4
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		i i	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
~~	United States on Part IX, column (A), line 2? /f "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
D4 -	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
ь	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
Ļ	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
н	to defease any tax-exempt bonds? . Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		X
2.00	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		X
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		v
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230	·····	<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	<u> </u>	_	<u> </u>
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	The second second	prop	0(.E3(40);) (.1-1)(2; .);
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		95: + . 179	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	· · · · · · · · · · · · · · · · · · ·			
	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	1		
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
20	Part IV . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
29 30	Did the organization receive more than \$25,000 in hon-cash contributions? If Yes, complete schedule M.	29		<u>X</u>
30	conservation contributions? If "Yes," complete Schedule M	0		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30		<u> </u>
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			<u> </u>
	If "Yes," complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
~ ~	Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part</i>	<u>_</u>		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37		x
40	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	

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	and (2009) OSSINING VOLUNTEER AMBULANCE CORPS INC t V Statements Regarding Other IRS Filings and Tax Compliance	1;	3-6141685	5 Page
	togarang ourse into rinigo and tax compliance			Yes No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			Yes No
	U.S. Information Returns. Enter -0- if not applicable		1	
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportal	ole	1996 (1997) 1996 (1997) 1996 (1997)	20년 19년 2월 18년 1991 1991 - 1991 - 1987 - 1991
2-	gaming (gambling) winnings to prize winners?		1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return . 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		46 照照座牌	的感情的现在
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see	· •	. 2b	I X
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		建 原素	
	this return?		3a	× 895-001 8863.0 -
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ritv		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?		4a	X
Ь	If "Yes," enter the name of the foreign country:		-	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.		能強調	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	• • •	5b	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	• • •	<u>5c</u>	
va	organization solicit any contributions that were not tax deductible?		6a	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Ua	<u>-</u>
	gifts were not tax deductible?		6b	
7	Organizations that may receive deductible contributions under section 170(c).		Mole and the	en regen
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			lan aka <mark>wa</mark> ta at
	and services provided to the payor?		7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<u>7b</u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	<i>·</i> · ·	. 7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personation of the perso	al		的复数称称
	benefit contract? . Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,	7e 7f	
f g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	• • •	7g	
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	•••	<u>'</u> '	
	required?,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			en en ligen
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		的語識觀	
	organization, have excess business holdings at any time during the year?		8	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?		<u>9a</u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	• •	9b	×
0	Section 501(c)(7) organizations. Enter:			
а ь	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		一件種的權	
ь 1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. 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		an constructions Charles and the	

a

Form	990 (2009) OSSINING VOLUNTEER AMBULANCE CORPS INC 13	614460	c	- 6
Pa	It VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7h had	-614168	~1	Page C
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha	ow, and	μ -	
	Schedule O. See instructions.	nges il	1	
Sec	tion A. Governing Body and Management			
				1
1a	Enter the number of voting members of the governing body		Yes	No No
Ь	Eptor the sumber of units and the time induced as the tinduced as the time induced as	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	8		
	any other officer, director, trustee, or key employee?	網行的時間	的标识	and the second second
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<u> </u>
•	supervision of officers, directors or trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3		X .
5	Did the organization become aware during the year of a material diversion of the organization's assets?	4	-	X
6	Does the organization have members or stockholders?	5		X
- 7a	Does the organization have members, stockholders, or other persons who may elect one or more members	6	Х	
1.44	of the governing body?	1_		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	X	
v	the year by the following:			
а				NGER I
b	The governing body?	8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	X	<u> </u>
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		1	
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal	9a		X
	enue Code.)			
11010				
10a	Does the organization have local chapters, branches, or affiliates?	40.	Yes	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters.	10a		×
U.	affiliates, and branches to ensure their operations are consistent with those of the organization?			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	10b		
	form?			~
11 A		11 *:::::::::::::::::::::::::::::::::::	1960-1977 (N)	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	shire contain the	(jan)o .jiji	<u> </u>
12a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12a		X
D	rise to conflicts?	4.01		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."	<u>12b</u>		
С	describe in Schedule O how this is done	1.00		
13	Does the organization have a written whistleblower policy?	12c		
14	Does the organization have a written document retention and destruction policy?	13	~	X
14	Does the organization have a written document retention and destruction policy?	14	X	17:147957-CC1
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		権的事	ana sy

				~ ~
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			antan
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		arine (Constant) (Constant)	រុងពេលសារ មិនផ្លូវសារ
	with a taxable entity during the year?	16a		x
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	កំព័រដ្ឋាភាពបានស្ថា ទំព័រដែលបានសម	10.0161.).D	alanana. Santansa
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	oot		

The organization's CEO, Executive Director, or top management official.

19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest
	policy, and financial statements available to the public.

20	State the nam	e, physical a	address, and telephone	number of the person w	ho possesses the books and records of the
	organization:	►	ALEX BECK		914-941-3941
				OSSINING, NY 10563	

15a

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Form 990 (2009)	OSSINING VOLUNTEER AMBULANCE CORPS INC	13-6141685	7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	10-0141000	Page /
	Employees, and Independent Contractors	50	
	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	14.00	
	this table for all persons required to be listed. Report compensation for the calendar uses and the with		

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. Use Schedule J-2 if additional space is needed.

• 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(串)	(C)				(D)	(E)	(F)		
Name and Title	Average				kall	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RAYMOND BARLAAM CHAIRMAN	5.			x						
ERIC PFEFFERS CAPTAIN	20.			x						
LORENE METTLER 1ST LT	20.			x						
NICK FRANZOSO 2ND LT	20.			x						
ALEX BECK TREASURER	25.			x						
ILENE SUSSMAN SECRETARY	30.			x						
····										
			_							

	and Volunteer AMBULA	NCE CORPS IN	iC nolo	Vees	an	d Hi	Thes	t Co	monested Er	13-6141	685 Page 8
	(A)	(B)	1			C)	9.1.2.0		(D)	(E)	(F)
	Name and title	Average Position (check all t						piy)	Reportable	Reportable	Estimated
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	estimated amount of other compensation from the organization and related organizations
~~											
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											·
	·····									interes and a second se	
	· · · · · · · · · · · · · · · · · · ·										
·									1007/16		1017 10 10
									.vu		
<u>1b</u> 2	Total Total number of individuals (including but not reportable compensation from the organization	t limited to thos	e list) wh	o rec	► eive	d more than \$1() 00,000 in	
3	Did the organization list any former officer, d employee on line 1a? <i>If "Yes," complete Sch</i>							_	t compensated	3	Yes No
4	For any individual listed on line 1a, is the sun the organization and related organizations gr individual	eater than \$15	0,000)? /f	"Yes	," co	mple	te S	chedule J for su	ich	X
5	Did any person listed on line 1a receive or ac services rendered to the organization? If "Ye									5	The second se
Sec	tion B. Independent Contractors	•									
1	Complete this table for your five highest com compensation from the organization.	pensated indep	ende	ent c	ontra	actor	s tha	t rec	eived more than	\$100,000 of	
	(A) Name and business ad	dress							(B) Description of servi	ces Con	(C) Ipensation
	- 100-17-0-00-000-1										

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

-123

	990 (20 rt Vil		PSI	NC			13-6141	685 Page 9
			101017781		5)F			
	a de la compañía de La compañía de la comp				(A) Total revenue	(B) Related or	(C)	(D)
	ann - All				, contraction de	exempt	Unrelated business	Revenue excluded from
	251-1-1-9 200-1-1					function	revenue	tax under sections
\$ 3	1a	Federated campaigns .	1a			Fevenue		512, 513, or 514
grants Iounts	Ь		16					出 的。在1996年末日,
6	c c		10	THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPE				
gifts, larann	d	Related organizations	1d					
nia Bila	e		10					
si ü	f	All other contributions, gifts, grants, and	16	50,000				
ber ber	'	similar amounts not included above	1f	00 000				
Contributions, gifts, grants and other similar amounts				93,558				
lo pi	9	Noncash contributions included in lines 1a-1f: \$						調合非常認知是一
	<u> h</u>	Total. Add lines 1a-1f			143,558			
ann				Business Code				
eve	2a	REVENUE RECOVERY		621910	640, 4 68			640,468
e U	Ь	FLY CAR		621910	230,000	1 11 107/0011 1		230,000
Zic.	C	TAX DISTRICT		621910	400,391			400,391
Se	d							
Program Service Revenue	9							
je Logi	f	All other program service revenue						
	g	Total. Add lines 2a–2f		<u> </u>	1,270,859			
	3	Investment income (including dividends, interest	, an	d				
		other similar amounts) 、 , , , , , , , ,			784			784
	4	Income from investment of tax-exempt bond pro-	cee	ds 🕨				
	5	Royalties	,					
		(i) Real		(ii) Personal				的问题。当时,我们们可能
	6a	Gross Rents						
	Ь	Less: rental expenses						
	с	Rental income or (loss)						副第三 武과범죄하는
	d	Net rental income or (loss)			a tata - a da waxa a a cay jeu	nacia en gun managara.	Géli um filmun in manyar n' unanyaritada	ennes a si esessi e
	7a	Gross amount from sales of (i) Securities		(ii) Other			and contained in the second	NET STREET
		assets other than inventory		, ,				
	Ь	Less: cost or other basis						
		and sales expenses						
	L C	Gain or (loss)						
	i a	Net gain or (loss)		►	(c) RB5.45469469 (mar. 17.1.04.	40.41.13%.+6[94/099(pd)	Bite a Same - Children III - Canadida S	1998/3897 (A. 63394), 1991 -
	89	Gross income from fundraising		· · · · · · ·		est Hill 1995 - Himmer	n and a standighter through the first	
ne	Va		ĺ					
en		of contributions reported on line 1c).						
ev.		See Part IV, line 18	а		ilandraidean Statistica Activities and a sector of			
L.	l h	Less: direct expenses	b		a nille a 15 miles and a state of			and the second track of
Other Revenue		Net income or (loss) from fundraising events		L	an inder alle an	nvinen uit sindh heider	株式のなどのための構成していた時に構成した。	的现在分词是这些
Ö	с 9а		· 1			en fersteller ander andere		
	38	Gross income from gaming activities. See Part IV, line 19.				rtu di statistica di superiore di		
		Less: direct expenses						
	b	•	ΡĮ			的目的。這個的時間的目的		
	10-	Net income or (loss) from gaming activities	` 'r			A THE OFFICE AND A THE REAL PROPERTY OF THE REAL PROPERTY OF	CONTRACTOR OF	HARDING IN AND AND AND AND AND AND AND AND AND AN
	10a	Gross sales of inventory, less						
	<u> </u>	returns and allowances						
	b	Less: cost of goods sold	þί		Senna - Shiitathe an cirki - Ar	zhe 1951年1951年1961年1961年1961年1961年1961年1961年	an ana siya na siya aya siya siya siya siya siya siya	医糖糖 经工具的利用指数 网络
	⊢ ¢	Net income or (loss) from sales of inventory Miscellaneous Revenue	÷i	Business Code	a an	encenter and a contraction of the		and a second second second
	11a			621910				Eliza, proprio de la filo.
	11a b	MISCELLANEOUS	ŀ	021310	201	201		
			İ					
	d d	All other revenue						,
		Total. Add lines 11a–11d	L		204			
	е 12	Total revenue. See instructions.			1,415,402	201	<u>ne a contra prima del a contra del del del del del del del del del del</u>	
	<u> </u>			· · · · · ·	1,410,40Z	201		1,271,643

	990 (2009) OSSINING VOLUNTEER AMBULANCE C	ORPS INC		13-f	141685	Page 10
Pa	Int IX Statement of Functional Expenses		7*****			raye IV
	Section 501(c)(3) and 501(c	c)(4) organizations	must complete all	columns.		
	All other organizations must complete colum	n (A) but are not re	aquired to complete	e columns (B), (C),	and (D)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)		D)
7b,	. 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and		raising
1	Grants and other assistance to governments and		expenses	general expenses	excu	INSAS
•	organizations in the U.S. See Part IV, line 21.					
2	Grants and other assistance to individuals in					
-	the U.S. See Part IV, line 22.			- 你你们,别好话还想你的心情吗?你都是你是你能知道你	1441 A184 A162 (2010) 2010 (2010) (2010)	5-960 (BRGMB R.) - 201 (F
3	Grants and other assistance to governments,			n and an and a state of the second second second second second second second second second second second second		the state of the second
Ŭ	organizations, and individuals outside the					
	U.S. See Part IV, lines 15 and 16					
4	Benefits paid to or fee members					
5	Benefits paid to or for members . Compensation of current officers, directors,					
3						
c	trustees, and key employees			· ····		
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	826,922	826,922			
8	Pension plan contributions (include section 401(k)	-				
•	and section 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees):					
ä	Management					
Ь						
¢		2,825		2,825		
d	Lobbying					
e	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other					
12	Advertising and promotion					
13	Office expenses	6,386	1,277	5,109		
14	Information technology					
15	Royalties					
16	Occupancy.					
17	Travel					
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings					
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	106,377	97,653	8,724		
23	Insurance,	130,522	117,470	13,052		
24	Other expenses. Itemize expenses not					
	covered above. (Expenses grouped together					
	and labeled miscellaneous may not exceed				(
	5% of total expenses shown on line 25 below.)					aggiggeren i
a	AMBULANCE OPERATIONS	55,501	55,501			
ь	BUILDING MAINTENANCE	30,526		6,105		
c	UTILITIES	25,199	20,159	5,040		
d	ENTERTAINMENT	10,091		10,091		
e	REVENUE RECOVERY	50,399				
	All other expenses	65,168		7,438		11,913
25	Total functional expenses. Add lines 1 through 24f	1,309,916	1,239,619	58,384		11,913
26	Joint costs. Check here 🕨 🧾 if following					
	SOP 98-2. Complete this line only if the organization					
	reported in column (B) joint costs from a combined					
	educational campaign and fundraising					
	solicitation					

	m 990 (2				13 6141696 5 44
F	art X	Balance Sheet		.	13-6141685 Page 11
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	400	1	
	2	Savings and temporary cash investments	223,347	2	<u>295,004</u> 152,871
	3	Pledges and grants receivable, net	220,011	3	152,071
	4	Accounts receivable, net	243,341	4	190,641
	5	Receivables from current and former officers, directors, trustees, key	TREELED IN DURING THE DESCRIPTION OF THE DESCRIPTIO	10,52,71	
		employees, and highest compensated employees. Complete Part II of Schedule L		5 5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
<	9	Prepaid expenses and deferred charges	4,875	9	6,675
	10a	Land, buildings, and equipment: cost or 10a 1,979,233		1.101244	
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 1,207,334		10c	771,899
	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	2,090	15	1,650
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,418,740
	17	Accounts payable and accrued expenses		17	12,106
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ab		employees, highest compensated employees, and disqualified		n gener Manalia	
		persons. Complete Part II of Schedule L		22	na na si sa si si si si si si si si si si si si si
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities, Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,718	26	12,106
seot		Organizations that follow SFAS 117, check here \blacktriangleright \times and complete lines 27 through 29, and lines 33 and 34.			
-ja	27	Unrestricted net assets		27	484,349
- E	28	Temporarily restricted net assets		28	148,736
2	29	Permanently restricted net assets	839,902	29	773,549
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	аларынын алартарын карыржары «ре
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž.	32	Retained earnings, endowment, accumulated income, or other funds		32	· · · · · · · · · · · · · · · · · · ·
ž	33	Total net assets or fund balances		33	1,406,634
	34	Total liabilities and net assets/fund balances		34	1,418,740

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JOHANNETS

Form 9	990 (2009) OSSINING VOLUNTEER AMBULANCE CORPS INC 13- TXI Financial Statements and Reporting	6141685	Page 12
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		
þ	Were the organization's financial statements audited by an independent accountant?	2a 2b	X
C	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule Q.	20 2c	×
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: . X Separate basis Consolidated basis Both consolidated and separate basis		
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?	3a	×
ъ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	36	

JOHANNETS

SCHEDULE A (Form 990 or 990-EZ	P	ublic Charity	Status	s and	Public	: Supi	port	F	OMB No. 1545-0047	
		plete if the organization	ı is a sectl	on 501(c)(3) organiz		-	L	2009	
Department of the Treasury Internal Revenue Service	► A	4947 (a)(۲ ttach to Form 990 or Fo) nonexem orm 990-E2			le instruct	tions.		Open to Public Inspection	
Name of the organization		- the free management						er Identifica	ation number	
OSSINING VOLUNTE	ER AMBULAN							13-6	5141685	
The organization is no	<u>t for Public C</u>	harity Status (All o	rganizatio	ons mus	<u>comple</u>	te this pa	art.) See	instructio	ons,	
The organization is no	n a private round	urches, or association	of church	through es descri	11, Check bed in co	tion 170))/b)/d)/a)	/IN		
		ion 170(b)(1)(A)(ii). (A						(1).		
		hospital service organ				170/6//4				
		ation operated in conj								
hospital's na	ame, city, and s	tate:								
5 An organiza in section 1	tion operated fo 70(b)(1)(A)(iv).	or the benefit of a colle . (Complete Part II.)	ge or univ	ersity ow	ned or op	perated by	y a goverr	imental u	init described	
6 📃 A federal, st	ate, or local gov	vernment or governme	antal unit d	lescribed	in sectio	n 170(b)((1)(A)(v).			
7 X An organiza described in	tion that normal section 170(b	lly receives a substant)(1)(A)(vi). (Complete	tial part of Part II.)	its suppo	rt from a	governme	ental unit	or from th	ne general public	
	-	d in section 170(b)(1)		omplete	Part II.)					
		lly receives: (1) more t		•		rom contr	ributions,	members	hip fees, and gross	
receipts fron support from	n activities relat i gross investme	ed to its exempt functi ent income and unrela n after June 30, 1975.	ons—subj ited busine	ject to ce ass taxab	rtain exce le income	ptions, ai e (less se	nd (2) no i ction 511	more that	n 33 1/3 % of its	
	-	and operated exclusive		-		-		(4)		
		and operated exclusive			-				m, out the	
purposes of 509(a)(3). C	one or more pu heck the box_th	blicly supported organ at describes the type o	nizations d	escribed	in sectior ization ar	1 509(a)(1 Id comple	l) or sectio ete lines 1	on 509(a) 1e throug)(2), See section gh 11h.	
a 🔄 Type		Typell c			-	ntegrated			Fype III-Other	
persons othe		fy that the organization on managers and othe 2).								
	,	a written determinatio	n from the	IRS that	it is a Typ	bel, Type	ell. or Tve	e ill supe	portina	
	check this box		, .						,	
		the organization acce	pted any g	gift or cor	tribution [•]	from any	of the			
following per (i) A pers		or indirectly controls,	either alou	ae or toge	than with	Dereone	doecribod	- (I)	Yes No	
		verning body of the su							11g(i)	
		person described in (i							11g(ii)	
		y of a person describe					· · · ·		11g(ili)	
		ation about the support	(iv) is the o			ou notify	(vi)	s the	(vii) Amount of	
 (i) Name of supported organization 	(ii) EIN	(described on lines 1–9 above or IRC section	in col. (I) lis governing d		the organ	nization In	organizat	tion in col.	support	
		(see instructions))	governing t	locument r		of your port?		zed in the 5.?		
			Yes	No	Yes	No	Yes	No	-	
						1				
							!		······	
							L			
				-						
	a ang da ang ng				ar tilariyya	a in the Million of	ningini - sister in			
Total	an der mit die state ander an eine andere ander an eine state ander an eine state ander an eine state ander an									
For Privacy Act and Paperwo	ork Reduction Act /	votice, see the instructions	for				Q.A.	hadula A (E	orm 990 or 990 E7) 2000	

Form 990 or 990-EZ. (MTA)

Schedule A (Form 990 or 990-EZ) 2009

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JOHANNETS

	Jule A (Form 990 or 990-EZ) 2009 OSSINING VC	LUNTEER AM	BULANCE CO	RPS INC		13-614168	5 Page 2
Pa	111 Support Schedule for Organ	izations Desc	ribed in Sec	tions 170(b)	(1)(A)(iv) and	170(b)(1)(A)	(vi)
<u> </u>	(Complete only if you checked	the box on lin	<u>e 5, 7, or 8 of</u>	fPart I.)			
	tion A. Public Support						THE CASE
	əndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") 、 , , ,	82,284	69,937	64,170	87,165	143,558	447,114
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	Total, Add lines 1 through 3	82,284	69,937	64,170	87,165	143,558	447,114
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	Public support. Subtract line 5 from line 4.				ar ya ya ya ya ya ya ya ya ya ya ya ya ya		447,114
Sect	ion B. Total Support		1111 11 11 11 11 11 11 11 11 11 11 11 1	1010 12 12 12 12 12 12 12 12 12 12 12 12 12	anan an	New South And Constrained and Constrained	447,174
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) ⊺otal
7	Amounts from line 4	82,284	69,937	64,170	87,165	143,558	447,114
8	Gross income from interest, dividends,		00,007		01,100	. 140,000	447,114
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,037	1,464	1,350	786	784	5,421
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 IV.)	100	2,260	1,406	200	201	4,167
11	Total support. Add lines 7 through 10.						456,702
12	Gross receipts from related activities, etc. (s					12	<u>·</u>
13	First five years. If the Form 990 is for the o	rganization's fire	st, second, this	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2009 (line 6, c		ed by line 11, d	olumn (f)) .		14	97.90%
15	Public support percentage from 2008 Sched	lule A, Part II, lii	ne 14		 [15	97.36%
16a	33 1/3% support test-2009. If the organization	tion did not che	ck the box on	line 13, and line	e 14 is 33 1/39	6 or more, chec	k this box
	and stop here. The organization qualifies as	s a publicly sup	ported organiz	ation			. X
b	33 1/3% support test-2008. If the organiza						
	box and stop here. The organization qualifier						
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circun						
Ь	10%-facts-and-circumstances test-2008.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circun						
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 17	a .or 175, check	this box and see	e instructions 、 ,	a 🗉 a 🕨 📘

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009 OSSINING VO	LUNTEER AM	BULANCE CO	RPS INC		13-614168	5 Page 3
Pa	rt III Support Schedule for Organi	zations Desc	ribed in Sec	tion 509(a)(2)	10 01 100	
<u>~</u>	(Complete only if you checked	the box on lin	e 9 of Part I.)		,		
	tion A. Public Support				17 L		
Ca	lendar year (or fiscal year beginning in) 🛛 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	Total. Add lines 1 through 5						
7 <u>a</u>	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
ь	Amounts included on lines 2 and 3 received						
, C	from other than disgualified 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	Public support (Subtract line 7c from		unita di second	arang sa sa ka			
	line 6.)						
Sec	tion B. Total Support						<u> </u>
	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) ⊤otal
			anna air air an an an an an an an an an an an an an			<u> </u>	() / / / /
9	Amounts from line 6						
Tua	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business				THE R. L.		
	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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the org	-			~		.,
	organization, check this box and stop here.				• · · · · · ·		a la la 🕨 🚺
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2009 (line 8, co	olumn (f) divide	d by line 13, co	olumn (f)) . 🕠		15	
16	Public support percentage from 2008 Schedu					16	
Sec	tion D. Computation of Investment Inco	ome Percenta	ige				
17	Investment income percentage for 2009 (line	10c, column (f) divided by line	e 13, column (f))	17	
18	Investment income percentage from 2008 Sc					18	
19a	· · · · · · · · · · · · · · · · · · ·					han 33 1/3% and	line 17 is
	not more than 33 1/3%, check this box and st	top here. The d	organization qu	alifies as a pul	olicly supporte	d organization .	🕨 🥅
b	33 1/3% support tests-2008. If the organization d						
	line 18 is not more than 33 1/3%, check this box ar	nd stop here. The	e organization qu	alifies as a publi	cly supported or	ganization	🕨 🗖
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a	, or 19b, check	this box and :	see instructions	🕨 🧖

	990 or 990-EZ) 2009	OSSINING Y	VOLUNTEER A	1	13-6141685			
Part IV	Supplemental	Information	. Complete th	is part to provid	le the explanations	required by	/ Part II line 1(<u>Page 4</u>
	Part II, line 17a	or 17b; and	Part III, line 12	2. Provide anv	other additional inf	ormation Se	e instructions	<i>,</i>
	rine, All					onnanon. ot	30 1130 000010	•
						*	••••••	

						**		
		• • • • • • • • • • • • • • • • • • • •			**-			
	~~~~~							
					••••••			
	*****							
								~ ~ ~ ~ <i>~</i> ~

(HTA)

	HEDULE D rm 990)	Supple	mental Financial Stateme	ents	OMB No. 1545-0047
			f the organization answered "Yes," to Form		2009
Depart	ment of the Treasury		Part IV, line 6, 7, 8, 9, 10, 11, or 12.		Open to Public
Interna	Revenue Service	► Attach t	o Form 990. 🔹 🕨 See separate instructions	i.	Inspection
	of the organization			Employer k	lentification number
	INING VOLUNTE	ER AMBULANCE CORPS			13-6141685
Par	Organiz	ations Maintaining Don	or Advised Funds or Other Similar	Funds or Acc	ounts. Complete if
	the organ	nization answered "Yes"	to Form 990, Part IV, line 6.		,
			(a) Donor advised funds	(b) Fun	ds and other accounts
1		end of year	INTERNET CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF A CONTRACTOR OF		
2		fibutions to (during year)			
3		ts from (during year)	N-REPORT A		
4		e at end of year			
5	Did the organiza	ition inform all donors and o	donor advisors in writing that the assets he	eld in donor adv	ised
_	funds are the or	ganization's property, subje	ect to the organization's exclusive legal cor	ntrol?	🔄 Yes 🔄 No
6			nors, and donor advisors in writing that gr		
	used only for ch	aritable purposes and not fo	or the benefit of the donor or donor adviso	or, or for any oth	er
	purpose conferri	ng impermissible private be	enefit?	<u> </u>	🛛 🗌 Yes 📃 No
Par	Conserv	ation Easements. Comp	plete if the organization answered "Yes	s" to Form 990	, Part IV, line 7.
1			by the organization (check all that apply)		
					ally important land area
		f natural habitat	· , 📇		nistoric structure
				on or a centileo r	historic structure
		n of open space			
2			ation held a qualified conservation contrib	ution in the form	of a conservation
	easement on the	e last day of the tax year.		Anna anna anna	TO THE WAR I
					ield at the End of the Tax Year
a			· · · · · · · · · · · · · · · · · · ·		
b			sements		
C			ertified historic structure included in (a) .		
d			d in (c) acquired after 8/17/06		
3			d, transferred, released, extinguished, or t	terminated by th	e organization
	during the tax ye	***********			
4			conservation easement is located		
5			regarding the periodic monitoring, inspect		
			tion easements it holds?		
6	Starr and volunte	er nours devoted to monito	ring, inspecting, and enforcing conservati	on easements d	luring the year
-					
7		ises incurred in monitoring,	inspecting, and enforcing conservation ea	asements during	g the year
~	<u>*</u> \$	;			
8			I on line 2(d) above satisfy the requirement		
•					
9		•	eports conservation easements in its reve	•	
		s accounting for conservation	e text of the footnote to the organization's	financial statem	ients that describes
Part			ons of Art, Historical Treasures, or Othe	or Similar Assa	4.+
			d "Yes" to Form 990, Part IV, line 8.	er onninar Asse	13.
4 -			ler SFAS 116, not to report in its revenue :		
1a			ets held for public exhibition, education, or		
			footnote to its financial statements that de		
ь			ler SFAS 116, to report in its revenue state		
			eld for public exhibition, education, or res		
		the following amounts relati			- the set promotion
					\$
	(ii) Assets include	ed in Form 990. Part X	I, line 1		* \$
2	If the organizatio	n received or held works of	art, historical treasures, or other similar a	ssets for financi	al gain, provide the
			nder SFAS 116 relating to these items:		- award broade me
		a radaunaa ta va rabautaa ai			
a	Revenues include	ed in Form 990 Part VIII lin	ne1	<b>.</b>	\$
a	Revenues include	ed in Form 990, Part VIII, lii n Form 990, Part X	ne 1	· · · · · · · ►	\$\$

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JOHANNETS

Saba	OSSINING VOLI	UNTEER	AMBULANC	E CORI	PS INC		13-	6141685		
	dule D (Form 990) 2009 nt JII Organizations Mainta	ining C	allectione o	f Λ μ	lictoriaal	Transvers	0			Page 2
3	Using the organization's acqui	sition, ac	cession, and	other re	cords, ch	eck any of the	ne follov	ving that are a	significant	
~	use of its collection items (che Public exhibition	ck all that	t apply):	. [	<u> </u>					
a				al		or exchang	ge progi	ams		
Ь	Scholarly research			6	Othe	۱ <b>۲</b>				
С	Preservation for future g	eneration	IS							
4	Provide a description of the org Part XIV.	ganizatior	's collections	and ex	kplain how	they further	r the org	ganization's ex	empt purpo	ose in
5	During the year, did the organit	zation so	licit or receive	e donati	ions of art,	historical tr	easures	a, or other sim	ilar	
	assets to be sold to raise funds	s rather th	nan to be mai	ntained	as part of	the organiz	ation's (	collection?	Yes	s 🗍 No
Par	t IV Escrow and Custodia	al Arran	gements. C	omplet	te if the o	ganization	answe	ered "Yes" to	Form 990,	, Part
	IV, line 9, or reported a									•
1a	Is the organization an agent, tr								ot	
	included on Form 990, Part X?							, .	Yes	5 🗌 No
þ	If "Yes," explain the arrangeme	ent in Parl	t XIV and con	nplete ti	he followin	g table:				
									Amount	
С	Beginning balance							;		
¢	Additions during the year									
e	Distributions during the year .									
f	Ending balance		<b></b>	• • •			. <b>1</b> f			
<u>2a</u>	Did the organization include an			Part X	, line 21? .				Yes Yes	s 🗙 No
þ	If "Yes," explain the arrangeme						7.00			
Part	V Endowment Funds. (									
			) Current year	(b)	Prior year	(c) Two yea		(d) Three years b		years back
1a	Beginning of year balance .						i Balan ing Salatin Angel Tak Salatin Palatin			
b	Contributions .									
c	Net investment earnings, gains					CART BID D.C.			in an	
_	and losses						1966-11 F			
d	Grants or scholarships					A CONTRACTOR OF A CONTRACTOR	14.4414			
ę	Other expenditures for facilities					i de mintre de la composition de la composition de la composition de la composition de la composition de la com	21 H H			
,	and programs					Contraction and the second second	The second second second second second second second second second second second second second second second s			
T	Administrative expenses					and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t				
្ទ	End of year balance .				ald any				ana ang panahara ang pana Kabupaté panahara sebagana	Handa (Ly Phi
4	Provide the estimated percenta	•	year eno bai	ance ne	ad as:					
a L	Board designated or quasi-end Permanent endowment	owmeni								
b	Term endowment									
с За	Are there endowment funds not	tin the pe	seession of t	he oraș	nization t	at ara haid	and ad	ministered for	the	
38	organization by:	un uie pu	SSESSION OF	ne orga	nizauon u	iar alé liéiú	anu au	ministered for		es No
	(i) unrelated organizations .								3a(i)	105 NU
	(ii) related organizations						· · ·			<u> </u>
ь	If "Yes" to 3a(ii), are the related									<u> </u>
4	Describe in Part XIV the intende	+		-						
Part							art X. lir	ne 10.		
	Description of investment		(a) Cost or ot		····	st or other	· · · · ·	Accumulated	( <b>d</b> ) Book	value
			(investm		1 1 1	s (other)		preciation	1+7 =000	
1a	Land					11,208	instan isi si Manadan isi			11,208
b	Buildings					1,330,377		730,887		599,490
c	Leasehold improvements									
đ	Equipment					637,648		476,447		161,201
е	Other									
Total	I. Add lines 1a through 1e. (Colu	mn (d) mi	ust equal For	m 990,	Part X, co.	umn (В), lin	e 10(c).	) 🕨		771,899

Schedule D (Form 990) 2009

OSSINING VOLUN Schedule D (Form 990) 2009	TEER AMBULANCE CORPS INC	13-6141685
	ecurities. See Form 990, Part X	Line 12 Page 3
(a) Description of security or category	(b) Book value	
(including name of security)	(b) BOOK Value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests	······	
Other		
~~~~~~~~~		· · · · · · · · · · · · · · · · · · ·
~ ~		ma ani englati en englati en englati

	· - · · · · - · · · · · · · · · · · · ·	
		1947 1948 1947 1947 1947 1947 1947 1947 1947 1947
Total. (Column (b) must equal Form 990, Part X, col. (B) line		
Part VIII Investments—Program	n Related. See Form 990, Part >	(, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
- ToTT 2011 - 1 - 010		
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
		annual Pulitika i
	1999 1997	TT - TT - TT - TT - TT - TT - TT - TT
STATE OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CO		
TY TIN AT A THE MARK AND		r sur-san All All All All All
·····		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		
Part IX Other Assets. See Forr	· · · · ·	
· · · · · · · · · · · · · · · · · · ·	(a) Description	(b) Book value
		1777 AUL 2
unana i		
1 brit Hauston	CONTRACTOR AND AND AND AND AND AND AND AND AND AND	
		· · · · · · · · · · · · · · · · · · ·
0 T/ T 1000 T		······································
AND 11 11		n · · · · · · · · · · · · · · · · · · ·
· mrm- Willia i		
Total. (Column (b) must equal Form 990,		<u> </u>
Part X Other Liabilities. See F		
1. (a) Description of liability	(b) Amount	
Federal income taxes		
······································		
	1 100 4 1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line :	25.) 🕨	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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	OSSINING VOLUNTEER AMBULANCE CORPS INC	13-61416	85	
_	dule D (Form 990) 2009			Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financia	Statem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,415,402
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,309,916
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	105,486
4	Net unrealized gains (losses) on investments	, .	4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	107 - 11
7	Prior period adjustments		7	
8 9	Other (Describe in Part XIV.)		8	
9 10	Total adjustments (net). Add lines 4 through 8		9	THE REAL PROPERTY AND A DESCRIPTION OF A
	Excess or (deficit) for the year per audited financial statements. Combine lines t XII Reconciliation of Revenue per Audited Financial Statements		10	105,486
1	Total revenue, gains, and other support per audited financial statements		per Rett	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1,415,402
a		I		
Б	Net unrealized gains on investments 2a Donated services and use of facilities 2b			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
ē	Add lines 2a through 2d.		2e	
3	Subtract line 2e from line 1.		3	1,415,402
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		1,410,402
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)		- 2 2241(129331)	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,415,402
Par	t XIII Reconciliation of Expenses per Audited Financial Statement			
1	Total expenses and losses per audited financial statements		1	1,309,916
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2000 CA (F)	
а	Donated services and use of facilities			
ь	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIV.)		Constant and a second	
θ	Add lines 2a through 2d 、 , 、		2e	
3	Subtract line 2e from line 1		3	1,309,916
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	Walk_1		
ь	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b.		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	<u>)</u>	5	1,309,916
Par	t XIV Supplemental Information	- may		
and :	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part part to provide any additional information.	XIII, lines 2d and	4b. Also c	
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	OSSINING VOLUNTEER AMBULANCE CORPS INC	13-6141685	
Schedule D (Form			Page 5
Part XIV	Supplemental Information (continued)		
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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 99 Complete to provide information for responses to specific question Form 990 or to provide any additional information. Attach to Form 990.	OMB No. 1545-0047 2009 Open to Public Inspection	
Name of the organization	ER AMBULANCE CORPS INC	Employer ident 13-6141685	ification number
Form 990 Part VI Line	11 THE FORM 990 IS REVIEWED WITH THE TREASURER AND THE		EPARED THE
RETURN AND WHEN	ALL IS AGREED UPON IT IS FILED.		
Form 990 Part VI Line	9 19 ALL DOCUMENTS ARE MADE AVAILABLE UPON FORMAL WRITT		
		,	• • ** •

# Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

1 Federated Campaigns	Cash	Noncash
2 Membership dues,		2
3 Fundraising events		3
4 Related organizations		4
5 Government grants (contributions) .	50,000	5
6 All other contributions, gifts, grants, and similar amounts not included above:		
CONTRIBUTIONS BEQUESTS	70,175	· · ·
GRANT	1,485	ua .
	21,898	
	THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE REAL	
Other contributions total	93,558	6
7 Total.	143,558	7

## Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A)	(B)	(C)	(D)
	Total	Program	Management	Fundraising
4. Descentiation	105 000	services	and general	
1 Depreciation	105,937	97,301	8,636	
2 Depletion				
<b>3</b> Amortization <b>3</b>	440	352	88	
4 Total	106,377	97,653	8,724	

### Part X, Line 4 (990) - Accounts Receivable

	Account	s receivable	Allowance for doubtful accounts				
	Beginning	End	Beginning	End			
1	1 243,341	190,641					
2	2						
3	3						
4	4						
5	5						
6	6						
7	7						
8	8						
9	9						
10 1	0						
11 Total accounts receivable	1 243,341	190,641					

# Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

0	673	19	$\frac{1}{2}$	20	11				04	1		{	34	55	56	41	42	21						
	771 899	3	Endino	Balance	11 208	599 490	161.201	 			İ						<del>ر</del> ا							
	837.812		Beginning	Balance	11.208	624.543	202,061	<u> </u>   	   			+-   			 				+   	-†	+	   	   	
			Oisposals/	Adjustments		·	† İ				ļ		 		   						·   		<b></b>	
	1,207,334	Ending	Accumulated	Depreciation		730,887	476,447					-		ļ				 						
	1,101,397	Beginaing	Accumulated	Depreciation		687,709	413,686					:	 				ĺ		İ	- 			ļ	
	1,979,233		Cosi/Other	Basis	11,208	1,330,377	637,648									ļ	i							
		Check if	Asset	Disposed						<b></b>	 - -	 		1	Ì					†	+			
		Check if	Investment	Asset													1				!			
				Other			i							Ì	:									
oment				Equipment			×								i							:	1	
id Equi		Leaseholó		ments	1													:						
lings, ar				Buildings	i	×														İ	1			
id, Bulk				Land	×														:		-			
Fart A, Lines 10a and 10b (390) - Land, Buildings, and Equipment				Category or Hem																				
гап					-		~	4	ŝ	9	<b>۲</b>	œ	<b>n</b>	9	÷	2	7	4	\$	9	÷	<b>8</b>	9	ន

## Part X, Line 15 (990) - Other Assets

art X, Line 15 (990) - Other Assets	2,090	1,650
Description	Beginning	End
1 INTANGABLE ASSETS - NET	2,090	
<u> </u>		
4		
5		
7		
		······
1 · · · · · · · · · · · · · · · · · · ·		
2		
<u> </u>		
4		
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Form <b>88</b> (Rev. April 2009	OMB No. 1545-1709							
Department of the Internal Revenue		File a separate application for each return.						
<ul> <li>If you are</li> <li><u>Do not com</u></li> </ul>	filing for an <b>Additional (Not</b> plete Part II unless you hav	nth Extension, complete only Part I and check this box Automatic) 3-Month Extension, complete only Part II a already been granted an automatic 3-month extension of	(on page 2 of this on a previously fil	form).				
Part i		ension of Time. Only submit original (no copies nee	<i>,</i>					
Part I only .		and requesting an automatic 6-month extension—check t		🕨 🗖				
	porations (including 1120-C fi icome tax returns.	lers), partnarships, REMICs, and trusts must use Form 70	004 to request an	extension of				
<b>Electronic Filing (e-file).</b> 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 a corporation 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 <i>www.irs.gov/efile</i> and click on <i>e-file for Charities &amp; Nonprofits</i> .								
Type or	Name of Exempt Organization			ification number				
File by the		ite no. If a P.O, box, see instructions.	13-6141685					
filing your return, See	P.O. BOX 523 City, town or post office, state,	and ZIP code. For a foreign address, see instructions.	······································	**************************************				
	OSSINING	- · · ·	NY	0562				
and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		eparate application for each return):	-					
X Form 99		Form 990-T (corporation)	Ļ	Form 4720				
Form 99		Form 990-T (sec. 401(a) or 408(a) trust)	Ļ	Form 5227				
Form 99		Form 990-T (trust other than above)	Ļ	Form 6069				
] Form 99	0-PF	Form 1041-A	Ĺ	Form 8870				
<ul> <li>The books are in the care of ALEX BECK OVAC, P.O. BOX 523 OSSINING NY</li> <li>Telephone No. 914-941-3941</li> <li>FAX No.</li> <li>If the organization does not have an office or place of business in the United States, check this box.</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)</li> <li>If this is for the whole group, check this box.</li> <li>If it is for part of the group, check this box.</li> <li>If this is the extension will cover.</li> </ul>								
<ul> <li>I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until</li></ul>								
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period								
		., 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		¢				
	ny nonrefundable credits. See	or 990-T, enter any refundable credits and estimated tax	<u>3a</u>	\$				
		ear overpayment allowed as a credit.	36	\$				
c Balane	ce Due. Subtract line 3b from	line 3a. Include your payment with this form, or, if require	•d, 🕴 👬	(2)				
	• • •	red, by using EFTPS (Electronic Federal Tax Payment						
Caution. If v	n). See instructions. ou are going to make an elec	tronic fund withdrawal with this Form 8868, see Form 845	3-EO and Form a					
for payment instructions.								

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. (HTA)

# Part I (8868) - Books in care of

Telephone no.
914-941-3941
country
-
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06/19/2011 15:04 8455641421

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Form 8	3868 (Rev. 4-2009)		Pa	ge 2
● If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete on	ly Part II and	I check this box	X
Note	. Only complete Part II if you have already been granted an automatic 3-month exter	nsion on a pr	eviously filed Form 8868.	
• lf	you are filing for an Automatic 3-Month Extension, complete only Part I (on page			
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the	e original (no	copies needed).	
Туре	or Name of Exempt Organization		Employer identification numb	er
print			13-6141685	
File by : extende			For IRS use only	
due det	e for P.O. BOX 523			
filing the return. \$	See	CONTRACTOR CONTRACTOR - BUBLICATION -		
instructi				
	<b>k type of return to be filed</b> (File a separate application for each return):			
X F	Form 990 📃 Form 990-PF 📃 Form 1041		Form 6069	
F	Form 990-BL	)	Form 8870	
F F	Form 990-EZ Form 990-T (trust other than above) Form 5227	7		
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extensio	n on a previou	usly filed Form 8868.	
• T!	ne books are in the care of PALEX BECK OVAC, P.O. BOX 523 OSSINING NY			
	elephone No. ► 914-941-3941 FAX No.►			
	the organization does not have an office or place of business in the United States, cl			
● lf	this is for a Group Return, enter the organization's four digit Group Exemption Numb	er (GEN)	If this is	
for th	e whole group, check this box If it is for part of the group, check i	this box .	🕨 🔜 and attach a	
list w	ith the names and EINs of all members the extension is for.			
4	Frequest an additional 3-month extension of time until11/15/2010	)	'	
5	For calendar year 2009 , or other tax year beginning	, and en	nding	<b>'</b>
6		return	Change in accounting period	t
7	State in detail why you need the extension More time is requested to acquire all in	formation nee	aded to complete	
	and file an accurate return.			
8 a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	tive tax,		
	less any nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable ci		8a \$	
þ	estimated tax payments made. Include any prior year overpayment allowed as a cro		: 1: -: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:	
	amount paid previously with Form 8868.	eon and any	8b <b>S</b>	
~	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if require	d donocit with	www.une.co. T	
C	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See in		8c \$	
	Signature and Verification			
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statemer	its, and to the be	st of my knowledge and belief,	
it is true	s, correct, and complete, and that I am authorized to prepare this form.		1. 1.	/
Signatu	in lectus to torote The Att		Date - 8/14/1	10
Signate				

signature - lick 4 / Johoronte	Title - CPH	Date \$ 8/14/10
	*	Form <b>8868</b> (Rev. 4-2009)