

**Return of Organization Exempt From Income Tax****2008**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

**Open to Public Inspection**For the 2008 calendar year, or tax year beginning **Jul 1**, 2008, and ending **Jun 30**, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type See specific instructions.</b>	<b>C</b> Name of organization <b>HOLLYWOOD VOLUNTEER RESCUE SQUAD, INC</b>		<b>D</b> Employer Identification Number <b>52-1062910</b>
		Number and street (or P O box if mail is not delivered to street addr) Room/suite <b>PO BOX 79</b>		<b>E</b> Telephone number <b>(301) 373-3131</b>
		City, town or country State ZIP code + 4 <b>HOLLYWOOD MD 20636</b>		<b>G</b> Gross receipts \$ <b>625,812.</b>
		<b>F</b> Name and address of principal officer <b>STANLEY WILLIAMS PO BOX 79 HOLLYWOOD MD 20636</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>http://www.hvrs.org/</b>				
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of Formation <b>1975</b> <b>M</b> State of legal domicile <b>MD</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <b>EMERGENCY RESCUE SQUAD</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		<b>3</b> <b>43</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>4</b> <b>7</b>	
	<b>5</b> Total number of employees (Part V, line 2a)		<b>5</b> <b>0</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)		<b>6</b> <b>43</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)		<b>7a</b> <b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)	<b>299,970.</b>	<b>268,302.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>12,469.</b>	<b>16,736.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>325,207.</b>	<b>340,774.</b>	
<b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>637,646.</b>	<b>625,812.</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)				
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>5,621.</b>	<b>8,084.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>5,059.</b>				
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>538,592.</b>	<b>558,520.</b>	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>544,213.</b>	<b>566,604.</b>	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	<b>93,433.</b>	<b>59,208.</b>	
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>897,544.</b>	<b>944,355.</b>	
		<b>56,153.</b>	<b>43,756.</b>	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	<b>841,391.</b>	<b>900,599.</b>	

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <b>TIMOTHY W LENAHA</b>	Date <b>2/15/10</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>Ruth M. Abell</b>	
	Date <b>02/15/10</b>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>RUTH M ABELL PO BOX 1607 LEONARDTOWN MD 20650</b>	Preparer's identifying number (see instructions)
	EIN ▶ <b>(301) 475-9226</b>	Phone no ▶ <b>(301) 475-9226</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

TEEA0101 04/23/09 Form 990 (2008)

628

**Part III** Statement of Program Service Accomplishments (see instructions)

1. Briefly describe the organization's mission:

THE ORGANIZATION IS AN EMERGENCY RESCUE SQUAD WHOSE MISSION IT  
IS TO PROVIDE EMERGENCY MEDICAL OR RESCUE SERVICES AS REQUIRED  
TO VICTIMS OF ACCIDENTS, HEART ATTACKS, STROKES, ETC.

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

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

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

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 337,960. including grants of \$ 0.) (Revenue \$ 337,960.)

THE REVENUE AND EXPENSES REFLECT THE VALUE OF THE DONATED SERVICES  
OF THE VOLUNTEERS OF THIS EMERGENCY MEDICAL/RESCUE SERVICE WHEN  
CARRYING OUT THEIR EXEMPT PURPOSE.

4b (Code: ) (Expenses \$ 186,987. including grants of \$ 0.) (Revenue \$ 177,795.)

THE REVENUE, FROM GOVERNMENT GRANTS, IS USED TO OFFSET THE  
PERTINENT EXPENSES OF THIS EXEMPT VOLUNTEER EMERGENCY MEDICAL  
AND RESCUE SERVICE IN FULFILLING THEIR EXEMPT PURPOSE.

4c (Code: ) (Expenses \$ 5,059. including grants of \$ 0.) (Revenue \$ 90,507.)

THE REVENUE - FROM DONATIONS, FUNDRAISERS/DRIVE, ETC - LESS THE  
EXPENSES INCURRED FOR THESE ACTIVITIES WAS USED TO FURTHER ASSIST  
THIS VOLUNTEER MEDICAL/RESCUE SERVICE IN FULFILLING THEIR EXEMPT  
PURPOSE(S).

4d Other program services. (Describe in Schedule O )

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

4e Total program service expenses ▶ \$ 530,006. (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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 U.S.? If 'Yes,' complete Schedule F, Part I		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		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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

BAA

Form 990 (2008)

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> 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 VI</i>	<b>37</b>	X

BAA

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 0	
<b>2b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	<b>2b</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<b>7a</b>	X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	X
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>	X
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	<b>9b</b>	X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from other members or shareholders.	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	

BAA

Form 990 (2008)

**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body		
<b>1 b</b> Enter the number of voting members that are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7 b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?		X
<b>9 a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

**Section B. Policies**

	Yes	No
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13		X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
<b>13</b> Does the organization have a written whistleblower policy?		X
<b>14</b> Does the organization have a written document retention and destruction policy?		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?		X
<b>b</b> Other officers of key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate 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?		

**Section C. Disclosures**

**17** List the states with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website    ☐ Another's website    ☒ Upon request

**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 name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ **TIMOTHY W LENAHA** 43256 RESCUE LANE - PO BOX 79 HOLLYWOOD MD 20636-0079 (301) 373-3131

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

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1 a** Complete this table for all persons required to be listed. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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.

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee

[illegible]

<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)</b>
-----------------	---

[illegible]

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶

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

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 90,507.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 177,795.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contribns included in lns 1a-1f:	\$				
	<b>h Total.</b> Add lines 1a-1f		268,302.			
<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>					
	<b>2a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		16,258.	16,258.	0.	0.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross Rents	(i) Real 2,350.				
	<b>b</b> Less: rental expenses	0.				
	<b>c</b> Rental income or (loss)	2,350.				
	<b>d</b> Net rental income or (loss)		2,350.	2,350.	0.	0.
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities 478.				
	<b>b</b> Less cost or other basis and sales expenses	0.				
	<b>c</b> Gain or (loss)	478.				
	<b>d</b> Net gain or (loss)		478.	478.	0.	0.
	<b>8a</b> Gross income from fundraising events (not including \$ 90,507. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
	<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> DONATED SERVICES	900099	337,960.	337,960.	0.	0.	
<b>b</b> MISCELLANEOUS	900099	464.	464.	0.	0.	
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		338,424.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		625,812.	357,510.	0.	0.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and 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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, 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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,084.	8,084.	0.	0.
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	5,225.	0.	5,225.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	13,044.	13,044.	0.	0.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,851.	0.	2,851.	0.
20 Interest	164.	164.	0.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,345.	54,345.	0.	0.
23 Insurance	26,031.	26,031.	0.	0.
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.)				
a <u>ADMIN EXPENSE</u>	12,052.	0.	12,052.	0.
b <u>DONATED MATERIALS &amp; SVCS</u>	337,960.	337,960.	0.	0.
c <u>TRAINING</u>	3,169.	3,169.	0.	0.
d <u>AWARDS &amp; BANQUETS</u>	16,470.	0.	16,470.	0.
e <u>MOTOR FUELS; UTILITIES</u>	39,541.	39,541.	0.	0.
f All other expenses	47,668.	42,609.	0.	5,059.
25 Total functional expenses. Add lines 1 through 24f	566,604.	524,947.	36,598.	5,059.
26 Joint Costs. Check here <input type="checkbox"/> 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				

BAA

Form 990 (2008)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	364,839.	1	378,347.
	2 Savings and temporary cash investments	218,978.	2	277,276.
	3 Pledges and grants receivable, net	8,899.	3	5,091.
	4 Accounts receivable, net	7,535.	4	8,355.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,939.	9	17,498.
	10a Land, buildings, and equipment: cost basis	10a 1,032,243.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 774,455.	10c 283,225.	10c 257,788.
	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	129.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	897,544.	16	944,355.	
LIABILITIES	17 Accounts payable and accrued expenses	17,442.	17	11,738.
	18 Grants payable		18	7,323.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable	38,711.	24	24,695.
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	56,153.	26	43,756.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	841,391.	27	900,282.
	28 Temporarily restricted net assets		28	317.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances.</b>	841,391.	33	900,599.
	34 <b>Total liabilities and net assets/fund balances</b>	897,544.	34	944,355.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 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?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2008)

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

## Public Charity Status and Public Support

**To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

## 2008

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Name of the organization  
**HOLLYWOOD VOLUNTEER RESCUE SQUAD, INC**

Employer identification number

52-1062910

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is: (Please check only **one** organization )

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III— Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

**h** Provide the following information about the organizations the organization supports

[illegible]

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	208,092.	245,197.	251,566.	299,970.	268,302.	1,273,127.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-3	208,092.	245,197.	251,566.	299,970.	268,302.	1,273,127.
<b>5</b> 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).						
<b>6 Public support.</b> Subtract line 5 from line 4						1,273,127.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	208,092.	245,197.	251,566.	299,970.	268,302.	1,273,127.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,080.	9,914.	9,632.	12,469.	16,258.	54,353.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	694,564.	698,554.	577,626.	325,207.	341,252.	2,637,203.
<b>11 Total support.</b> Add lines 7 through 10						3,964,683.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	32.11 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	25.79 %

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**b 33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**17a 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☒**b 10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%
<b>19a 33-1/3 support tests – 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>b 33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Pt II Line 17a:

Other Income Part II, Line 10

Description: DONATED SVCS/VENDING/ETC

2004: 692364.

2005: 695804.

2006: 574376.

2007: 323207.

2008: 338902.

Description: HALL RENTAL

2004: 2200.

2005: 2750.

2006: 3250.

2007: 2000.

2008: 2350.

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements****Attach to Form 990. To be completed by organizations that  
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

Employer identification number

**HOLLYWOOD VOLUNTEER RESCUE SQUAD, INC****52-1062910****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

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

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as

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

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

- (i) unrelated organizations  
 (ii) related organizations

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

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

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		15,000.		15,000.
b Buildings		371,906.	216,960.	154,946.
c Leasehold improvements				
d Equipment		188,715.	118,661.	70,054.
e Other		456,622.	438,834.	17,788.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) )				257,788.

BAA

Schedule D (Form 990) 2008

**Part VII Investments—Other Securities** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets** (See Form 990, Part X, line 15)

(a) Description	(b) Book value
SOFTWARE [(PURCHASED 06/01/04 - COST: \$735) AMORTIZED]	0.
Total. Column (b) Total (should equal Form 990, Part X, col. (B), line 15) ▶	

0.

**Part X Other Liabilities** (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ▶	

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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	625,812.
2	Total expenses (Form 990, Part IX, column (A), line 25)	566,604.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	59,208.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	59,208.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	625,812.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	625,812.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	625,812.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	566,604.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	566,604.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	566,604.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**Part XIV** Supplemental Information *(continued)*



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 FDRAISERS/DONATIONS (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	90,507.			90,507.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	90,507.			90,507.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4- through 7 in column (d)				
	9 Net income summary. Combine lines 3 and 8 in column (d)				90,507.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.**c** If 'Yes,' enter name and address.

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ \_\_\_\_\_

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**HOLLYWOOD VOLUNTEER RESCUE SQUAD, INC**

Employer identification number

**52-1062910**

Pt VI-A, Line 6 THE ORGANIZATION IS COMPRISED OF MEMBERS - ALL OF  
WHOM ARE VOLUNTEERS.

Pt VI-A, Line 7a THE ORGANIZATION'S MEMBERS ELECT THE MEMBERS OF THE  
GOVERNING BODY.

Pt VI-A, Line 7b THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO  
APPROVAL BY THE MEMBERSHIP.

Pt VI-A, Line 8 MEETINGS HELD BY THE ORGANIZATION ARE DOCUMENTED  
AND, WHEN/IF NECESSARY, THE GOVERNING BODY HAS THE  
AUTHORITY TO UNDERTAKE WRITTEN ACTION. FURTHER, NO  
COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE  
GOVERNING BODY.

Pt VI-A, Line 10 FORM 990, PREPARED FROM THE RESULTS OF THE ANNUAL  
AUDIT WHICH SEVERAL MEMBERS OF THE GOVERNING BODY  
ARE QUITE INTEGRALLY INVOLVED, IS IMMEDIATELY  
AVAILABLE UPON ITS COMPLETION FOR REVIEW BY THE  
GOVERNING BODY.

Pt VI-B, Line 15 THE ORGANIZATION IS COMPRISED OF VOLUNTEERS - MEMBER-  
SHIP RECEIVE NO COMPENSATON FOR SERVICES RENDERED.

Pt VI-C, Line 19 THE GOVERNING DOCUMENTS AND FINANCIAL REPORTS ARE  
AVAILABLE UPON REQUEST, AS IS FORM 990. THE ORGAN-  
IZATION HAS NO CONFLICT OF INTEREST POLICY.



**Depreciation and Amortization**  
(Including Information on Listed Property)

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

OMB No 1545-0172

**2008**Attachment  
Sequence No **67**

Name(s) shown on return

**HOLLYWOOD VOLUNTEER RESCUE SQUAD, INC**

Identifying number

**52-1062910**

Business or activity to which this form relates

**Form 990 / Form 990EZ****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>\$250,000.</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>\$800,000.</b>
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>0.</b>

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	<b>51,784.</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B — Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property		<b>27,529.</b>	<b>5.0 yrs</b>	<b>HY</b>	<b>SL</b>	<b>2,427.</b>
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			<b>25 yrs</b>		<b>S/L</b>	
<b>h</b> Residential rental property			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
<b>i</b> Nonresidential real property	<b>04/09</b>	<b>1,250.</b>	<b>39 yrs</b>	<b>MM</b>	<b>S/L</b>	<b>5.</b>
				<b>MM</b>	<b>S/L</b>	

**Section C — Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					<b>S/L</b>	
<b>b</b> 12-year			<b>12 yrs</b>		<b>S/L</b>	
<b>c</b> 40-year			<b>40 yrs</b>	<b>MM</b>	<b>S/L</b>	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	<b>0.</b>
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	<b>54,216.</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?						<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<b>24b</b> If 'Yes,' is the evidence written?						<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost											
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25											
<b>26</b> Property used more than 50% in a qualified business use																			
(V) 96-F EXPLORER	09/05/95	100.00	21,965.	21,965.	5.00	SL/HY	0.												
<b>27</b> Property used 50% or less in a qualified business use																			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1																28		0.	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1																29			

**Section B – Information on Use of Vehicles**

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

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

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

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2008 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2008 tax year					129.
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					129.

## Supporting Statement of:

## Form 990 p 2/Line 4a Expenses

Description	Amount
FOR THE FIRST LARGEST CATEGORY OF EXPENSES:	
PROGRAM SERVICE EXPENSES *	337,960.
* PROGRAM SERVICE EXPENSES INCLUDE	
DONATED SERVICES AND MATERIALS VALUED	
AT \$337,960.	
Total	337,960.

## Supporting Statement of:

## Form 990 p 2/Line 4a Revenue

Description	Amount
FOR THE FIRST LARGEST CATEGORY OF INCOME:	
RELATED OR EXEMPT FUNCTION REVENUE *	337,960.
* RELATED OR EXEMPT FUNCTION REVENUE	
INCLUDES DONATED SERVICES VALUED AT	
\$337,960.	
Total	337,960.

## Supporting Statement of:

## Form 990 p 2/Line 4b Expenses

Description	Amount
FOR THE SECOND LARGEST CATEGORY OF EXPENSES:	
PROGRAM SERVICE EXPENSES *	186,987.
* PROGRAM EXPENSES FOR THIS CATEGORY	
INCLUDE ALL EXPENSES OTHER THAN THE	
VALUE OF DONATED MATERIALS AND SERVICES.	
Total	186,987.

## Supporting Statement of:

## Form 990 p 2/Line 4b Revenue

Description	Amount
FOR THE SECOND LARGEST CATEGORY OF INCOME:	
GOVERNMENT GRANTS	177,795.

Continued

**Supporting Statement of:**

Form 990 p 2/Line 4b Revenue

Description	Amount
Total	<u>177,795.</u>

**Supporting Statement of:**

Form 990 p 2/Line 4c Expenses

Description	Amount
<b>FOR THE THIRD LARGEST CATEGORY OF EXPENSES:</b>	
FUNDRAISING EVENTS EXPENSES	5,059.
Total	<u>5,059.</u>

**Supporting Statement of:**

Form 990 p 2/Line 4c Revenue

Description	Amount
<b>FOR THE THIRD LARGEST CATEGORY OF REVENUE:</b>	
FUNDRAISING EVENTS REVENUE	90,507.
Total	<u>90,507.</u>

**Supporting Statement of:**

Form 990 p 9/Fundraising Events

Description	Amount
<b>FUNDRAISING EVENTS:</b>	
DONATIONS	54,397.
FUND DRIVE	29,035.
OTHER FUNDRAISING	3,198.
FEDERAL GRANT	3,877.
Total	<u>90,507.</u>

**Supporting Statement of:****Form 990 p 9/Government Grants**

Description	Amount
MARYLAND 508 (15,108 + 317 RESTRICTED)	15,425.
SMC FIRE AND RESCUE TAX	154,286.
PENSION	8,084.
Total	<u>177,795.</u>

**Supporting Statement of:****Form 990 p 9/Total Revenue Investment**

Description	Amount
INTEREST	16,258.
Total	<u>16,258.</u>

**Supporting Statement of:****Form 990 p 9/Line 3 Column B**

Description	Amount
INTEREST INCOME	16,258.
Total	<u>16,258.</u>

**Supporting Statement of:****Form 990 p 9/Real Gross Rents**

Description	Amount
BUILDING RENTAL	2,350.
Total	<u>2,350.</u>

**Supporting Statement of:****Form 990 p 9/Sales of Securities**

Description	Amount
VENDING INCOME	478.
Total	<u>478.</u>

**Supporting Statement of:**

Form 990 p 10/Line 8 col (B)

Description	Amount
<b>PENSION PLAN CONTRIBUTIONS:</b>	
<b>PENSION EXPENSE</b>	<b>8,084.</b>
Total	<b>8,084.</b>

**Supporting Statement of:**

Form 990 p 10/Line 11c col (C)

Description	Amount
<b>PROFESSIONAL SERVICES:</b>	
<b>ACCOUNTING</b>	<b>5,225.</b>
Total	<b>5,225.</b>

**Supporting Statement of:**

Form 990 p 10/Line 16 col (B)

Description	Amount
<b>OCCUPANCY:</b>	
<b>BUILDINGS AND GROUNDS MAINTENANCE</b>	<b>13,044.</b>
Total	<b>13,044.</b>

**Supporting Statement of:**

Form 990 p 10/Line 19 col (C)

Description	Amount
<b>CONFERENCES, CONVENTIONS AND MEETINGS:</b>	
<b>MEETINGS AND CONVENTIONS</b>	<b>2,851.</b>
Total	<b>2,851.</b>

**Supporting Statement of:**

Form 990 p 10/Line 20 col (B)

Description	Amount
<b>INTEREST (EXPENSE)</b>	<b>164.</b>

Continued

**Supporting Statement of:**

Form 990 p 10/Line 20 col (B)

Description	Amount
Total	<u>164.</u>

**Supporting Statement of:**

Form 990 p 10/Depreciation column (B)

Description	Amount
DEPRECIATION EXPENSE	54,216.
- AS PER AUDIT REPORT RECEIVED FROM ASKEY & ASKEY -	
Total	<u>54,216.</u>

**Supporting Statement of:**

Form 990 p 10/Line 23 col (B)

Description	Amount
INSURANCE	26,031.
Total	<u>26,031.</u>

**Supporting Statement of:**

Form 990 p 10/Line 24 col (C)-1

Description	Amount
ADMINISTRATIVE EXPENSES	12,052.
Total	<u>12,052.</u>

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B)-2

Description	Amount
DONATED MATERIALS AND SERVICES:	
DONATED SERVICES EXPENSE	337,960.
Total	<u>337,960.</u>

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B) -3

Description	Amount
TRAINING	3,169.
Total	3,169.

**Supporting Statement of:**

Form 990 p 10/Line 24 col (C) -4

Description	Amount
AWARDS AND BANQUETS	16,470.
Total	16,470.

**Supporting Statement of:**

Form 990 p 10/Line 24 col (B) -5

Description	Amount
MOTOR FUELS; UTILITIES:	
MOTOR FUELS	16,055.
UTILITIES	23,486.
Total	39,541.

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -1

Description	Amount
APPARATUS MAINTENANCE AND REPAIR	18,545.
Total	18,545.

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -2

Description	Amount
SUPPLIES:	
PROTECTIVE CLOTHING	6,099.
RESCUE SUPPLIES	5,003.



Continued

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -2

Description	Amount
UNIFORMS AND IDs	3,295.
Total	<u>14,397.</u>

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -3

Description	Amount
DUES AND PUBLICATIONS	545.
Total	<u>545.</u>

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -4

Description	Amount
PHYSICALS AND WELLNESS	6,081.
Total	<u>6,081.</u>

**Supporting Statement of:**

Form 990 p 10/Line 24f col (B) -5

Description	Amount
MISCELLANEOUS (EXPENSE)	3,041.
Total	<u>3,041.</u>

**Supporting Statement of:**

Form 990 p 10/Line 24f col (D) -6

Description	Amount
FUNDRAISING EXPENSES	5,059.
Total	<u>5,059.</u>

## Supporting Statement of:

Form 990 p 11/Line 1, column (A)

Description	Amount
CASH (NON-INTEREST BEARING):	
- PER ASKEY ETAL AUDIT REPORT -	
CASH AND CASH EQUIVALENTS	364,839.
PRIOR YEAR ITEMIZED ACCOUNTS LIST:	
SQUAD CHECKING 4563	
SUNSHINE CHECKING 5391	
Total	<u>364,839.</u>

## Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
CASH AND CASH EQUIVALENTS	378,347.
Total	<u>378,347.</u>

## Supporting Statement of:

Form 990 p 11/Line 2, column (A)

Description	Amount
SAVINGS AND TEMPORARY CASH INVESTMENTS:	
- PER ASKEY ETAL AUDIT REPORT -	
CDs	8,978.
CDs DESIGNATED FOR CAPITAL PURCHASES	210,000.
PRIOR YEAR ITEMIZED ACCOUNTS LIST:	
SQUAD SAVINGS 9284	
SUNSHINE SAVINGS 3907	
MONEY MARKET 0643	
CD 0082	
CD 3776	
Total	<u>218,978.</u>

**Supporting Statement of:**

Form 990 p 11/Line 2, column (B)

Description	Amount
<b>SAVINGS AND TEMPORARY CASH INVESTMENTS:</b>	
<b>(PER ASKEY ETAL AUDIT)</b>	
<b>CETIFICATES OF DEPOSIT</b>	<b>277,276.</b>
Total	<b>277,276.</b>

**Supporting Statement of:**

Form 990 p 11/Line 3, column (B)

Description	Amount
<b>PLEDGES AND GRANTS RECEIVABLES, NET:</b>	
<b>COUNTY RECEIVABLES</b>	<b>5,091.</b>
Total	<b>5,091.</b>

**Supporting Statement of:**

Form 990 p 11/Line 4, column (B)

Description	Amount
<b>ACCOUNTS RECEIVABLE NET:</b>	
<b>OTHER RECEIVABLE</b>	<b>1,106.</b>
<b>MEMBER ADVANCE (ADVANCE: FUND EXPENSE)</b>	<b>7,249.</b>
Total	<b>8,355.</b>

**Supporting Statement of:**

Form 990 p 11/Line 9, column (A)

Description	Amount
<b>PREPAID EXPENSES</b>	<b>13,939.</b>
Total	<b>13,939.</b>

**Supporting Statement of:**

Form 990 p 11/Line 9, column (B)

Description	Amount
PREPAID EXPENSES	17,498.
Total	17,498.

**Supporting Statement of:**

Form 990 p 11/Line 17, column (A)

Description	Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES:	
ACCOUNTS PAYABLE	8,496.
INSURANCE PAYABLE	8,946.
Total	17,442.

**Supporting Statement of:**

Form 990 p 11/Line 17, column (B)

Description	Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES:	
ACCOUNTS PAYABLE	7,146.
INSURANCE PAYABLE	4,592.
Total	11,738.

**Supporting Statement of:**

Form 990 p 11/Line 18, column (B)

Description	Amount
GRANTS PAYABLE:	
UNSPENT FEDERAL GRANT FUNDS	7,323.
Total	7,323.

**Supporting Statement of:**

Form 990 p 11/Line 24, column (A)

Description	Amount
<b>MORTGAGES AND OTHER NOTES PAYABLE:</b>	
<b>LONG TERM NOTES PAYABLE (COUNTY):</b>	
CURRENT LIAB - CURRENT PORTION OF NP	14,015.
LT LIAB - NP, NET OF CURRENT PORTION	24,696.
Total	<u>38,711.</u>

**Supporting Statement of:**

Form 990 p 11/Line 24, column (B)

Description	Amount
<b>UNSECURED NOTES AND LOANS PAYABLE:</b>	
CURRENT PORTION OF NOTE PAYABLE	14,085.
NOTE PAYABLE, NET OF CURRENT PORTION	10,610.
Total	<u>24,695.</u>

**Supporting Statement of:**

Form 990 p 11/Line 27, column (A)

Description	Amount
<b>UNRESTRICTED (UNRESTRICTED NET ASSETS):</b>	
BOARD DESIGNATED FUNDS	210,000.
UNRESTRICTED NET ASSETS	631,391.
Total	<u>841,391.</u>

**Supporting Statement of:**

Form 990 p 11/Line 27, column (B)

Description	Amount
<b>UNRESTRICTED NET ASSITS:</b>	
UNRESTRICTED NET ASSETS	591,033.
BOARD DESIGNATED FUNDS	309,249.
Total	<u>900,282.</u>

**Supporting Statement of:**

Form 990 p 11/Line 28, column (B)

Description	Amount
TEMPORARILY RESTRICTED NET ASSETS	317.
Total	<u>317.</u>

**Supporting Statement of:**

Sch. A, page 2/Line 1-4

Description	Amount
2007-2008:	
GRANTS AND CONTRIBUTIONS	
	138,995.
	160,975.
Total	<u>299,970.</u>

**Supporting Statement of:**

Sch. A, page 2/Line 1-5

Description	Amount
2007-2008:	
GIFTS, GRANTS, CONTRIBUTIONS & MEMBERSHIP FEES REC'D	268,302.
Total	<u>268,302.</u>

**Supporting Statement of:**

Sch D, page 2/Land Col (b)

Description	Amount
FROM ASKEY & ASKEY AUDIT: DEPRECIATION REPORT - COST:	
LAND	15,000.
Total	<u>15,000.</u>

**Supporting Statement of:**

Sch D, page 2/Buildings col (b)

Description	Amount
FROM ASKEY & ASKEY AUDIT: DEPRECIATION REPORT - COST:	
BUILDING AND IMPROVEMENTS	363,815.
LAND AND IMPROVEMENTS	23,091.
less: LAND (ONLY)	-15,000.
Total	<u>371,906.</u>

**Supporting Statement of:**

Sch D, page 2/Buildings col (c)

Description	Amount
FROM ASKEY & ASKEY AUDIT: DEPRECIATION REPORT - ACCUMULATED DEPRECIATION:	
BUILDINGS & IMPROVEMENTS	208,869.
LAND & IMPROVEMENTS	8,091.
Total	<u>216,960.</u>

**Supporting Statement of:**

Sch D, page 2/Equipment col (b)

Description	Amount
FROM ASKEY & ASKEY AUDIT: DEPRECIATION REPORT - COST:	
FURNITURE & EQUIPMENT	189,450.
less: SOFTWARE (EXPENSE AMORTIZED)	-735.
Total	<u>188,715.</u>

**Supporting Statement of:**

Sch D, page 2/Equipment col (c)

Description	Amount
FROM ASKEY & ASKEY AUDIT: DEPRECIATION REPORT - ACCUMULATED DEPRECIATION:	
FURNITURE & EQUIPMENT	119,396.
less: SOFTWARE (EXPENSE AMORTIZED)	-735.
Total	<u>118,661.</u>

**Supporting Statement of:**

Sch D, page 2/Other col (b)

Description	Amount
FROM ASKEY & ASKEY AUDIT: DEPRECIATION REPORT - COST:	
OTHER - VEHICLES	456,622.
Total	<u>456,622.</u>

**Supporting Statement of:**

Sch D, page 2/Other col (c)

Description	Amount
FROM ASKEY & ASKEY AUDIT: DEPRECIATION REPORT - ACCUMULATED DEPRECIATION:	
OTHER - VEHICLES	438,834.
Total	<u>438,834.</u>



Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for 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 [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	<b>HOLLYWOOD VOLUNTEER RESCUE SQUAD, INC</b>	<b>52-1062910</b>
	Number, street, and room or suite number. If a P.O. box, see instructions <b>PO BOX 79</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>HOLLYWOOD</b>	<b>MD 20636</b>

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

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

- The books are in the care of ► **TIMOTHY LENAHA**

Telephone No. ► **(301) 373-3131**

FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Feb 16**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20\_\_ or
- ☒ tax year beginning **Jul 1**, 20 **08**, and ending **Jun 30**, 20 **09**.

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

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

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 4-2008)

COPY