Form 990-EZ

Short Form 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)

2007

OMB No 1545-1150

Department of the Treasury Internal Revenue Service Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

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K Check If the organization is not a section 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 cerum, be sure to file a complete return. Add lines 5, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	١.					7 504 4	2		1	T		required to	attach	Sched	ule B (Form 99	0,
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Part III Statement of Program Service Accomplishments (See the Instructions.) Expenses	<u>Form</u>	990-EZ (2007) Cannon County R	escue Squad		62	<u>-16374</u>	20_	_ <u>P</u>	age 2
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a Did the organization had income from business activities, such as mose reported on lines 2, 6, and 7 (among others), but not reported on Form 990-1, attach a statement explaining your reason for not reporting the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35b N/A 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a Did ('Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9		, ,	,	•	• • • • • • • • • • • • • • • • • • • •	•		×.	1
b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35b N/A 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement 36 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a X b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	35	If the organization had income from business activity a statement explaining your reason for not reporting	es, such as those reported on lines 2, the income on Form 990-T	6, and 7 (among others), but t	n o t reported on Form 9	190-T, attach			
b If 'Yes,' has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 36 If 'Yes,' attach a statement 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38 b N/A 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	а	Did the organization have unrelated busin	ness gross income of \$1,000	or more or 6033(e) notic	ce, reporting, and				.,
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 36		proxy tax requirements?						<u> </u>	<u> </u>
If 'Yes,' attach a statement 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38 b N/A 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	b	If 'Yes,' has it filed a tax return on Form	990-T for this year?				35 b	N/A	<u>A</u>
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38 a X b if 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38 b N/A 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	36		ination, or substantial contrac	ction during the year?			36		х
b Did the organization file Form 1120-POL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 5 b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	37 a	•	was achieved in carrying out the organization's exempt purposes. In a clear and convices provided, the number of persons benefited, or other relevant information for 2000 plus citizens of Cannon Co are served. Bescue squad assists in wrecks, search and rescue, er related incidents, and other hazards. 10,000.) If this amount includes foreign grants, check here 2000 plus citizens of Cannon Co are served with ment purchased to aid in emergencies. 3,000.) If this amount includes foreign grants, check here 2000 plus citizens of Cannon Co are served these funds which are used for occupancy expenses are Rescue Squad. 6,500.) If this amount includes foreign grants, check here 2000 plus citizens of Cannon Co are served these funds which are used for occupancy expenses are Rescue Squad. 6,500.) If this amount includes foreign grants, check here 2000 plus citizens of Cannon Co are served these funds which are used for occupancy expenses are rescue Squad. 6,500.) If this amount includes foreign grants, check here 2000 plus citizens and the service expenses. Add lines 28a through 31a st of Officers, Directors, Trustees, and Key Employees (List each of 1) Name and address (B) Title and average hours per week devoted to position (C) Compensation (I) on the paid of each change and a contraction for the promotion of the paid of each change are the planning your reason for not reporting the income on form 390. The part of the promotion of the paid of the pai		37.2	0			
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9			respiratory exempt purpose? Public Charity achieved in carrying out the organization's exempt purposes. In a clear and core servoided, the number of persons benefited, or other relevant information for the sprowded, the number of persons benefited, or other relevant information for the sprowded, the number of persons benefited, or other relevant information for the sprowded with a clear and core sequence and assists in wrecks, search and rescue, related incidents, and other hazards. 10,000.) If this amount includes foreign grants, check here the purchased to aid in emergencies. 3,000.) If this amount includes foreign grants, check here on plus citizens of Cannon Co are served as tunds which are used for occupancy expenses. Rescue Squad. 6,500.) If this amount includes foreign grants, check here metalic service squad. 6,500.) If this amount includes foreign grants, check here metalic service expenses. Add lines 28a through 31a of Officers, Directors, Trustees, and Key Employees (List each one per week devoted by the per week devoted for position (C) Compensation (If not paid, enter-0-). Inization have a change in its activities or methods of conducting activities? If "Yes, attach a conformation have unrelated business gross income of \$1,000 or more or 6033(e) not number of the provided provided in the instruction during the year? It filed a tax return on Form 990-T for this year? Inization borrow from, or make any loans to, any officer, director, trustee, or key on a state of the period covered by this the heschedule specified in the line 38 instructions are amount involved amount in				-		×
any such loans made in a prior year and still unpaid at the start of the period covered by this return? b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved 38b N/A 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	U	Did the organization me Form 1120-FOL	ioi uns year:				3/15		
and enter the amount involved 39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 N/A	38 a	Did the organization borrow from, or make any such loans made in a prior year and	te any loans to, any officer, di still unpaid at the start of the	rector, trustee, or key e period covered by this	employee or were return?		38 a		X
a Initiation fees and capital contributions included on line 9 39a N/A	b	If 'Yes,' attach the schedule specified in and enter the amount involved	the line 38 instructions		38b	N/	A		
a Initiation fees and capital contributions included on line 9	39	501(c)(7) organizations Enter					1%		
·		-	icluded on line 9		39 a	N/	A		

Form 990-E	EZ (2007) Can	non County	Rescue S	quad			62-	163742	20	P	age 3
Part V	Other Infor	mation (Note	the stateme	nt requireme	ent in the	instructions.)	(Continued)				
40 a 501 (d	c)(3) organizatio	ons Enter amount	t of tax imposed								
section	on 4911 ►		_, section 4912	2 ▶		_, section 4955 🟲			1		
year (c)(3) and (4) orgon or did it become h an explanation	e aware of an exc	ne organization ess benefit trar	engage in any s nsaction from a	section 495 prior year?	8 excess benefit t If 'Yes,'	ransaction durir	ng the	40 b	Yes	No X
c Enter	amount of tax under sections	ımposed on orgar 4912, 4955, and 4	nization manag 1958	ers or disqualifie	ed persons	during the	-				* .
d Enter	amount of tax	on line 40c reimb	ursed by the or	ganızatıon			-				
	rganizations At er transaction?	any time during t	he tax year, wa	s the organizati	ion a party	to a prohibited tax	(40 e	3, 3	X
41 List the	e states with which	a copy of this return i	s filed - Ten	nessee							
bAt an finand If 'Ye See t cAt an	ny time during the cial account in a cis, enter the nai the instructions by time during the circums and time during the circums and time during the circums are circums.	ne calendar year, a foreign country me of the foreign for exceptions an	did the organiz (such as a ban country - d filing requirer did the organiz	ation have an ir k account, secu	nterest in or rities accou	r a signature or other finance	her authority over		42b	Yes	No X
	enter the amour	nt of tax-exempt in	nterest received	or accrued dur	ing the tax		>	43		► 🗆	N/A
Please Sign Here	Michael True, correct, and of the street of	Dunlesh	of preparer (other th	s return, including ac an officer) is based o	on all information	chedules and statement of of which meparer ha	s, and to the best of s any knowledge 9-30-20 Date OOO	•	ge and be	elief, it is	
Paid Pre-	Preparer's signature	SUE H. PAT	CRICK, CPA	atrick)	Date 9-30-08	Check if self employed	Prepare General	r's SSN o Instruction	or PTIN on X)	(See
parer's Use	yours if self- employed),	109 LESTER		<u> </u>			EIN	>			
Only	address, and ZIP + 4	WOODBURY			TN	37190	Phone no	, ,	563-		
BAA				TEEA0812	12/27/07			Fo	orm 99	0-EZ ((2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

62-1637420 Cannon County Rescue Squad Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (a) Name and address of each (b) Title and average (c) Compensation (d) Contributions (e) Expense to employee benefit plans and deferred hours per week devoted to position employee paid more than \$50,000 account and other allowances compensation N/A Total number of other employees paid over \$50,000 None Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions, List each one (whether individuals or firms). If there are none, enter 'None.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service N/A Total number of others receiving over · X \$50,000 for professional services None Partil – B. Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None,' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation N/A Total number of other contractors receiving over \$50,000 for other services None

Sche	dule A	(Form 990 or 990-EZ) 2007	Cannon	County F	Rescue So	quad	62-1637	420	<u> </u>	Page 2
Par	t III "	Statements About Act	i vities (Se	e instructio	ns.)				Yes	No
1	to influ	the year, has the organization idence public opinion on a legislarred in connection with the lob equal amounts on line 38, Part	ative matter o bying activitie	or referendum es ►\$_	i? If 'Yes,' en	or local legislation, includ ter the total expenses pai	ling any attempt id	1		х
	organiz	zations that made an election or zations checking 'Yes' must con ng activities	under section mplete Part V	501(h) by filii 'I-B AND attac	ng Form 5768 ch a statemei	8 must complete Part VI- nt giving a detailed descr	A Other iption of the	٠.		
2	substa taxable	the year, has the organization ntial contributors, trustees, dire organization with which any sciary? (If the answer to any que	ectors, officers uch person is	s, creators, ke affiliated as	ey employees an officer, di	s, or members of their far rector, trustee, majority o	milies, or with any winer, or principal	4 3		5
a	Sale, e	exchange, or leasing of propert	γ°					2a		х
t	Lendin	g of money or other extension	of credit?					26		х
c	: Furnish	hing of goods, services, or facil	ıtıes?					20	:	х
c	l Payme	ent of compensation (or payme	nt or reimburs	sement of exp	enses if more	e than \$1,000)?		2 d		х
e	Transfe	er of any part of its income or a	assets?					2 e	-	x
3 <i>a</i>	Did the explan	e organization make grants for ation of how the organization of	scholarships, etermines tha	fellowships, s at recipients q	student loans jualify to rece	, etc? (If 'Yes,' attach an eive payments)		3a		х
t	Did the	e organization have a section 4	03(b) annuity	plan for its e	mployees?			3 b	-	x
C	to pres	e organization receive or hold a serve open space, the environn attach a detailed statement	n easement f nent, historic	for conservation land areas or	on purposes, historic struc	including easements stures? If		30		Х
c	Did the	e organization provide credit co	unseling, deb	t managemer	nt, credit repa	air, or debt negotiation se	rvices?	3 d		х
4a	Did the 4f and	e organization maintain any doi 4g	nor advised fi	unds? If 'Yes,'	complete lin	es 4b through 4g If 'No,'	complete lines	4a		x
t	Did the	e organization make any taxabl	e distributions	s under sectio	n 4966?			4 b		
C	: Did the	e organization make a distributi	on to a donor	, donor advis	or, or related	person?		40	_	
c	l Enter t	the total number of donor advis	ed funds own	ed at the end	of the tax ye	ear	-			
€	Enter t	the aggregate value of assets h	eld in all don	or advised fur	nds owned at	the end of the tax year	-			
f	funds i	the total number of separate fu included on line 4d) where done its in such funds or accounts	nds or accour ors have the i	nts owned at t right to provid	the end of the e advice on t	e tax year (excluding done he distribution or investm	or advised nent of			0
ç	Enter t	the aggregate value of assets h	eld in all fund	ds or accounts	s included on	line 4f at the end of the	tax year ►		49,	296.

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		•							•	
Sche	dule	A (Form 990 or 990	D-EZ) 2007 Ca	nnon	County Res	cue Squad		62-163	7420	Page 3
Par	t IV	Reason for	Non-Private I	ound	ation Status (S	See instructions.)				
cert	tify t	hat the organization	is not a private f	oundatio	on because it is (F	Please check only ONE appl	icable box)			
5		A church, convention	on of churches, or	r associ	ation of churches.	Section 170(b)(1)(A)(i)				
6		A school Section 1	70(b)(1)(A)(ıı). (A	Also con	nplete Part V)					
7		A hospital or a coop	perative hospital	service	organization Sect	ion 170(b)(1)(A)(iii)				
8		A federal, state, or	local government	or gove	ernmental unit Se	ction 170(b)(1)(A)(v)				
9		A medical research and state ►	organization ope	erated in	conjunction with a	a hospital Section 170(b)(1)(A)(III) Ent	ter the hospi	tal's name, c	ity,
10		An organization ope (Also complete the	erated for the ber Support Schedu	efit of a	college or univers rt IV-A)	sity owned or operated by a	governmen	tal unit Sect	ion 170(b)(1)	(A)(iv)
11 a		An organization tha Section 170(b)(1)(A	nt normally receive ()(vi). (Also comp	es a sut lete the	ostantial part of its Support Schedule	support from a governmen e in Part IV-A)	tal unit or fr	om the gene	ral public	
11 b		A community trust.	Section 170(b)(1)(A)(vı)	(Also complete th	e Support Schedule in Part	t IV-A)			
12	X	from activities relate from gross investment	ed to its charitable ent income and u	e, etc, f nrelated	unctions – subject 1 business taxable	of its support from contribut to certain exceptions, and income (less section 511 to complete the Support Sch	(2) no more	than 33-1/3	% of its supp	eceipts ort
13		An organization tha requirements of sec	t is not controlled tion 509(a)(3). C	l by any heck the	disqualified perso box that describe	ns (other than foundation mes the type of supporting org	nanagers) ai ganization: •	nd otherwise	meets the	
		Туре І	Type II		Type III-Functio	nally Integrated	Type III	-Other		
			Provide the	followi	ng information ab	out the supported organiza	tions. (See	instructions.)	
		(a) Name(s) of suppo organization(s	orted s)	Emplo n	(b) yer identification umber (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organization the sup organiz	d) upported on listed in uporting zation's rning nents?	(e) Amoun suppe	ıt of
	····									

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Schedule A (Form 990 or 990-EZ) 2007

An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2006 **(e)** Total Gifts, grants, and contributions received (Do not include unusual grants. See line 28) 80. 180. 200. 460. Membership fees received 16 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose 12,612. 747. 3,690. 17,049. Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec 511 taxes) from businesses acquired 103 by the organization after June 30, 1975 127. 230. Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 2,400. 2,400. 2,400. 2,400. 9,600. Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 2,400. 15,195. 3,327. 6,417. 27,339. 2,400. 24 Line 23 minus line 17 2,583 2,580. 2,727. 10,290. 24. Enter 1% of line 23 152 33. 64 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26 b c Total support for section 509(a)(1) test: Enter line 24, column (e) 26 c d Add: Amounts from column (e) for lines: 19 26 d 26 e e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' **Do not file this list with your return.** Enter the sum of (2006) _____ (2005) _ _ _ _ _ <u>0</u> . (2004) _ _ _ _ <u>0</u> . (2003) _ bFor any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: _ _ _ (2005) _ _ (2004)c Add: Amounts from column (e) for lines 15 16 27,109. 27 c d Add Line 27a total and line 27b total 27 d 0. e Public support (line 27c total minus line 27d total) 27 e f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27,339. q Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27 g 99.16 % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27 h 0.84 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant _Do not file this list with your return. Do not include these grants in line 15

Par	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	<u></u>	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		-
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	31		
		-	v	
32	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		_
•	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		}
(d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)	_		
33	Does the organization discriminate by race in any way with respect to		*	
•	a Students' rights or privileges?	33 a		
!	b Admissions policies?	33 ь		
•	c Employment of faculty or administrative staff?	33 c		
(d Scholarships or other financial assistance?	33 d		
•	e Educational policies?	33 e	_	
1	f Use of facilities?	331		
•	g Athletic programs?	33 g		
ı	h Other extracurricular activities?	33 h	- ,	
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		ź	
		1		
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
!	has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement	34b		1
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		
BAA	Cohed to A /F OC		90-EZ	200

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

	`						
Chec	k > a I if the organization belongs	to an affiliated group.	Check ► b	ıf	you check	ed ' a ' and 'limited contr	ol' provisions apply
		obbying Expenditues' means amounts paid of				(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influen	ce public opinion (grassr	oots lobbying)		36		0.
37	Total lobbying expenditures to influen	ce a legislative body (dire	ect lobbying)		37		
38	Total lobbying expenditures (add lines				38		0.
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (a	idd lines 38 and 39)			40		0.
41	Lobbying nontaxable amount Enter the	ne amount from the follow	wing table –				
	If the amount on line 40 is —	The lobbying nonta	axable amount i	s –			
	Not over \$500,000	20% of the amount	t on line 40] -	* 2	***
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of t	he excess over \$500,	000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of t	he excess over \$1,00	0,000	41		0.
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500	,000	[[
	Over \$17,000,000 .	\$1,000,000			J	No. of the second second	
42	Grassroots nontaxable amount (enter	25% of line 41)			42		0.
43	Subtract line 42 from line 36 Enter -0)- if line 42 is more than	line 36		43		0.
44	Subtract line 41 from line 38. Enter -0)- if line 41 is more than	line 38		44		0.
	Caution: If there is an amount on eith	ner line 43 or line 44, you	ı must file Form	4720		*	, **, }

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50.)

_		Lobbying Expenditures During 4 -Year Averaging Period												
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total								
45	Lobbying nontaxable amount													
46	Lobbying ceiling amount (150% of line 45(e))	\$	۵											
47	Total lobbying expenditures													
48	Grassroots non- taxable amount													
49	Grassroots ceiling amount (150% of line 48(e))	***	·											
50	Grassroots lobbying expenditures													

'art Ⅵ-	B. I	Lobbying .	Activity by	Nonelecting	Public Charit	ies
alt VI-	D.1	LODDVING .	ACLIVILY DV	Nonelectina	Public Griani	ш

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

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

a Volunteers

- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)
 - If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		*
		non es accomo mando a manusca escala
		L
L		

BAA

Schedule A (Form 990 or 990-EZ) 2007

	(Form 990 or 990-EZ) 20			ty Rescue Squa				age /
Part VII	Information Regard Exempt Organization	ding Trans ons (See	sfers To ar	nd Transactions ar S)	nd Relationships With Nonch	aritable ————		
51 Did th	ne reporting organization of Code (other than section	directly or ind	directly engag rganizations)	ge in any of the followin or in section 527, relati	ig with any other organization describing to political organizations?	ed in section	501(0	:)
	fers from the reporting or						Yes	
_	ash					51 a (i)		Х
(ii) C	Other assets					a (ii)		X
b Other	transactions							
(i) S	ales or exchanges of asse	ets with a no	incharitable e	xempt organization		b (i)		Х
(ii)P	urchases of assets from a	a noncharital	ble exempt or	ganization		b (ii)		X
(iii)R	ental of facilities, equipme	ent, or other	assets			b (iii)		Х
(iv)R	teimbursement arrangeme	ents				b (iv)		Х
	oans or loan guarantees					b (v)		Х
(vi)P	erformance of services or	membershı	p or fundraisi	ng solicitations		b (vi)		Х
c Shari	ng of facilities, equipment	i, mailing list	ts, other asse	ts, or paid employees		c	<u> </u>	X
d If the the go any tr	answer to any of the abou oods, other assets, or serv ransaction or sharing arra	ve is 'Yes,' c vices given t ingement, sh	complete the t by the reporting now in column	following schedule. Colu ng organization. If the o n (d) the value of the go	umn (b) should always show the fair r organization received less than fair ma ods, other assets, or services receive	narket value arket value ir ed	of 1	
(a) Line no.	(b) Amount involved	ĺ	(0		(d) Description of transfers, transactions, a			ts
			-					
				<u> </u>				
		-		·				
		<u> </u>				<u></u>		
			***************************************				-	
descr	organization directly or in ibed in section 501(c) of t s,' complete the following	the Code (ot	liated with, or her than sect	related to, one or more on 501(c)(3)) or in sect	e tax-exempt organizations cion 527?	► ☐ Ye	s X	No
	(a) Name of organization		Туре	(b) of organization	(c) Description of relat	ionship		
				<u></u>			_	
							_	

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. ► Attach to your tax return. OMB No 1545-0172

Identifying number

Name(s) shown on return Cannon County Rescue Squad 62-1637420 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 1 Maximum amount. See the instructions for a higher limit for certain businesses \$125,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 3 \$500,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property Enter the amount from line 29 7 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 q 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 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 2008. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.) 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 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 3,882 MACRS deductions for assets placed in service in tax years beginning before 2007 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 (C) Basis for depreciation (a) (b) Month and (f) Method (d) (e) (g) Depreciation (business/investment use year placed in service Classification of property Recovery period Convention only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs h Residential rental MM S/L property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property S/L MM Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs S/L b 12-year c 40-year 40 yrs MM S/L Part IV | Summary (see instructions) Listed property Enter amount from line 28 21 1,875.

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

23

5,757.

22

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

		(a) through (c)			•			- 1- 1-							
		n A – Deprecia				ution: 5							mobiles	<u> </u>	
24	a Do you have eviden	ce to support the bu	isiness/investmer			<u> </u>	Yes		No 24b	f 'Yes,' is th		written?		Yes	No
Ту	(a) /pe of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d) Cost other t	or	(busine	(e) or deprecia ess/investr ise only)		(f) Recover period		(g) lethod/ nvention	Depr	(h) reciation duction	Ele secti	(i) ected ion 179 cost
25	Special allowar and used more	nce for qualified than 50% in a c	Gulf Opportur qualified busin	nity Zone less use (property (see instr	placed uctions	ın servi)	ce du	iring the t	ax year	25		_		
26	Property used r		in a qualified	ousiness	use:	ı									
Vel	nicles	12/01/04	100.00	24	,387.		24,3	87.	5.00	200	DB/HY		1,875	<u>. </u>	
						-									
										[
_27	Property used 5	0% or less in a	qualified busi	ness use		· · · · ·		П							
	<u>-</u> .		 											-	
														-	
28	Add amounts in	column (h) lin	es 25 through	27 Enter	r here an	d on lin	e 21 n:	ane 1			28		1,875	┥	
29	Add amounts in						ic 21, pe	age i			1 20	.	29		
					B – Info		on Use	of V	ehicles						
Com to yo	plete this section our employees, fi	n for vehicles us rst answer the o	ed by a sole p questions in S	roprietor	, partner,	or othe	er 'more	than	5% owne	er,' or rela	ated pers	on If yo	ou provid	led vehi	cles
	-			(a)	(1	b)		(c)		d)	(6	e)	(1	n)
30	Total business/i during the year commuting mile	(do not include		Veh	icle 1	Vehi	cle 2	<u> </u>	ehicle 3	Veh	ıcle 4	Vehi	cle 5	Vehi	cle 6
31	Total commuting m	iles driven during th	ne year												
32	Total other pers	sonal (noncomm	nuting)												
33	Total miles drivines 30 through	en during the ye	ear Add												
				Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty l		ersonal use												
35	Was the vehicle than 5% owner	used primarily or related perso	by a more on?							ļ .					
36	Is another vehic personal use?														
			C – Question	-	-					•					
Ansv 5% d	wer these question owners or related	ns to determine persons (see ii	e if you meet a nstructions).	ın excepti	ion to cor	mpleting	g Sectio	n B fo	or vehicle	s used by	y employ	ees who	are not		
37	Do you maintair by your employe		y statement th	at prohib	its all pe	rsonal ι	use of ve	ehicle	s, includi	ng comm	iuting,		ŀ	Yes	No
38	Do you maintair employees? See	n a written polic e the instruction	y statement this for vehicles	at prohib	its person	nal use officer	of vehic	cles, d	except co	mmuting more owi	, by your ners				
39	Do you treat all	use of vehicles	by employees	as perso	onal use?)									
40	Do you provide vehicles, and re	more than five v	vehicles to you	ur employ	ees, obta	ain infoi	rmation	from	your emp	oloyees a	bout the	use of t	he		
41	Do you meet the Note: If your an												ļ		
Pai										, • • • • • • • • • • • • • • • • • • •				<u>_</u>	
	<u> </u>	(a)	······································		(b)	T	(c)		T .	(d)		(e)		(f)	
	Desc	cription of costs		Date an	nortization egins		Amortizab amount			Code ection	Amor	tization lod or entage	A fc	mortization or this year	n r
42	Amortization of	costs that begin	ns during your	2007 tax	year (se	e instru	ictions)		1						
43	Amortization of	costs that bega	an before your	2007 tax	year							43			
44	Total. Add amo	unts in column	(f). See the in	struction	s for whe	re to re	port					44			

Cannon County	Rescue	Squad
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62-1637420

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Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Continued

Description	Amount
A complete set of books has now been set up	0.
Total	58,378.

Form 990-EZ, Page 1, Part II, Line 24

Other Assets Statement

Line 24 - Other Assets:	Beginning of Year	End of Year
Equipment		31,412.
Vehicles		24,375.