

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, and ending Jun 30, 2014

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending
C Name of organization RICHMOND RESCUE INCORPORATED
D Employer Identification Number 23-7365080
E Telephone number (802) 434-2394
F Name and address of principal officer: TAYLOR YEATES P.O. BOX 404 RICHMOND VT 05477
G Gross receipts \$ 391,379.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527
J Website: www.richmondrescue.org
K Form of organization: X Corporation Trust Association Other
L Year of formation: 1995
M State of legal domicile: VT

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets of Fund Balances. Rows include: 1 Briefly describe the organization's mission... RICHMOND RESCUE OPERATES UNDER THE AUSPICES AND RULES/REGULATIONS OF THE VERMONT DEPARTMENT OF EMERGENCY MEDICAL SERVICES... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

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 TAYLOR YEATES, Date 10/28/14, Title TREASURER
Paid Preparer Use Only: Print/Type preparer's name JUSTIN J. BULL, Preparer's signature JUSTIN J. BULL, Date, Check self-employed X if PTIN P01267213, Firm's name DAVID L. CONNORS AND CO. P.C., Firm's address PO BOX 1495 CONCORD NH 03302-1495, Firm's EIN 02-0365454, Phone no. (603) 496-3080

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