

FURGISON & CO., CPA, PC
www.nnycpa.com

NORTHERN OSWEGO COUNTY AMBULANCE
INC
21 DELANO STREET
PULASKI, NY 13142

Tax Year: 2018

FURGISON & CO., CPA, PC
18874 US ROUTE 11
WATERTOWN, NY 13601
315-816-4650

May 8, 2019

CONFIDENTIAL

NORTHERN OSWEGO COUNTY AMBULANCE
INC
21 DELANO STREET
PULASKI, NY 13142

Dear Board Members:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)
Unrelated Business Income Tax Return (CT-13)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

FURGISON & CO., CPA, PC

Filing Instructions

NORTHERN OSWEGO COUNTY AMBULANCE INC

Exempt Organization Tax Return

Taxable Year Ended December 31, 2018

Date Due: May 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 12/31/18 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

FURGISON & CO., CPA, PC
18874 US ROUTE 11
WATERTOWN, NY 13601

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20 _____

2018

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization **NORTHERN OSWEGO COUNTY AMBULANCE INC** Employer identification number **23-7352277**

Name and title of officer **NORMAN E WALLIS JR
DIRECTOR OPERATIONS**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	1,425,344
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **FURGISON & CO., CPA, PC** to enter my PIN **13142** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date **05/08/19**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16687213601
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **Jonathan D. Furgison, CPA** Date **05/08/19**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **NORTHERN OSWEGO COUNTY AMBULANCE INC**
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): **21 DELANO STREET** Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: **PULASKI NY 13142**

D Employer identification number: **23-7352277**
E Telephone number: **315-298-6220**
G Gross receipts \$: **1,428,626**

F Name and address of principal officer:
DAVID ALLEN
21 DELANO ST
PULASKI NY 13142

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.NOCA-EMS.COM** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1973** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	34
	6	Total number of volunteers (estimate if necessary)	4
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	8,533
	7b	Net unrelated business taxable income from Form 990-T, line 38	2,202
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 24,231 Current Year: 98,783
	9	Program service revenue (Part VIII, line 2g)	1,287,666 1,288,138
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,216 22,724
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,409 15,699
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,345,522 1,425,344
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	889,871 921,379
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	379,036 405,070
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,268,907 1,326,449
	19	Revenue less expenses. Subtract line 18 from line 12	76,615 98,895
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 2,284,891 End of Year: 2,350,717
	21	Total liabilities (Part X, line 26)	33,573 504
	22	Net assets or fund balances. Subtract line 21 from line 20	2,251,318 2,350,213

Part II Signature Block

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.

Sign Here

Signature of officer: **NORMAN E WALLIS JR** Date: _____
 Type or print name and title: **DIRECTOR OPERATIONS**

Paid Preparer Use Only

Print/Type preparer's name: **Jonathan D. Furgison, CPA** Preparer's signature: **Jonathan D. Furgison, CPA** Date: **05/08/19** Check if self-employed PTIN: **P00484140**

Firm's name: **FURGISON & CO., CPA, PC** Firm's EIN: **20-0565143**
 Firm's address: **18874 US ROUTE 11 WATERTOWN, NY 13601** Phone no.: **315-816-4650**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

See Schedule O

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **1,076,237** including grants of \$) (Revenue \$ **1,288,138**)

PROVIDES NORTHERN OSWEGO COUNTY WITH EMERGENCY AMBULANCE AND MEDICAL SERVICES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$ **14,087** including grants of \$) (Revenue \$)

4e Total program service expenses **1,090,324**

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 (see instructions)?	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		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 United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	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		
	2a 34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	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)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	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
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, 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 (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization	X	
16a	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

ROBERT TRAINHAM, TREASURER **21 DELANO STREET** **NY 13142** **315-298-6220**
PULASKI

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NORMAN E WALLIS	JR 40.00									
DIRECTOR OPERATIONS	0.00	X					72,847	0	0	
(2) STEPHANIE PIERCE	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) DAVID ALLEN	20.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) ROBERT TRAINHAM	20.00									
TREASURER	0.00	X		X			0	0	0	
(5) DAVID KOHR	10.00									
SECRETARY	0.00	X		X			0	0	0	
(6) ANN STACY	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) WAYNE DEALING	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) KEN ZAHN	20.00									
VICE-PRESIDENT	0.00	X		X			0	0	0	
(9) KAREN PATERNITI	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) CANDY GILBERT	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) PAMELA HELINGER	2.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							72,847			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							72,847			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 20,658				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 78,125				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		98,783			
Program Service Revenue		Busn. Code				
	2a FEES FOR SERVICES	621910	902,794	902,794		
	b TOWN CONTRACT REVENUE	621910	377,500	377,500		
	c CONTRACTED MEDICAL INC	621990	7,844	7,844		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		1,288,138				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,935		12,935	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		9,789		
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)		9,789			
	d Net gain or (loss)		9,789	5,000		4,789
	8a Gross income from fundraising events (not including \$ 20,658 of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b 3,282			
c Net income or (loss) from fundraising events			-3,282			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a BILLING INCOME	561000	8,533		8,533		
b CPR COURSE INCOME	621910	6,524	6,524			
c MISCELLANEOUS	621910	2,324	2,324			
d All other revenue	621910	1,600	1,600			
e Total. Add lines 11a-11d		18,981				
12 Total revenue. See instructions.		1,425,344	1,303,586	8,533	17,724	

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	779,870	612,198	167,672	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,032	11,015	3,017	
9 Other employee benefits	67,296	53,906	13,390	
10 Payroll taxes	60,181	47,242	12,939	
11 Fees for services (non-employees):				
a Management	5,000		5,000	
b Legal	2,024	1,589	435	
c Accounting	18,912	17,020	1,892	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,773		1,773	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,296	200	1,096	
12 Advertising and promotion	504	504		
13 Office expenses	3,190	2,871	319	
14 Information technology	15,852	14,267	1,585	
15 Royalties				
16 Occupancy	28,955	26,059	2,896	
17 Travel	1,574	951	623	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,575	2,275	300	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,858	132,858		
23 Insurance	58,420	55,155	3,265	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Fuel	36,769	36,769		
b Medical Supplies	32,098	32,098		
c Vehicle Repairs & Maint.	22,030	22,030		
d Equipment Maint & Supply	19,005	17,104	1,901	
e All other expenses	22,235	4,213	18,022	
25 Total functional expenses. Add lines 1 through 24e	1,326,449	1,090,324	236,125	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	495,436	1	350,175
	2	Savings and temporary cash investments	511,173	2	718,736
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	9,013	8	9,651
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,839,396		
	b	Less: accumulated depreciation	10b 779,494	10c	1,059,902
	11	Investments—publicly traded securities	219,539	11	212,253
	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	23,664	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,284,891	16	2,350,717	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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 to unrelated third parties	32,523	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,050	25	504
	26	Total liabilities. Add lines 17 through 25	33,573	26	504
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,251,318	27	2,350,213
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,251,318	33	2,350,213	
34	Total liabilities and net assets/fund balances	2,284,891	34	2,350,717	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,425,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,326,449
3	Revenue less expenses. Subtract line 2 from line 1	3	98,895
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,251,318
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,350,213

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization NORTHERN OSWEGO COUNTY AMBULANCE INC	Employer identification number 23-7352277
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,178	31,581	20,100	24,231	98,783	195,873
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21,178	31,581	20,100	24,231	98,783	195,873
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						195,873

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	21,178	31,581	20,100	24,231	98,783	195,873
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	943	917	3,951	24,619	12,935	43,365
9 Net income from unrelated business activities, whether or not the business is regularly carried on	15,035	20,992	14,368	16,000	5,852	72,247
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10	265		64		339
11 Total support. Add lines 7 through 10						311,824
12 Gross receipts from related activities, etc. (see instructions)					12	2,593,961

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	62.82%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	73.47%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and 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—2017. 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—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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 **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<i>see instructions</i>).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

\$ 339

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization NORTHERN OSWEGO COUNTY AMBULANCE INC	Employer identification number 23-7352277
---	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

NORTHERN OSWEGO COUNTY AMBULANCE

Employer identification number

23-7352277

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOUTHERN OSWEGO VOLUNTEER AMBULANCE CORP GERTRUDE DR 8 CENTRAL SQUARE NY 13036	\$ 72,764	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: NORTHERN OSWEGO COUNTY AMBULANCE INC; Employer identification number: 23-7352277

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Conservation Easements section including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets section including questions 1a, 1b, 2, and 3.

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

- 3** Using the organization's acquisition, 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 XIII.
- 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 Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,725		2,725
b Buildings		952,801	204,063	748,738
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **751,463**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	504
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,425,344
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,425,344
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,425,344

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,326,449
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	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,326,449
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,326,449

Part XIII Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 4b - Revenue Amounts Included on Return - Other

ACCRUAL BASIS TO CASH BASIS ADJMNTS \$ 0

Part XII, Line 4b - Expense Amounts Included on Return - Other

ACCRUAL BASIS TO CASH BASIS ADJMNTS \$ 0

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

**NORTHERN OSWEGO COUNTY AMBULANCE
INC**

Employer identification number

23-7352277

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FUNDRAISING EVE (event type)	_____ (event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	20,658			20,658
	2 Less: Contributions	20,658			20,658
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,282			3,282
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,282
11 Net income summary. Subtract line 10 from line 3, column (d)				-3,282	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor				
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? **Yes** **No**

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? **Yes** **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter 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 contract with a third party from whom the organization receives gaming revenue? **Yes** **No**

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 of the third party:

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? **Yes** **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization	NORTHERN OSWEGO COUNTY AMBULANCE INC	Employer identification number 23-7352277
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Form 990 - Organization's Mission

The mission of the Organization is to provide emergency medical care, transportation and basic emergency medical training for the residents of the seven towns located in the northeastern quadrant of Oswego County, New York. We strive to make available a highly efficient, affordable and effective ambulance service using well trained and skilled Advance Life Support and Emergency Medical Service personnel who operate specialized vehicles and equipment to meet the needs of our patients.

Form 990, Part III, Line 4d - All Other Accomplishments

PROVIDES NORTHERN OSWEGO COUNTY WITH EMERGENCY AMBULANCE AND MEDICAL SERVICES.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE AGENCY PROVIDES COPIES OF THE FORM 990 TO THE BOARD PRIOR TO ITS FILING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

MEMOS ARE FILED FROM EACH BOARD MEMBER REGARDING ANY CONFLICT OF INTERESTS THAT MAY EXIST.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE BOARD REVIEWS AND APPROVES ALL COMPENSATION BY COMPARING THE COMPENSATION OF AREA AGENCIES WITH THE NEEDS AND RESOURCES OF THE ORGANIZATION.

Name of the organization

Employer identification number

NORTHERN OSWEGO COUNTY AMBULANCE

23-7352277

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THE AGENCY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON DEMAND.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

ACCRUAL BASIS TO CASH BASIS ADJMNTS \$ 0

ACCRUAL BASIS TO CASH BASIS ADJMNTS \$ 0

Filing Instructions

NORTHERN OSWEGO COUNTY AMBULANCE INC

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2018

Date Due: May 15, 2019

Remittance: None is required. Your Form 990-T for the tax year ended 12/31/18 shows a total overpayment of \$2,178, all of which is to be credited to your estimated tax liability for the coming year.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

B Exempt under section

501(c) (**C**) (**3**)

408(e) 220(e)

408A 530(a)

529(a)

Name of organization (Check box if name changed and see instructions.)
**NORTHERN OSWEGO COUNTY AMBULANCE
INC**

Number, street, and room or suite no. If a P.O. box, see instructions.
21 DELANO STREET

City or town, state or province, country, and ZIP or foreign postal code
PULASKI NY 13142

D Employer identification number
(Employees' trust, see instructions.)
23-7352277

E Unrelated business activity code
(See instructions.)
561000

C Book value of all assets at end of year
2,350,717

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here
▶ _____ . If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation.
▶ _____

J The books are in care of ▶ **ROBERT TRAINHAM, TREASURE** Telephone number ▶ **315-298-6220**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnership and S corporation (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule) See Stmt 1	12	8,533		8,533
13 Total. Combine lines 3 through 12	13	8,533		8,533

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	741
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 0
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule) See Statement 2		28	940
29 Total deductions. Add lines 14 through 28		29	1,681
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	6,852
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income. Subtract line 31 from line 30		32	6,852

Part III Total Unrelated Business Taxable income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	6,852
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	3,650
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	3,202
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	2,202

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	462
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	462

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	462
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	462
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	2,640
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	2,640
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,178
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 2,178 Refunded	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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

Signature of officer _____ Date _____ Title **DIRECTOR OPERATIONS**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Jonathan D. Furgison, CPA	Preparer's signature Jonathan D. Furgison, CPA	Date 05/08/19	Check <input type="checkbox"/> if self-employed	PTIN P00484140
	Firm's name FURGISON & CO., CPA, PC	Firm's EIN 20-0565143		Firm's address 18874 US ROUTE 11 WATERTOWN, NY 13601	
	Phone no. 315-816-4650				

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Federal Statements

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
BILLING INCOME	\$ 8,533
Total	\$ 8,533

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Other Expenses	\$ 940
Total	\$ 940

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment Sequence No. **179**

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **NORTHERN OSWEGO COUNTY AMBULANCE INC** Identifying number **23-7352277**

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 instructions)	1	1,000,000
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	2,500,000
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 2017 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	132,858

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
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 2018 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			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	132,858
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** (2018)

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
2	BUILDINGS	1/01/89	42,000				42,000	31	MO S/L	38,667	1,333
3	IMPROVEMENTS	1/01/89	5,847				5,847	31	MO S/L	5,389	185
4	IMPROVEMENTS	1/01/95	3,300				3,300	39	MO S/L	1,953	84
5	IMPROVEMENTS	5/05/97	6,000				6,000	39	MO S/L	3,541	154
6	IMPROVEMENTS	7/01/03	7,000				7,000	39	MO S/L	2,597	180
7	IMPROVEMENTS	12/31/05	3,000				3,000	39	MO S/L	923	77
8	IMPROVEMENTS	12/31/05	7,181				7,181	39	MO S/L	2,209	184
9	PHASE 1 RENOVATIONS	8/27/12	445,092				445,092	39	MO S/L	60,868	11,412
10	ALTERATION COSTS-PHASE II	8/27/12	19,552				19,552	39	MO S/L	2,673	502
11	RENOVATIONS PHASE III	12/21/12	215,272				215,272	39	MO S/L	27,599	5,520
12	RENOVATIONS	6/01/13	139,554				139,554	39	MO S/L	16,400	3,579
13	NEW MAIN ENTERANCE	9/14/14	21,500				21,500	39	MO S/L	1,837	552
14	SERVER ROOM	10/22/15	2,208				2,208	39	MO S/L	123	56
15	SERVER ROOM A/C	5/30/15	2,600				2,600	39	MO S/L	172	67
16	RADIOS	1/21/97	2,362				2,362	7	MO200DB	2,362	0
17	TOUGHBOOK LAPTOP	3/15/11	3,850				3,850	5	MO S/L	3,850	0
18	TOUGHBOOK LAPTOP	3/15/11	3,850				3,850	5	MO S/L	3,850	0
19	OFFICE EQUIPMENT	1/01/95	2,068				2,068	7	MO200DB	2,068	0
20	FURNITURE	12/31/08	1,100				1,100	5	MO S/L	1,100	0
21	COMPUTER WORKSTATIONS	6/03/09	2,750				2,750	5	MO S/L	2,750	0
22	DELL LAPTOP	6/03/09	660				660	5	MO S/L	660	0
23	COPIER	3/10/10	2,000				2,000	5	MO S/L	2,000	0
24	TRAINING LAPTOP - PHASE 1 RENOV/	6/29/10	529				529	5	MO S/L	529	0
25	7 YEAR PROPERTY - PHASE II	8/27/12	483				483	7	MO S/L	368	69
26	RENOVATIONS - 7 YR PROPERTY	12/20/12	7,818				7,818	7	MO S/L	5,584	1,117
27	PHASE III 7- YEAR PROPERTY	6/01/13	7,044				7,044	7	MO S/L	4,612	1,007
28	NARCOTICS LAPTOP	4/10/13	410				410	7	MO S/L	279	58
29	MINI COMPUTERS FOR BUSINESS OFF	4/10/13	640				640	7	MO S/L	434	92
30	WASHER	10/16/13	571				571	7	MO S/L	340	81
31	APPLE COMPUTER - TRAINING ROOM	1/06/14	1,403				1,403	5	MO S/L	1,123	280
32	HOME THEATRE - TRAINING ROOM	1/06/14	580				580	5	MO S/L	464	116
33	LECTURN - TRAINING ROOM	1/09/14	1,000				1,000	5	MO S/L	800	200
34	SMART PODIUM - TRAINING ROOM	1/22/14	2,987				2,987	5	MO S/L	2,339	598
35	COPIER	10/21/14	3,988				3,988	5	MO S/L	2,526	797
36	BLADE SERVER	12/03/14	3,400				3,400	5	MO S/L	2,097	680
37	BATTERY BACKUP FOR SERVER	1/22/15	3,566				3,566	5	MO S/L	2,080	713
38	KEYFOB ENTRY SYSTEM W/ BATTER'	11/18/15	2,210				2,210	5	MO S/L	921	442
39	LEAD LIFE PAK	3/13/11	28,886				28,886	5	MO S/L	28,886	0
40	PRINTERS	2/26/09	7,844				7,844	5	MO S/L	7,844	0
41	STRETCHER	2/08/12	3,115				3,115	5	MO S/L	3,115	0
42	STRETCHER	2/08/12	3,115				3,115	5	MO S/L	3,115	0
43	STRETCHER	2/08/12	3,115				3,115	5	MO S/L	3,115	0
44	LBS LARGE BODY SURFACE EXTENSI	2/28/12	990				990	5	MO S/L	990	0
45	CPR TRAINING MANNEQUIN	3/14/12	1,848				1,848	5	MO S/L	1,848	0
46	EZ GLIDE STAIR CHAIR	7/18/12	1,850				1,850	5	MO S/L	1,850	0
47	LIFE PAK 15 - LEAD	10/08/12	32,230				32,230	5	MO S/L	32,230	0
48	CONTROLLED SUBSTANCE SAFE	5/10/13	1,580				1,580	5	MO S/L	1,475	105
49	15 LEAD LIFE PAK	7/15/13	32,230				32,230	5	MO S/L	29,007	3,223
50	STAIR CHAIR	10/23/14	725				725	5	MO S/L	459	145
51	15 LEAD LIFE PAK	11/24/14	32,230				32,230	5	MO S/L	19,875	6,446
52	LIFE PAK 1000	7/22/15	1,921				1,921	5	MO S/L	928	385
53	MULTITECH 3G MODEMS	9/30/15	2,296				2,296	5	MO S/L	1,033	459
54	LUCAS CPR DEVICE	12/07/15	14,717				14,717	5	MO S/L	6,132	2,943
56	2011 CHEVROLET AMBULANCE	3/11/12	108,570				108,570	5	MO S/L	108,570	0
	Sold/Scrapped: 7/19/18										
57	2011 FORD ESCAPE SQUAD CAR	4/13/12	22,833				22,833	5	MO S/L	22,833	0
58	2013 CHEVROLET AMBULANCE	1/21/13	109,570				109,570	5	MO S/L	107,744	1,826
59	2013 CHEVROLET AMBULANCE	1/19/14	109,570				109,570	5	MO S/L	85,830	21,914
60	JD TRACTOR W/ LOADER	11/12/14	22,700				22,700	5	MO S/L	14,377	4,540
61	AED LIFE PAK 1000 TRAINING SYSTEM	8/06/16	1,039				1,039	5	MO S/L	294	208
62	CO DETECTORS - ALTAIR	1/18/16	1,163				1,163	5	MO S/L	446	232
63	LUCAS DEVICE	2/19/16	14,023				14,023	5	MO S/L	5,376	2,804
64	WASHER MOFEL AWN432SP	3/28/16	799				799	5	MO S/L	280	160
65	HOT WATER HEATER	4/06/16	388				388	5	MO S/L	136	77
66	SCOOP STRETCHERS	4/18/16	210				210	5	MO S/L	70	42
67	VACUUM	8/24/16	180				180	5	MO S/L	48	36
68	STRETCHER AND LOADERS	9/26/16	89,339				89,339	5	MO S/L	22,335	17,868
69	DV - 440 (QUANTITY 4)	10/21/16	2,100				2,100	5	MO S/L	490	420

23-7352277

Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	CURBING & PAVING	10/27/16	16,250			16,250	15 MO S/L	1,264	1,084
71	LUCAS DEVICE	5/01/17	2,000			2,000	5 MO S/L	267	400
72	STRYKER STAIR PRO	6/14/17	7,111			7,111	5 MO S/L	830	1,422
73	35X PROFLEX STRETCHER	11/19/15	4,599			4,599	5 MO S/L	1,916	920
74	(D) UPGRADE LIFE PAK 12	8/04/11	4,274			4,274	5 MO S/L	4,274	0
75	MODEMS	9/17/09	600			600	5 MO S/L	600	0
76	(D) 12 LEAD MONITOR	5/10/02	15,000			15,000	5 MO S/L	15,000	0
77	2017 FORD E-350 AMBULANCE	6/07/17	104,887			104,887	5 MO S/L	12,237	20,977
78	3X RECLINER	2/13/18	2,250			2,250	5 MO S/L	0	413
79	STRYKER POWER STRETCHER	4/30/18	19,043			19,043	5 MO S/L	0	2,539
80	TRISTAR TS3 AMBULANCE	7/19/18	127,075			127,075	5 MO S/L	0	10,590
81	CPR MANIKIN	11/05/18	10,761			10,761	5 MO S/L	0	359
82	AIRTRAQ	11/29/18	3,420			3,420	5 MO S/L	0	57
83	AIRTRAQ-PEDS	12/06/18	320			320	5 MO S/L	0	5
84	GARAGE ENTRY	5/07/18	920			920	39 MO S/L	0	16
85	DRIVEWAY SEAL	6/08/18	2,725			2,725	15 MO S/L	0	106
86	GUTTERS	7/05/18	180			180	39 MO S/L	0	2
Total Other Depreciation			<u>1,947,966</u>			<u>1,947,966</u>		<u>755,206</u>	<u>132,858</u>
Total ACRS and Other Depreciation			<u>1,947,966</u>			<u>1,947,966</u>		<u>755,206</u>	<u>132,858</u>
Grand Totals			1,947,966			1,947,966		755,206	132,858
Less: Dispositions and Transfers			108,570			108,570		108,570	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>1,839,396</u>			<u>1,839,396</u>		<u>646,636</u>	<u>132,858</u>

23-7352277

NY Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Other Depreciation:								
2	BUILDINGS	1/01/89	42,000	42,000	38,667	1,333	1,333	0
3	IMPROVEMENTS	1/01/89	5,847	5,847	5,389	185	185	0
4	IMPROVEMENTS	1/01/95	3,300	3,300	1,953	84	84	0
5	IMPROVEMENTS	5/05/97	6,000	6,000	3,541	154	154	0
6	IMPROVEMENTS	7/01/03	7,000	7,000	2,597	180	180	0
7	IMPROVEMENTS	12/31/05	3,000	3,000	923	77	77	0
8	IMPROVEMENTS	12/31/05	7,181	7,181	2,209	184	184	0
9	PHASE 1 RENOVATIONS	8/27/12	445,092	445,092	60,868	11,412	11,412	0
10	ALTERATION COSTS-PHASE II	8/27/12	19,552	19,552	2,673	502	502	0
11	RENOVATIONS PHASE III	12/21/12	215,272	215,272	27,599	5,520	5,520	0
12	RENOVATIONS	6/01/13	139,554	139,554	16,400	3,579	3,579	0
13	NEW MAIN ENTERANCE	9/14/14	21,500	21,500	1,837	552	552	0
14	SERVER ROOM	10/22/15	2,208	2,208	123	56	56	0
15	SERVER ROOM A/C	5/30/15	2,600	2,600	172	67	67	0
16	RADIOS	1/21/97	2,362	2,362	2,362	0	0	0
17	TOUGHBOOK LAPTOP	3/15/11	3,850	3,850	3,850	0	0	0
18	TOUGHBOOK LAPTOP	3/15/11	3,850	3,850	3,850	0	0	0
19	OFFICE EQUIPMENT	1/01/95	2,068	2,068	2,068	0	0	0
20	FURNITURE	12/31/08	1,100	1,100	1,100	0	0	0
21	COMPUTER WORKSTATIONS	6/03/09	2,750	2,750	2,750	0	0	0
22	DELL LAPTOP	6/03/09	660	660	660	0	0	0
23	COPIER	3/10/10	2,000	2,000	2,000	0	0	0
24	TRAINING LAPTOP - PHASE 1 RENOV/	6/29/10	529	529	529	0	0	0
25	7 YEAR PROPERTY - PHASE II	8/27/12	483	483	368	69	69	0
26	RENOVATIONS - 7 YR PROPERTY	12/20/12	7,818	7,818	5,584	1,117	1,117	0
27	PHASE III 7- YEAR PROPERTY	6/01/13	7,044	7,044	4,612	1,007	1,007	0
28	NARCOTICS LAPTOP	4/10/13	410	410	279	58	58	0
29	MINI COMPUTERS FOR BUSINESS OFF	4/10/13	640	640	434	92	92	0
30	WASHER	10/16/13	571	571	340	81	81	0
31	APPLE COMPUTER - TRAINING ROOM	1/06/14	1,403	1,403	1,123	280	280	0
32	HOME THEATRE - TRAINING ROOM	1/06/14	580	580	464	116	116	0
33	LECTURN - TRAINING ROOM	1/09/14	1,000	1,000	800	200	200	0
34	SMART PODIUM - TRAINING ROOM	1/22/14	2,987	2,987	2,339	598	598	0
35	COPIER	10/21/14	3,988	3,988	2,526	797	797	0
36	BLADE SERVER	12/03/14	3,400	3,400	2,097	680	680	0
37	BATTERY BACKUP FOR SERVER	1/22/15	3,566	3,566	2,080	713	713	0
38	KEYFOB ENTRY SYSTEM W/ BATTER'	11/18/15	2,210	2,210	921	442	442	0
39	LEAD LIFE PAK	3/13/11	28,886	28,886	28,886	0	0	0
40	PRINTERS	2/26/09	7,844	7,844	7,844	0	0	0
41	STRETCHER	2/08/12	3,115	3,115	3,115	0	0	0
42	STRETCHER	2/08/12	3,115	3,115	3,115	0	0	0
43	STRETCHER	2/08/12	3,115	3,115	3,115	0	0	0
44	LBS LARGE BODY SURFACE EXTENSI	2/28/12	990	990	990	0	0	0
45	CPR TRAINING MANNEQUIN	3/14/12	1,848	1,848	1,848	0	0	0
46	EZ GLIDE STAIR CHAIR	7/18/12	1,850	1,850	1,850	0	0	0
47	LIFE PAK 15 - LEAD	10/08/12	32,230	32,230	32,230	0	0	0
48	CONTROLLED SUBSTANCE SAFE	5/10/13	1,580	1,580	1,475	105	105	0
49	15 LEAD LIFE PAK	7/15/13	32,230	32,230	29,007	3,223	3,223	0
50	STAIR CHAIR	10/23/14	725	725	459	145	145	0
51	15 LEAD LIFE PAK	11/24/14	32,230	32,230	19,875	6,446	6,446	0
52	LIFE PAK 1000	7/22/15	1,921	1,921	928	385	385	0
53	MULTITECH 3G MODEMS	9/30/15	2,296	2,296	1,033	459	459	0
54	LUCAS CPR DEVICE	12/07/15	14,717	14,717	6,132	2,943	2,943	0
56	2011 CHEVROLET AMBULANCE	3/11/12	108,570	108,570	108,570	0	0	0
	Sold/Scrapped: 7/19/18							
57	2011 FORD ESCAPE SQUAD CAR	4/13/12	22,833	22,833	22,833	0	0	0
58	2013 CHEVROLET AMBULANCE	1/21/13	109,570	109,570	107,744	1,826	1,826	0
59	2013 CHEVROLET AMBULANCE	1/19/14	109,570	109,570	85,830	21,914	21,914	0
60	JD TRACTOR W/ LOADER	11/12/14	22,700	22,700	14,377	4,540	4,540	0
61	AED LIFE PAK 1000 TRAINING SYSTEM	8/06/16	1,039	1,039	294	208	208	0
62	CO DETECTORS - ALTAIR	1/18/16	1,163	1,163	446	232	232	0
63	LUCAS DEVICE	2/19/16	14,023	14,023	5,376	2,804	2,804	0
64	WASHER MOFEL AWN432SP	3/28/16	799	799	280	160	160	0
65	HOT WATER HEATER	4/06/16	388	388	136	77	77	0
66	SCOOP STRETCHERS	4/18/16	210	210	70	42	42	0
67	VACUUM	8/24/16	180	180	48	36	36	0
68	STRETCHER AND LOADERS	9/26/16	89,339	89,339	22,335	17,868	17,868	0
69	DV - 440 (QUANTITY 4)	10/21/16	2,100	2,100	490	420	420	0

23-7352277

NY Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
70	CURBING & PAVING	10/27/16	16,250	16,250	1,264	1,084	1,084	0
71	LUCAS DEVICE	5/01/17	2,000	2,000	267	400	400	0
72	STRYKER STAIR PRO	6/14/17	7,111	7,111	830	1,422	1,422	0
73	35X PROFLEX STRETCHER	11/19/15	4,599	4,599	1,916	920	920	0
74	(D) UPGRADE LIFE PAK 12	8/04/11	4,274	4,274	4,274	0	0	0
75	MODEMS	9/17/09	600	600	600	0	0	0
76	(D) 12 LEAD MONITOR	5/10/02	15,000	15,000	15,000	0	0	0
77	2017 FORD E-350 AMBULANCE	6/07/17	104,887	104,887	12,237	20,977	20,977	0
78	3X RECLINER	2/13/18	2,250	2,250	0	413	413	0
79	STRYKER POWER STRETCHER	4/30/18	19,043	19,043	0	2,539	2,539	0
80	TRISTAR TS3 AMBULANCE	7/19/18	127,075	127,075	0	10,590	10,590	0
81	CPR MANIKIN	11/05/18	10,761	10,761	0	359	359	0
82	AIRTRAQ	11/29/18	3,420	3,420	0	57	57	0
83	AIRTRAQ-PEDS	12/06/18	320	320	0	5	5	0
84	GARAGE ENTRY	5/07/18	920	920	0	16	16	0
85	DRIVEWAY SEAL	6/08/18	2,725	2,725	0	106	106	0
86	GUTTERS	7/05/18	180	180	0	2	2	0
Total Other Depreciation			<u>1,947,966</u>	<u>1,947,966</u>	<u>755,206</u>	<u>132,858</u>	<u>132,858</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,947,966</u>	<u>1,947,966</u>	<u>755,206</u>	<u>132,858</u>	<u>132,858</u>	<u>0</u>
Grand Totals			1,947,966	1,947,966	755,206	132,858	132,858	0
Less: Dispositions			108,570	108,570	108,570	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>1,839,396</u>	<u>1,839,396</u>	<u>646,636</u>	<u>132,858</u>	<u>132,858</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	BUILDINGS	1/01/89	42,000	1,333	0
3	IMPROVEMENTS	1/01/89	5,847	186	0
4	IMPROVEMENTS	1/01/95	3,300	85	0
5	IMPROVEMENTS	5/05/97	6,000	154	0
6	IMPROVEMENTS	7/01/03	7,000	179	0
7	IMPROVEMENTS	12/31/05	3,000	77	0
8	IMPROVEMENTS	12/31/05	7,181	184	0
9	PHASE I RENOVATIONS	8/27/12	445,092	11,413	0
10	ALTERATION COSTS-PHASE II	8/27/12	19,552	501	0
11	RENOVATIONS PHASE III	12/21/12	215,272	5,519	0
12	RENOVATIONS	6/01/13	139,554	3,578	0
13	NEW MAIN ENTERANCE	9/14/14	21,500	551	0
14	SERVER ROOM	10/22/15	2,208	57	0
15	SERVER ROOM A/C	5/30/15	2,600	67	0
16	RADIOS	1/21/97	2,362	0	0
17	TOUGHBOOK LAPTOP	3/15/11	3,850	0	0
18	TOUGHBOOK LAPTOP	3/15/11	3,850	0	0
19	OFFICE EQUIPMENT	1/01/95	2,068	0	0
20	FURNITURE	12/31/08	1,100	0	0
21	COMPUTER WORKSTATIONS	6/03/09	2,750	0	0
22	DELL LAPTOP	6/03/09	660	0	0
23	COPIER	3/10/10	2,000	0	0
24	TRAINING LAPTOP - PHASE I RENOVATIONS	6/29/10	529	0	0
25	7 YEAR PROPERTY - PHASE II	8/27/12	483	46	0
26	RENOVATIONS - 7 YR PROPERTY	12/20/12	7,818	1,117	0
27	PHASE III 7- YEAR PROPERTY	6/01/13	7,044	1,006	0
28	NARCOTICS LAPTOP	4/10/13	410	59	0
29	MINI COMPUTERS FOR BUSINESS OFFICE	4/10/13	640	91	0
30	WASHER	10/16/13	571	82	0
31	APPLE COMPUTER - TRAINING ROOM	1/06/14	1,403	0	0
32	HOME THEATRE - TRAINING ROOM	1/06/14	580	0	0
33	LECTURN - TRAINING ROOM	1/09/14	1,000	0	0
34	SMART PODIUM - TRAINING ROOM	1/22/14	2,987	50	0
35	COPIER	10/21/14	3,988	665	0
36	BLADE SERVER	12/03/14	3,400	623	0
37	BATTERY BACKUP FOR SERVER	1/22/15	3,566	714	0
38	KEYFOB ENTRY SYSTEM W/ BATTERY	11/18/15	2,210	442	0
39	LEAD LIFE PAK	3/13/11	28,886	0	0
40	PRINTERS	2/26/09	7,844	0	0
41	STRETCHER	2/08/12	3,115	0	0
42	STRETCHER	2/08/12	3,115	0	0
43	STRETCHER	2/08/12	3,115	0	0
44	LBS LARGE BODY SURFACE EXTENSION	2/28/12	990	0	0
45	CPR TRAINING MANNEQUIN	3/14/12	1,848	0	0
46	EZ GLIDE STAIR CHAIR	7/18/12	1,850	0	0
47	LIFE PAK 15 - LEAD	10/08/12	32,230	0	0
48	CONTROLLED SUBSTANCE SAFE	5/10/13	1,580	0	0
49	15 LEAD LIFE PAK	7/15/13	32,230	0	0
50	STAIR CHAIR	10/23/14	725	121	0
51	15 LEAD LIFE PAK	11/24/14	32,230	5,909	0
52	LIFE PAK 1000	7/22/15	1,921	384	0
53	MULTITECH 3G MODEMS	9/30/15	2,296	460	0
54	LUCAS CPR DEVICE	12/07/15	14,717	2,944	0
57	2011 FORD ESCAPE SQUAD CAR	4/13/12	22,833	0	0
58	2013 CHEVROLET AMBULANCE	1/21/13	109,570	0	0
59	2013 CHEVROLET AMBULANCE	1/19/14	109,570	1,826	0
60	JD TRACTOR W/ LOADER	11/12/14	22,700	3,783	0
61	AED LIFE PAK 1000 TRAINING SYSTEM	8/06/16	1,039	207	0
62	CO DETECTORS - ALTAIR	1/18/16	1,163	233	0
63	LUCAS DEVICE	2/19/16	14,023	2,805	0
64	WASHER MOFEL Awn432SP	3/28/16	799	159	0
65	HOT WATER HEATER	4/06/16	388	78	0
66	SCOOP STRETCHERS	4/18/16	210	42	0
67	VACUUM	8/24/16	180	36	0
68	STRETCHER AND LOADERS	9/26/16	89,339	17,867	0
69	DV - 440 (QUANTITY 4)	10/21/16	2,100	420	0
70	CURBING & PAVING	10/27/16	16,250	1,083	0

23-7352277

Future Depreciation Report**FYE: 12/31/19**

FYE: 12/31/2018

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
71	LUCAS DEVICE	5/01/17	2,000	400	0
72	STRYKER STAIR PRO	6/14/17	7,111	1,422	0
73	35X PROFLEX STRETCHER	11/19/15	4,599	920	0
74	(D) UPGRADE LIFE PAK 12	8/04/11	4,274	0	0
75	MODEMS	9/17/09	600	0	0
76	(D) 12 LEAD MONITOR	5/10/02	15,000	0	0
77	2017 FORD E-350 AMBULANCE	6/07/17	104,887	20,978	0
78	3X RECLINER	2/13/18	2,250	450	0
79	STRYKER POWER STRETCHER	4/30/18	19,043	3,809	0
80	TRISTAR TS3 AMBULANCE	7/19/18	127,075	25,415	0
81	CPR MANIKIN	11/05/18	10,761	2,152	0
82	AIRTRAQ	11/29/18	3,420	684	0
83	AIRTRAQ-PEDS	12/06/18	320	64	0
84	GARAGE ENTRY	5/07/18	920	23	0
85	DRIVEWAY SEAL	6/08/18	2,725	182	0
86	GUTTERS	7/05/18	180	5	0
	Total Other Depreciation		<u>1,839,396</u>	<u>123,640</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,839,396</u>	<u>123,640</u>	<u>0</u>
	Grand Totals		<u>1,839,396</u>	<u>123,640</u>	<u>0</u>

Asset	Description	Date In Service	Cost	NY
Other Depreciation:				
2	BUILDINGS	1/01/89	42,000	1,333
3	IMPROVEMENTS	1/01/89	5,847	186
4	IMPROVEMENTS	1/01/95	3,300	85
5	IMPROVEMENTS	5/05/97	6,000	154
6	IMPROVEMENTS	7/01/03	7,000	179
7	IMPROVEMENTS	12/31/05	3,000	77
8	IMPROVEMENTS	12/31/05	7,181	184
9	PHASE I RENOVATIONS	8/27/12	445,092	11,413
10	ALTERATION COSTS-PHASE II	8/27/12	19,552	501
11	RENOVATIONS PHASE III	12/21/12	215,272	5,519
12	RENOVATIONS	6/01/13	139,554	3,578
13	NEW MAIN ENTERANCE	9/14/14	21,500	551
14	SERVER ROOM	10/22/15	2,208	57
15	SERVER ROOM A/C	5/30/15	2,600	67
16	RADIOS	1/21/97	2,362	0
17	TOUGHBOOK LAPTOP	3/15/11	3,850	0
18	TOUGHBOOK LAPTOP	3/15/11	3,850	0
19	OFFICE EQUIPMENT	1/01/95	2,068	0
20	FURNITURE	12/31/08	1,100	0
21	COMPUTER WORKSTATIONS	6/03/09	2,750	0
22	DELL LAPTOP	6/03/09	660	0
23	COPIER	3/10/10	2,000	0
24	TRAINING LAPTOP - PHASE I RENOVATIONS	6/29/10	529	0
25	7 YEAR PROPERTY - PHASE II	8/27/12	483	46
26	RENOVATIONS - 7 YR PROPERTY	12/20/12	7,818	1,117
27	PHASE III 7- YEAR PROPERTY	6/01/13	7,044	1,006
28	NARCOTICS LAPTOP	4/10/13	410	59
29	MINI COMPUTERS FOR BUSINESS OFFICE	4/10/13	640	91
30	WASHER	10/16/13	571	82
31	APPLE COMPUTER - TRAINING ROOM	1/06/14	1,403	0
32	HOME THEATRE - TRAINING ROOM	1/06/14	580	0
33	LECTURN - TRAINING ROOM	1/09/14	1,000	0
34	SMART PODIUM - TRAINING ROOM	1/22/14	2,987	50
35	COPIER	10/21/14	3,988	665
36	BLADE SERVER	12/03/14	3,400	623
37	BATTERY BACKUP FOR SERVER	1/22/15	3,566	714
38	KEYFOB ENTRY SYSTEM W/ BATTERY	11/18/15	2,210	442
39	LEAD LIFE PAK	3/13/11	28,886	0
40	PRINTERS	2/26/09	7,844	0
41	STRETCHER	2/08/12	3,115	0
42	STRETCHER	2/08/12	3,115	0
43	STRETCHER	2/08/12	3,115	0
44	LBS LARGE BODY SURFACE EXTENSION	2/28/12	990	0
45	CPR TRAINING MANNEQUIN	3/14/12	1,848	0
46	EZ GLIDE STAIR CHAIR	7/18/12	1,850	0
47	LIFE PAK 15 - LEAD	10/08/12	32,230	0
48	CONTROLLED SUBSTANCE SAFE	5/10/13	1,580	0
49	15 LEAD LIFE PAK	7/15/13	32,230	0
50	STAIR CHAIR	10/23/14	725	121
51	15 LEAD LIFE PAK	11/24/14	32,230	5,909
52	LIFE PAK 1000	7/22/15	1,921	384
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59	2013 CHEVROLET AMBULANCE	1/19/14	109,570	1,826
60	JD TRACTOR W/ LOADER	11/12/14	22,700	3,783
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62	CO DETECTORS - ALTAIR	1/18/16	1,163	233
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65	HOT WATER HEATER	4/06/16	388	78
66	SCOOP STRETCHERS	4/18/16	210	42
67	VACUUM	8/24/16	180	36
68	STRETCHER AND LOADERS	9/26/16	89,339	17,867
69	DV - 440 (QUANTITY 4)	10/21/16	2,100	420
70	CURBING & PAVING	10/27/16	16,250	1,083

Asset	Description	Date In Service	Cost	NY
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74	(D) UPGRADE LIFE PAK 12	8/04/11	4,274	0
75	MODEMS	9/17/09	600	0
76	(D) 12 LEAD MONITOR	5/10/02	15,000	0
77	2017 FORD E-350 AMBULANCE	6/07/17	104,887	20,978
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85	DRIVEWAY SEAL	6/08/18	2,725	182
86	GUTTERS	7/05/18	180	5
	Total Other Depreciation		<u>1,839,396</u>	<u>123,640</u>
	Total ACRS and Other Depreciation		<u>1,839,396</u>	<u>123,640</u>
	Grand Totals		<u>1,839,396</u>	<u>123,640</u>

Name NORTHERN OSWEGO COUNTY AMBULANCE	Taxpayer Identification Number 23-7352277
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		13,632
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		5,099
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		8,533
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		
16. Net Income/Loss. Line 7 minus Line 15	16.		8,533

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Name NORTHERN OSWEGO COUNTY AMBULANCE	Taxpayer Identification Number 23-7352277
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	20,658
7. Total revenue. Add lines 1 through 6	7.	20,658
8. Cost of Goods Sold	8.	3,282
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	3,282
16. Net Income/Loss. Line 7 minus Line 15	16.	17,376

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	3,282
Ending inventory	_____
Total Cost of Goods Sold	3,282

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

2018

For calendar year 2018, or tax year beginning _____, ending _____

Name

**NORTHERN OSWEGO COUNTY AMBULANCE
INC**

Employer Identification Number

23-7352277

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	
20th 12/30/98					
19th 12/30/99					
18th 12/31/00					
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12					
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15	6,464				
2nd 12/31/16	-1,731		1,731	1,731	
1st 12/31/17	-1,919		1,919	1,919	
NOL carryover available to current year			3,650		
Current year	6,852			3,650	
NOL carryover available to next year					0

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name: **NORTHERN OSWEGO COUNTY AMBULANCE INC** Taxpayer Identification Number: **23-7352277**

			2017	2018	Differences
Revenue	1. Contributions, gifts, grants	1.	24,231	98,783	74,552
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	1,287,666	1,288,138	472
	5. Investment income	5.	8,693	12,935	4,242
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	4,523	9,789	5,266
	8. Net income or (loss) from fundraising events	8.	-3,300	-3,282	18
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	23,709	18,981	-4,728
	12. Total revenue. Add lines 1 through 11	12.	1,345,522	1,425,344	79,822
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16.	889,871	921,379	31,508
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	17,463	29,005	11,542
	19. Occupancy, rent, utilities, and maintenance	19.	33,908	28,955	-4,953
	20. Depreciation and Depletion	20.	142,892	132,858	-10,034
	21. Other expenses	21.	184,773	214,252	29,479
	22. Total expenses. Add lines 13 through 21	22.	1,268,907	1,326,449	57,542
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	76,615	98,895	22,280
Other Information	24. Total exempt revenue	24.	1,345,522	1,425,344	79,822
	25. Total unrelated revenue	25.	16,000	8,533	-7,467
	26. Total excludable revenue	26.	1,308,591	1,321,310	12,719
	27. Total assets	27.	2,284,891	2,350,717	65,826
	28. Total liabilities	28.	33,573	504	-33,069
	29. Retained earnings	29.	2,251,318	2,350,213	98,895
	30. Number of voting members of governing body	30.	11	11	
	31. Number of independent voting members of governing body	31.	11	11	
	32. Number of employees	32.	32	34	
	33. Number of volunteers	33.	5	4	

Form 990T	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name **NORTHERN OSWEGO COUNTY AMBULANCE INC** Taxpayer Identification Number **23-7352277**

		2017	2018	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.	16,000	8,533	-7,467
11. Total trade or business income. Combine lines 1 through 10	11.	16,000	8,533	-7,467	
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	16,849	741	-16,108
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.	1,070	940	-130
	23. Total deductions. Add lines 12 through 22	23.	17,919	1,681	-16,238
	24. Net income on Page 1; Subtract line 23 from 11	24.	-1,919	6,852	8,771
	25. Unrelated business taxable income from all trades	25.	-1,919	6,852	8,771
	26. Disallowed employee fringe benefits	26.			
	27. Net operating loss (pre-2018)	27.		3,650	3,650
	28. Taxable income after NOL loss	28.		3,202	3,202
	29. Specific deduction	29.		1,000	1,000
	30. Unrelated business taxable income.	30.		2,202	2,202
	Tax & Credits	31. Income tax (corporate or trust)	31.	462	462
32. Proxy tax		32.			
33. Other taxes		33.			
34. Total taxes		34.		462	462
35. Other credits		35.			
36. General business credit		36.			
37. Credit for prior year minimum tax		37.			
38. Total credits		38.			
39. Net tax after credits		39.		462	462
40. Recapture taxes and 965 tax		40.			
41. Total Taxes	41.		462	462	
Due/Refund	42. Prior year overpayment and estimated tax payments	42.	2,640	2,640	
	43. Payment made with extension	43.			
	44. Backup withholding and foreign withholding	44.			
	45. Other payments	45.			
	46. Total payments	46.	2,640	2,640	
	47. Balance due/(Overpayment)	47.	-2,640	-2,178	462
	48. Overpayment applied to next year	48.	2,640	2,178	-462
	49. Penalties	49.			
	50. Total due/(Refund)	50.			

Form 990	Tax Return History	2018
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Name NORTHERN OSWEGO COUNTY AMBULANCE INC	Employer Identification Number 23-7352277
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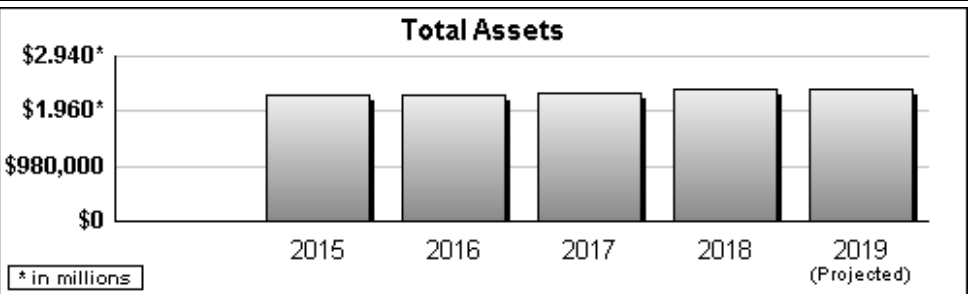
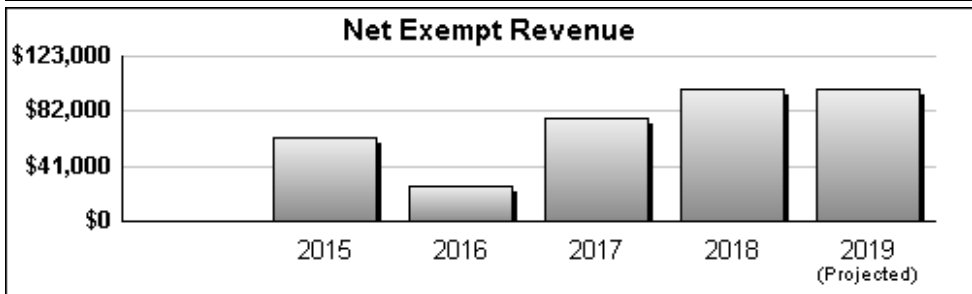
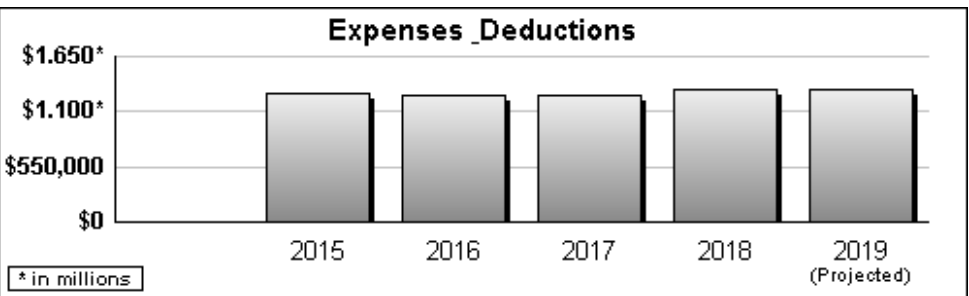
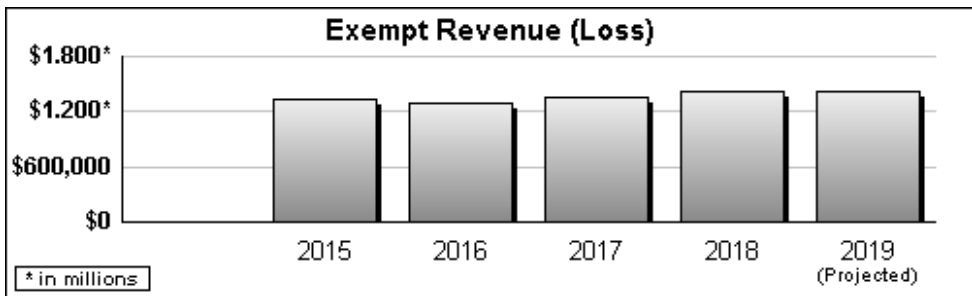
	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants		31,581	20,100	24,231	98,783	98,783
Membership dues						
Program service revenue		1,279,677	1,242,925	1,287,666	1,288,138	1,288,138
Capital gain or loss		2,002	1,198	4,523	9,789	9,789
Investment income		917	3,951	8,693	12,935	12,935
Fundraising revenue (income/loss)				-3,300	-3,282	-3,282
Gaming revenue (income/loss)						
Other revenue		24,106	25,061	23,709	18,981	18,981
Total revenue		1,338,283	1,293,235	1,345,522	1,425,344	1,425,344
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		786,458	867,236	889,871	921,379	921,379
Professional fees		9,391	28,418	17,463	29,005	29,005
Occupancy costs			37,360	33,908	28,955	28,955
Depreciation and depletion		156,836	139,898	142,892	132,858	132,858
Other expenses		323,996	193,660	184,773	214,252	214,252
Total expenses		1,276,681	1,266,572	1,268,907	1,326,449	1,326,449
Excess or (Deficit)		61,602	26,663	76,615	98,895	98,895
Total exempt revenue		1,338,283	1,293,235	1,345,522	1,425,344	1,425,344
Total unrelated revenue		20,992	14,368	16,000	8,533	8,533
Total excludable revenue		1,285,710	1,258,767	1,308,591	1,321,310	1,321,310
Total Assets		2,235,911	2,260,064	2,284,891	2,350,717	2,350,717
Total Liabilities		100,571	98,061	33,573	504	504
Net Fund Balances		2,135,340	2,162,003	2,251,318	2,350,213	2,350,213

Form 990T	Tax Return History	2018
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Name NORTHERN OSWEGO COUNTY AMBULANCE INC	Employer Identification Number 23-7352277
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* Income shown net of expenses

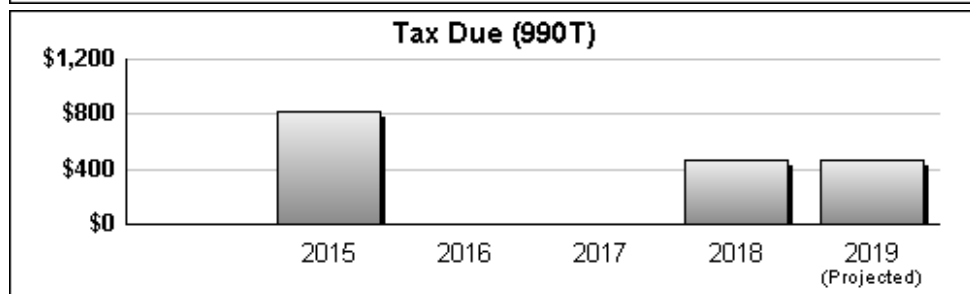
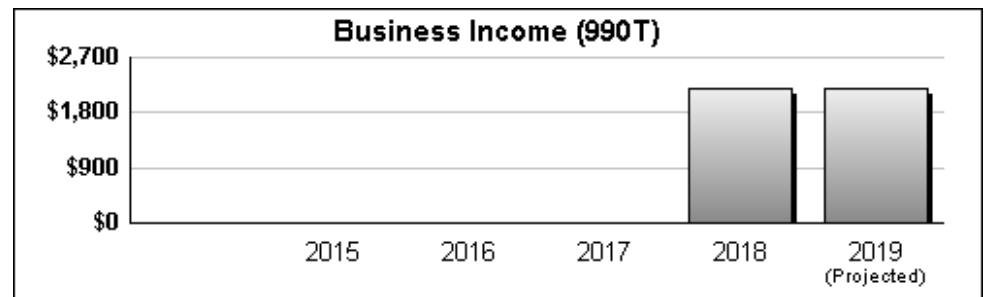
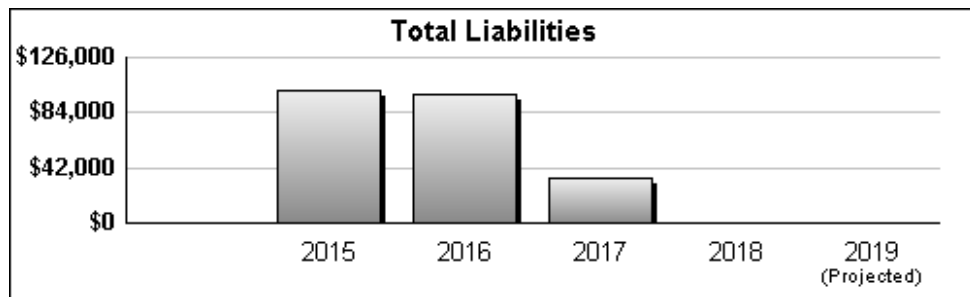
	2014	2015	2016	2017	2018	2019
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income		20,992		16,000	8,533	8,533
Total trade or business income.		20,992		16,000	8,533	8,533
Compensation of officers, ect.						
Other salaries and wages		13,030	15,114	16,849	741	741
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form 990T	Tax Return History	2018
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Name NORTHERN OSWEGO COUNTY AMBULANCE INC	Employer Identification Number 23-7352277
--	---

	2014	2015	2016	2017	2018	2019
Other deductions		1,498	985	1,070	940	940
Net income (990T/first activity)						
UBTI from all trades					6,852	6,852
Taxable employee fringe benefits						
Net operating loss deduction					3,650	3,650
Specific deduction		1,000			1,000	1,000
Income after expense and deductions					2,202	2,202
Income tax (corporate or trust)		820			462	462
Other taxes						
Total taxes		820			462	462
General business credit						
Other credits						
Net tax after credits		820			462	462
Estimated tax payments		960	2,640	2,640	2,640	2,640
Other payments		2,500				
Balance due/Overpayment		-2,640	-2,640	-2,640	-2,178	-2,178



Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 7,563			14 NY		
Total	\$ <u>7,563</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Dividend Income	\$ 5,372			14 NY		
Total	\$ <u>5,372</u>					

23-7352277

Federal Statements

FYE: 12/31/2018

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Bank Fees	\$ 879	\$	\$ 879	\$
Collection Agency Fees	217		217	
Laboratory Fees	200	200		
Total	<u>\$ 1,296</u>	<u>\$ 200</u>	<u>\$ 1,096</u>	<u>\$ 0</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Expenses	\$ 17,787	\$	\$ 17,787	\$
Cellular Phone Expense	2,347	2,112	235	
Continuing Education	2,101	2,101		
Total	<u>\$ 22,235</u>	<u>\$ 4,213</u>	<u>\$ 18,022</u>	<u>\$ 0</u>

Federal Statements**Schedule A, Part II, Line 1(e)**

Description	Amount
Miscellaneous Donations	\$ 5,361
SOUTHERN OSWEGO VOLUNTEER AMBULANCE	
Cash Contribution	72,764
FUNDRAISING EVENTS	
Cash Contribution	20,658
Total	<u>\$ 98,783</u>

Schedule A, Part II, Line 8(e)

Description	Amount
Interest Income	\$ 7,563
Dividend Income	5,372
Total	<u>\$ 12,935</u>

Schedule A, Part II, Line 9(e)

Description	Amount
BILLING INCOME	\$ 8,533
Less: Deductions	-2,681
Total	<u>\$ 5,852</u>

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
CONTRACTED MEDICAL INC	\$ 7,844
TOWN CONTRACT REVENUE	377,500
FEEES FOR SERVICES	902,794
CPR COURSE INCOME	6,524
MISCELLANEOUS	2,324
CME VOUCHER INCOME	1,600
FUNDRAISING EVENTS	
Total	\$ 1,298,586

Federal Statements

Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
Other Expenses	\$ 940
Total	\$ 940

Filing Instructions

NORTHERN OSWEGO COUNTY AMBULANCE INC

Form TR-579-CT - New York State E-File Signature Authorization

Taxable Year Ended December 31, 2018

Date Due: May 15, 2019

Remittance: None is required. Your Form CT-13 for the tax year ended 12/31/18 shows a total overpayment of \$265, all of which is to be credited to your estimated tax liability for the coming year.

Signature: The form should be signed and dated by an authorized officer of the corporation and returned to FURGISON & CO., CPA, PC before the electronic file is transmitted to the New York Department of Taxation and Finance.

Other: Your return is being filed electronically with the New York Department of Taxation and Finance and is not required to be mailed. If you mail a paper copy of your return, it will delay processing of your return.



Department of Taxation and Finance

TR-579-CT

New York State E-File Authorization for Tax Year 2018 For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

Electronic return originator (ERO)/paid preparer: Do not mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: NORTHERN OSWEGO COUNTY AMBULANCE

Return type (mark an X for all that apply): CT-3 CT-3-A CT-3-M CT-3-S CT-13 X CT-33 CT-33-A CT-33-C CT-33-M CT-33-NL CT-183 CT-183-M CT-184 CT-184-M CT-186-E CT-300 CT-400

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, Alternative Methods of Signing for Tax Return Preparers. Go to our website at www.tax.ny.gov to find this document.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, General Business Corporation Franchise Tax Return; CT-3-A, General Business Corporation Combined Franchise Tax Return; CT-3-M, General Business Corporation MTA Surcharge Return; CT-3-S, New York S Corporation Franchise Tax Return; CT-13, Unrelated Business Income Tax Return; CT-33, Life Insurance Corporation Franchise Tax Return; CT-33-A, Life Insurance Corporation Combined Franchise Tax Return; CT-33-C, Captive Insurance Company Franchise Tax Return; CT-33-M, Insurance Corporation MTA Surcharge Return; CT-33-NL, Non-Life Insurance Corporation Franchise Tax Return; CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital Stock; CT-183-M, Transportation and Transmission Corporation MTA Surcharge Return; CT-184, Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings; CT-184-M, Transportation and Transmission Corporation MTA Surcharge Return; CT-186-E, Telecommunications Tax Return and Utility Services Tax Return; CT-300, Mandatory First Installment (MFI) of Estimated Tax for Corporations; or CT-400, Estimated Tax for Corporations.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both); CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both); CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return; CT-5.6, Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both); CT-5.9, Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both); or CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return). Instead use Form TR-579.1-CT, New York State Authorization for Electronic Funds Withdrawal For Tax Year 2018 Corporation Tax Extensions.

Financial institution information (required if electronic payment is authorized)
1 Amount of authorized debit
2 Financial institution routing number
3 Financial institution account number

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400
Under penalty of perjury, I declare that I have examined the information on this 2018 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete.
Signature of authorized officer of the corporation: NORMAN E WALLIS JR, DIRECTOR OPERATIONS, Date: 05-08-19

Part B - Declaration of ERO and paid preparer
Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic corporate tax return is the information furnished to me by the corporation.
ERO's signature: JONATHAN D. FURGISON, CPA, Print name: JONATHAN D. FURGISON, CPA, Date: 05-08-19



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

Amended return

Tax Law - Article 13

All filers enter tax period:

beginning **01-01-18** ending **12-31-18**

Employer identification number (EIN) 23-7352277	File number MM3	Business telephone number 315-298-6220	If you claim an overpayment, mark an X in the box <input checked="" type="checkbox"/>
Legal name of corporation NORTHERN OSWEGO COUNTY AMBULANCE INC		Trade name/DBA	
Mailing name (if different from legal name above) c/o	State or country of incorporation NEW YORK	Date received (for Tax Department use only)	
Number and street or PO box 21 DELANO STREET	Date of incorporation 10-30-73		
City PULASKI	State ZIP code NY 13142		
NAICS business code number (from federal return) 561000	If address/phone above is new, mark an X in the box <input type="checkbox"/>	Foreign corporations: date began business in NYS	
Principal unrelated business activity (see instructions)		Audit (for Tax Department use only)	

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization

Organization — Have you filed this New York State application for exemption? (see instructions) Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return

(see section Who must file Form CT-13 in the instructions)

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax	A	Payment enclosed
← Attach your payment here. Detach all check stubs. (See instructions for details.)		

Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	5,852.
2 New York State Article 13 and Article 23 tax deducted on federal return	2	
3 Additions required for shareholders of federal S corporations (see instructions)	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5 Other additions (see instructions)	5	
6 Add lines 1 through 5	6	5,852.
7 Other income (see instructions)	7	
8 Federal S corporation shareholder subtractions (see instructions)	8	
9 Other subtractions (see instructions)	9	
10 Total subtractions (add lines 7, 8, and 9)	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	5,852.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	3,650.
13 Taxable income (subtract line 12 from line 11)	13	2,202.
14 Allocated taxable income (multiply line 13 by <u>100.0000</u> % from line 42; or enter amount from line 13 if allocation is not claimed)	14	2,202.
15 Tax based on income (multiply line 14 by 9% (.09))	15	198.
16 Minimum tax	16	250.00
17 Tax (line 15 or line 16, whichever is larger)	17	250.
18 Total prepayments from line 46	18	515.
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20 Interest on late payment (see instructions)	20	
21 Late filing and late payment penalties (see instructions)	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	265.
24 Amount of overpayment on line 23 to be credited to next year	24	265.
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: _____ Attach a complete copy of your federal return.

Schedule A – Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:

	A New York State	B Everywhere
26 Real estate owned (see instructions)	763,245.	763,245.
27 Gross rents (attach list; see instructions)		
28 Inventories owned		
29 Other tangible personal property owned (see instructions)	279,793.	279,793.
30 Total (add lines 26 through 29)	1,043,038.	1,043,038.
31 Percentage in New York State (divide line 30, column A, by line 30, column B)	31	100.0000%

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to points within New York State	32	
33 All sales of tangible personal property	33	
34 Services performed	34	
35 Rentals of property	35	
36 Other business receipts	36	
37 Total (add lines 32 through 36)	37	
38 Percentage in New York State (divide line 37, column A, by line 37, column B)	38	%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39	
40 Percentage in New York State (divide line 39, column A, by line 39, column B)	40	%
41 Total of New York State percentages (add lines 31, 38, and 40)	41	100.0000%
42 Business allocation percentage (divide line 41 by three or by the number of percentages)	42	100.0000%

Composition of prepayments claimed on line 18*

	Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	43	
44a Second installment from Form CT-400	44a	
44b Third installment from Form CT-400	44b	
44c Fourth installment from Form CT-400	44c	
45 Amount of overpayment credited from prior years	45	515.
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46	515.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments.
If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

- Final federal determination If marked, enter date of determination: _____
- Capital loss carryback Federal return filed Form 1139
- Amended Form 990-T

400002181022



Third – party designee <i>(see instructions)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i> JONATHAN D. FURGISON, CPA	Designee's phone number 315-298-6220
	Designee's e-mail address JON@NNYCPA.COM		PIN 13601

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person NORMAN E WALLIS JR	Signature of authorized person	Official title DIRECTOR OPERATIONS	
	E-mail address of authorized person NWallis@NOCA-EMS.COM		Telephone number 315-298-6220	Date 05-08-19
Paid preparer use only <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> FURGISON & CO., CPA, PC		Firm's EIN 20-0565143	Preparer's PTIN or SSN P00484140
	Signature of individual preparing this return JONATHAN D. FURGISON, CPA	Address City State ZIP code 18874 US ROUTE 11 WATERTOWN, NY 13601		
	E-mail address of individual preparing this return JON@NNYCPA.COM	Preparer's NYTPRN or Excl. code 03	Date 05-08-19	

See instructions for where to file.

40003181022



Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Check box if address changed

B Exempt under section
 501(c) (**3**)
 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (Check box if name changed and see instructions.)
**NORTHERN OSWEGO COUNTY AMBULANCE
 INC**

Number, street, and room or suite no. If a P.O. box, see instructions.
21 DELANO STREET

City or town, state or province, country, and ZIP or foreign postal code
PULASKI NY 13142

D Employer identification number
(Employees' trust, see instructions.)
23-7352277

E Unrelated business activity code
(See instructions.)
561000

C Book value of all assets at end of year
2,350,717

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here
 ▶ _____ . If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation.
 ▶ _____

J The books are in care of ▶ **ROBERT TRAINHAM, TREASURE** Telephone number ▶ **315-298-6220**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnership and S corporation (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule) See Stmt 1	12	8,533		8,533
13 Total. Combine lines 3 through 12	13	8,533		8,533

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	741
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		0
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule) See Statement 2		28	940
29 Total deductions. Add lines 14 through 28		29	1,681
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	6,852
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income. Subtract line 31 from line 30		32	6,852

Part III Total Unrelated Business Taxable income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	6,852
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	3,650
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	3,202
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	2,202

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	462
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	462

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	462
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	462
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	2,640
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	2,640
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,178
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 2,178 Refunded	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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

Signature of officer _____ Date _____ Title **DIRECTOR OPERATIONS**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Jonathan D. Furgison, CPA	Preparer's signature Jonathan D. Furgison, CPA	Date 05/08/19	Check <input type="checkbox"/> if self-employed	PTIN P00484140
	Firm's name FURGISON & CO., CPA, PC	Firm's EIN 20-0565143		Firm's address 18874 US ROUTE 11 WATERTOWN, NY 13601	
	Phone no. 315-816-4650				

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ►				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).		Enter here and on page 1, Part II, line 27.		

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Federal Statements

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
BILLING INCOME	\$ 8,533
Total	\$ 8,533

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	Amount
Other Expenses	\$ 940
Total	\$ 940

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment Sequence No. **179**

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **NORTHERN OSWEGO COUNTY AMBULANCE
INC**

Identifying number
23-7352277

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 instructions)	1	1,000,000
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	2,500,000
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 2017 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 don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't 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	132,858

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
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 2018 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		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
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	132,858
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** (2018)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 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 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

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.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 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 aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 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 39 Do you treat all use of vehicles by employees as personal use? 40 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? 41 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," don't 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 42 Amortization of costs that begins during your 2018 tax year (see instructions): 43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f). See the instructions for where to report