

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

**2007**

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

Please use IRS label or print or type See Specific Instructions.

**C** Name of organization**OTIS RESCUE SQUAD, INC**

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 145**

Room/suite

City or town, state or country, and ZIP + 4

**OTIS****MA 01253****D** Employer identification number**51-0201186****E** Telephone number**413-269-7388****F** Accounting method ☒ Cash☐ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **▶****H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

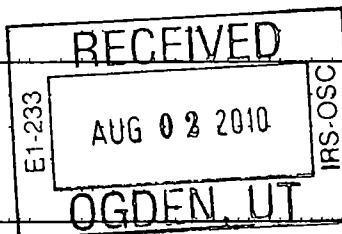
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number **▶****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: **N/A****J** Organization type(check only one) ☒ 501(c) ( **4** ) (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 165,831****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Contributions to donor advised funds	<b>1a</b>			
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>		<b>5,500</b>	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>5,500</b> noncash \$ )	<b>1e</b>		<b>5,500</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>159,936</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>395</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b>	Other investment income (describe <b>▶</b> )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8b</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		<b>165,831</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>147,519</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>1,341</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>			
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		<b>148,860</b>	
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		<b>16,971</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>144,250</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		<b>161,221</b>	

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

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule) <b>STMT 1</b>	<b>23</b>	<b>800</b>	<b>800</b>	
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b>			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	<b>59,433</b>	<b>59,433</b>	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b>	<b>8,298</b>	<b>8,298</b>	
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	<b>1,328</b>	<b>1,328</b>	
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	<b>7,879</b>	<b>7,879</b>	
<b>34</b> Telephone	<b>34</b>	<b>2,340</b>	<b>2,340</b>	
<b>35</b> Postage and shipping	<b>35</b>			
<b>36</b> Occupancy	<b>36</b>	<b>345</b>	<b>345</b>	
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	<b>21,621</b>	<b>21,608</b>	<b>13</b>
<b>43</b> Other expenses not covered above (itemize) <b>a SEE STATEMENT 2</b>	<b>43a</b>	<b>46,816</b>	<b>46,816</b>	
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	<b>148,860</b>	<b>147,519</b>	<b>1,341</b>
				<b>0</b>

**Joint Costs.** Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

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

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

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

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

What is the organization's primary exempt purpose?

► **TO PROVIDE AMBULANCE SERVICE FOR THE LOCAL AREA.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a TO TRANSPORT INDIVIDUALS IN THE LOCAL AREA IN NEED OF EMERGENCY AMBULANCE SERVICE. TRANSPORTED APPROXIMATELY 150 PEOPLE.**

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

**146,719**

**b WE HELPED 2 INDIVIDUALS WITH EDUCATION IN THE MEDICAL FIELD.**

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

**800**

**c**

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

**d**

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

**e Other program services (attach schedule)**

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

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**147,519**

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

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>45</b>	Cash—non-interest-bearing	67,850	45	1,313
<b>46</b>	Savings and temporary cash investments	8,324	46	111,062
<b>47a</b>	Accounts receivable	47a		
<b>b</b>	Less allowance for doubtful accounts	47b	47c	
<b>48a</b>	Pledges receivable	48a		
<b>b</b>	Less allowance for doubtful accounts	48b	48c	
<b>49</b>	Grants receivable	49		
<b>50a</b>	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	50a		
<b>b</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)	50b		
<b>51a</b>	Other notes and loans receivable (attach schedule)	51a		
<b>b</b>	Less allowance for doubtful accounts	51b	51c	
<b>52</b>	Inventories for sale or use	52		
<b>53</b>	Prepaid expenses and deferred charges	53		
<b>54a</b>	Investments—publicly-traded securities	Cost	FMV	54a
<b>b</b>	Investments—other securities (attach schedule)	Cost	FMV	54b
<b>55a</b>	Investments—land, buildings, and equipment basis	55a		
<b>b</b>	Less accumulated depreciation (attach schedule)	55b	55c	
<b>56</b>	Investments—other (attach schedule)	56		
<b>57a</b>	Land, buildings, and equipment basis	57a	113,265	
<b>b</b>	Less accumulated depreciation (attach schedule)	57b	56,585	
<b>58</b>	Other assets, including program-related investments (describe )	70,659	57c	56,680
<b>59</b>	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	146,833	59	169,055
<b>60</b>	Accounts payable and accrued expenses	2,583	60	7,834
<b>61</b>	Grants payable	61		
<b>62</b>	Deferred revenue	62		
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)	63		
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)	64a		
<b>b</b>	Mortgages and other notes payable (attach schedule)	64b		
<b>65</b>	Other liabilities (describe )	65		
<b>66</b>	<b>Total liabilities.</b> Add lines 60 through 65	2,583	66	7,834
<b>67</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines</b> 67 through 69 and lines 73 and 74	144,250	67	161,221
<b>68</b>	Unrestricted	68		
<b>69</b>	Temporarily restricted	69		
<b>70</b>	Permanently restricted	70		
<b>71</b>	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and</b> complete lines 70 through 74	71		
<b>72</b>	Capital stock, trust principal, or current funds	72		
<b>73</b>	Paid-in or capital surplus, or land, building, and equipment fund	73		
<b>74</b>	Retained earnings, endowment, accumulated income, or other funds	74		
<b>75</b>	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	144,250	75	161,221
<b>76</b>	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	146,833	76	169,055

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

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

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

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

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

(A) Name and address		(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES RINTOUL	EAST OTIS	PRESIDENT			
177 TOLLAND ROAD	MA 01029	1	0	0	0
KATHLEEN RIDER	OTIS	TREAS/DIR			
1156 MONTEREY ROAD	MA 01253	1	0	0	0
DANIEL KIMBERLY	OTIS	SECRETARY			
1833 MONTEREY ROAD	MA 01253	.5	0	0	0
ROBERT CLARK	OTIS	DIRECTOR			
1094 N MAIN ROAD	MA 01253	.5	0	0	0
JEFFREY HAMMERLE	OTIS	DIRECTOR			
463 RESERVOIR ROAD	MA 01253	.5	0	0	0
ZITER SALOOMEY	EAST OTIS	DIRECTOR			
693 PINE ROAD	MA 01029	.5	0	0	0

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

Yes	No
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<p><b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ 6</span></p>			
<p><b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)</p>	75b		<b>X</b>
<p><b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization "</p> <p>If "Yes," attach a statement that includes the information described in the instructions</p>	75c		<b>X</b>
<p><b>d</b> Does the organization have a written conflict of interest policy?</p>	75d		<b>X</b>


**Part V-B: Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

## Part VI Other Information (See the instructions )

Yes	No
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<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>76</b>	<b>X</b>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>	<b>X</b>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the organization  <div style="text-align: right; margin-top: 10px;">           and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt         </div>	<div style="border: 1px solid black; padding: 2px;"> <b>81a</b> </div> <div style="text-align: right; margin-top: 10px;"> <b>0</b> </div>	
<b>81a</b> Enter direct and indirect political expenditures (See line 81 instructions)		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	<b>X</b>

Part VI Other Information (continued)		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>X</b>
<b>82b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		<b>X</b>
<b>85b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85c</b>	Dues, assessments, and similar amounts from members		<b>0</b>
<b>85d</b>	Section 162(e) lobbying and political expenditures		<b>0</b>
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		<b>0</b>
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		<b>0</b>
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
<b>85h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
<b>86a</b>	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>87a</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		<b>X</b>
<b>88b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.		<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955.		
<b>89b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		<b>X</b>
<b>89c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		<b>0</b>
<b>89d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization.		<b>0</b>
<b>89e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>X</b>
<b>89f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>X</b>
<b>89g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>90a</b>	List the states with which a copy of this return is filed: <b>MA</b>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2007. (See instructions.)		<b>2</b>
<b>91a</b>	The books are in care of: <b>ELAINE ARNOLD</b> <b>268 MONTEREY ROAD</b> Located at: <b>OTIS, MA</b>	Telephone no: <b>413-269-7388</b>	ZIP + 4: <b>01253</b>
<b>91b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes

No

☒

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise

indicated

93 Program service revenue

a **AMBULANCE SERVICE FEES**b **SUBSCRIPTIONS**

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue a

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E)) ▶

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

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

Line No.

▼ Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment

of the organization's exempt purposes (other than by providing funds for such purposes)

**SEE STATEMENT 4****Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐

Yes

☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐

Yes

☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	<b>X</b>

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

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

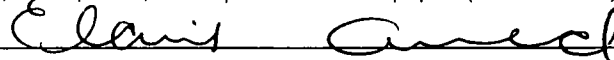

Yes	No
	<b>X</b>

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


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

Yes	No

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

<b>Please Sign Here</b>		Date
	Signature of officer	
		Date <b>7/26/10</b>
	Type or print name and title	

**Paid Preparer's Use Only**

Preparer's signature		Date	<b>7/02/10</b>	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X)	<b>P00395622</b>
Firm's name (or yours if self-employed), address, and ZIP + 4	<b>SMITH, WATSON &amp; CO., LLP</b>			EIN	<b>04-2530803</b>		
	<b>406 MAIN STREET</b>			Phone no	<b>413-528-1111</b>		
	<b>GREAT BARRINGTON, MA 01230</b>						

**Federal Statements****Statement 1 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

Description	Amount
SCHOLARSHIPS AWARDED	\$ 800
TOTAL	\$ 800

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
ADVERTISING	386	386		
FUEL	1,466	1,466		
DUES & SUBSCRIPTIONS	378	378		
MEMBERSHIPS	120	120		
POSTAGE & FREIGHT	989	989		
INSURANCE	16,523	16,523		
EMPLOYEE MEDICAL INSURANCE	307	307		
BANK CHARGES	140	140		
UNIFORMS	994	994		
SMALL TOOLS - RADIO EQUIP	612	612		
FLOWERS & GIFTS	362	362		
OFFICE EXPENSE	4,034	4,034		
BILLING FEES	4,476	4,476		
SATELLITE SERVICE	646	646		
ALS INTERCEPT FEES	5,620	5,620		
CASUAL LABOR	1,160	1,160		
RENTALS	929	929		
REPAIRS & MAINTENANCE	4,781	4,781		
VEHICLE MAINTENANCE	1,538	1,538		
LICENSES & REGISTRATIONS	330	330		
PROF DEV & CERTIFICATION	1,025	1,025		
TOTAL	\$ 46,816	\$ 46,816	\$ 0	\$ 0

## Federal Statements

### Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
EQUIPMENT	\$ 5,903	\$	\$ 13,544	\$
MOTOR VEHICLES	99,721		99,721	
A/D - EQUIPMENT		3,387		5,063
A/D - MOTOR VEHICLES		31,578		51,522
TOTAL	<u>\$ 105,624</u>	<u>\$ 34,965</u>	<u>\$ 113,265</u>	<u>\$ 56,585</u>

**Federal Statements****Statement 4 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93A	THESE FEES WERE RECEIVED FOR AMBULANCE SERVICES PROVIDED
93B	THESE FEES WERE RECEIVED BY INDIVIDUALS ELECTING TO SUBSCRIBE FOR AMBULANCE SERVICES IF NEEDED
93G	THESE FEES WERE RECEIVED BY CONTRACT WITH THE TOWN FOR AMBULANCE SERVICES PROVIDED

Form

**4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2007**Attachment  
Sequence No **67**

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

Name(s) shown on return

**OTIS RESCUE SQUAD, INC**

Identifying number

**51-0201186**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****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>125,000</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	3	<b>500,000</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	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>21,621</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 2007	17	<b>0</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		

**Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	<b>21,621</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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2007)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

Form **8868**

(Rev. April 2008)

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

OMB No. 1545-1709

► **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  <b>OTIS RESCUE SQUAD, INC</b>	Employer identification number  <b>51-0201186</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 145</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>OTIS MA 01253</b>	

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

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

*Copy*

- The books are in the care of ► **ARLENE RADWICH**

Telephone No ► **413-623-5544**

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 **5/15/09**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year or
- ☒ tax year beginning **7/01/07**, and ending **6/30/08**

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2008)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization  <b>OTIS RESCUE SQUAD, INC</b>	Employer identification number  <b>51-0201186</b>
	Number, street, and room or suite no If a P O box, see instructions <b>P.O. BOX 145</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>OTIS MA 01253</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-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **▶ ROBERT ROCHEDIEU**

Telephone No **▶ 561-234-9362**

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 is for

- 4 I request an additional 3-month extension of time until **5/15/09**
- 5 For calendar year **\_\_\_\_\_**, or other tax year beginning **7/01/07**, and ending **6/30/08**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</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>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a 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>8c</b>	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶**

Title **▶**

Date **▶ 2/10/09**

Form **8868** (Rev 4-2008)

*Copy*