

**Organization Information**

EMS Agency: Yes  
Organization Name: BLACKSBURG RESCUE SQUAD  
Address Line1: 1300 PROGRESS ST NW  
Address Line2:  
City: BLACKSBURG State: VA Zip: 24060  
City/County: MONTGOMERY Phone Number: (540)443-1630  
Regional Council: Western Virginia EMS Council FIN#: 541956533  
Organization Structure: EMS - Volunteer Organization Type: Non-Governmental

**Personnel Information**

**Number of Certified Personnel**

First Responder: 1 EMT: 93 Paramedic: 23 Advance EMT: 12 Enhanced: 0  
Intermediate: 5 Advanced Life Support Coordinator: 0 Education Coordinator: 0

**Certification**

First Responder: 1 EMT: 93 Paramedic: 22 Advance EMT: 14 Enhanced: 0  
Intermediate: 5 Advanced Life Support Coordinator: 0 Education Coordinator: 3  
Driver Only: Other: 26 **Total: 164**

**Personnel**

Career: 0 Volunteer: 164 **Total: 164**

**Comments:**

Our 3 education coordinators are also Paramedics for our agency. The 26 other personnel are technical rescue members of our agency and are not certified EMS providers.

**Call Activity and Demographics**

BLS Calls: 2,644 ALS Calls: 748 Calls Unable To Respond: 45  
Calls Outside Primary Service Area: 271 Avg Call Time(minutes): 49 Average Round Trip Mileage: 15  
Avg Mileage To Nearest Hospital: 5  
Square Miles of Service Area: 116 Population of Service Area: 60,000 Total Number of Stations: 1

**Comments:**

Of the 45 calls we were unable to respond to, 3 of these were outside of our primary response area. 11 of these calls were times we were responding to a call outside of our primary response area (providing mutual aid to another agency in our county). The rest of these calls were times we had multiple calls out at the same time.

**Statement of Need:**

**Call Activity and Demographics**

The implementation of a critical care program in our community was identified as a priority for the coming year by our team of providers, medial directors, quality assurance, and community partners. This project will help us elevate the level of care we are able to provide to our patients to ensure the best clinical outcomes possible. This collaborative project is being coordinated with partner agencies to ensure standardization of equipment and training regionally. Furthermore, this project aims to help address the recruitment and retention of ALS providers by ensuring we have progressive and evidence-based protocols and equipment.

**Agency Vehicle Information**

This Organization has additional ambulances not listed: No

Are any vehicles used by other jurisdictions? No

Unit#	VIN	Chassis Box Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage	Engine Hours
RESPONSE - 51	1GNSK3EC9FR295537	2015/2015	CHEVROLET	TAHOE	QUICK RESPONSE	Quick Response Vehicle (QRV)	Y	28505	
R - 52	1GNSKKEC3KR299975	2019/2019	CHEVROLET	SUBURBAN	QUICK RESPONSE	Quick Response Vehicle (QRV)	Y	7787	
51	1FDUF4HT9CEC78128	2012/2012	FORD	F-450	TYPE I AMBULANCE	Ambulance	Y	71971	
52	1FDUF4HT2DEB78552	2013/2013	FORD	F-450	TYPE I AMBULANCE	Ambulance	Y	80409	
56	1FDUF4HTXFEA41989	2015/2015	FORD	F-450	TYPE I AMBULANCE	Ambulance	Y	63650	
54	1FDUF4HT5HEB93729	2017/2017	FORD	F-450	TYPE I AMBULANCE	Ambulance	Y	33742	
53	1FDUF4HN6MEC62939	2021/2021	FORD	F-450	TYPE I AMBULANCE	Ambulance	Y	6892	
55	1FDUF4HN2MEC62940	2021/2021	FORD	E-450	TYPE I AMBULANCE	Ambulance	Y	5431	

**Financial Information**

Assets		Liabilities	
Cash Balance:	\$289,649.00	Balance of Open Accounts:	\$1,069.00
Real Estate:	\$0.00	Notes or Mortgages Owed:	\$0.00
Investments (unrestricted):	\$1,459,905.00	Indebtedness / Obligations:	\$0.00
Equipments, Vehicles, etc:	\$304,301.00		
Restricted Funds:	\$0.00		
<u>Restricted Funds Description:</u>		<u>Description of Indebtedness / Obligations:</u>	
N/A		None	

**Financial Information****Other Fees**

Amount received from EMS Fee for Service for Last Fiscal Year: \$0.00

Service Fee Charged: N Service Fee per Call: \$0.00 Cost Recovery: 0.00%

**Receipts/Revenue**

Local Government:	\$131,201.00
26% Return to Locality:	\$13,381.00
Donations:	\$164,412.00
EMS Fee for Service:	\$0.00
Fund Raising:	\$0.00
Interest Dividends:	\$248,963.00
Grants:	\$0.00
Other Revenue:	\$42,018.00

Description of Receipts/ Revenue:

Receipts/Revenue above does not include funding support from the Town of Blacksburg, as that money is controlled by the town and never transferred to our agency.

**Expenditures**

Operational Expenses:	\$128,397.00
Personnel Costs:	\$0.00
Capital Expenditures:	\$0.00
Other Expenses:	\$0.00
Non Operational:	\$31,698.00

Definition of Capital Expenditures:

Vehicle and large equipment replacement.

**Finance Summary**

<b>Total Assets:</b>	<b>\$2,053,855.00</b>	<b>Net Worth:</b>	<b>\$2,052,786.00</b>
<b>Total Liabilities:</b>	<b>\$1,069.00</b>	<b>Beginning Balance:</b>	<b>\$289,649.00</b>
<b>Total Receipts:</b>	<b>\$599,975.00</b>	<b>Cash Difference:</b>	<b>\$439,880.00</b>
<b>Total Expenditures:</b>	<b>\$160,095.00</b>	<b>Ending Balance:</b>	<b>\$729,529.00</b>

**Budget Narrative:**

The reported figures were derived from our 2020-2021 Audit conducted by Cook, Lavender Accountants. We are a quaise-department of the Town of Blacksburg and their budget allocations and Capital Improvement Plan for us are not shown above.

**Requested Items Information****Item Name: Zoll Z Vent**

Item Type:	ALS Equipment	Requested Quantity:	7
Funding Level:	50 / 50	Action:	Add
		Current Quantity:	0

Requested Items Information			
<b>Item Name: Zoll Z Vent</b>			
Total Price:	\$126,952.99	Matching Funds: \$63,476.50	State Funds: \$63,476.50
Comments:	N/A		
Supporting Documents			
Name	Type	Description	Size
f1838175822/blacksburg-rescue-q-274...	Quote		41 KB

Affirmation			
Brief Project Description:			
<p>Blacksburg Volunteer Rescue Squad is requesting 50/50 funding support for the purchase of seven new Zoll Z Ventilators. The purchase of these ventilators will allow us to outfit each of our six licensed ambulances and our ALS licensed quick response vehicle with a ventilator. These ventilators will allow our members to provide BiPap or ventilator support to patients that have a BIAID or ET tube in place. Our agency is currently working on implementing a critical care program including RSI and these ventilators will be crucial in ensuring appropriate ventilator support to these intubated patients. Our goal for this project is to implement these devices on all of our ambulances and ALS quick response vehicle so we can provide the same standard of care, regardless of which vehicle our members are on. We believe this submission falls under the funding priority of innovative (Special Projects) since these devices will enhance the level of care we provide to our patients. A ventilator is the standard of care for an intubated patient to ensure that an appropriate tidal volume is delivered to the patient. Not only will these devices provide support to intubated patients, but they will also allow our providers to initiate BiPap on patients, decreasing the need for intubation. The COVID pandemic has opened our eyes to the importance of appropriate and early intervention to prevent further damage and decrease hospital stays in respiratory patients.</p>			
Project /Equipment Sustainability:			
<p>These ventilators have a lifespan of 10 years per Zoll. The Board of Directors of Blacksburg Volunteer Rescue Squad has approved to add these items to a 10-year capital replacement cycle if we receive 50/50 funding for this grant.</p>			
Supporting Documents			
Name	Type	Description	Size
f1149061785/fy-21-non-tob-budget.pd...	Budget		71.66 KB
f962525478/bvrs-w-9-single-page-sig...	IRS Letter / 990 / W9	W9	1245.42 KB
f159762974/blacksburg-rescue-q-2748...	Quote		41.07 KB
f1342304416/fy21-irs-990-page-1.pdf...	IRS Letter / 990 / W9	990 (Page 1)	92.05 KB

<b><u>Authorized Agent</u></b>		
First Name: SCOTT	Last Name: DAVIS	Phone#: (540)250-5639
Email: SCOTTDAVIS@BLACKSBURGRESCUE.ORG	Signature: Scott William Davis	
<b><u>Financial Officer</u></b>		
First Name: SHARON	Last Name: DILLER	Phone#: (540)961-1189
Email: SHARONDILLER@BLACKSBURGRESCUE.ORG	Signature: Sharon Diller	
<b><u>Operational Medical Director</u></b>		
First Name: ERIC	Last Name: STANLEY	Phone#: (540)315-1180
Email: DR.ERICSTANLEY@GMAIL.COM	Signature: Eric Stanley DO, FACEP, OMD	

Account #	Description	FY21 Budget
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Fringe Benefits		
20.14	<b>Employer Comp for FR</b>	
	Gift Certificates for volunteers (160 at \$25)	1,000
	2 employees x \$200 (Squad)	
20.21	<b>Telephone &amp; Communications</b>	500
		15,300

1,500 Squad  
15,300 United Way

Contractual Services		
30.01	<b>Professional Health Services</b>	
	OSHA and State Required vaccs titer tests etc (Hep B, etc)	500
30.02	<b>Professional Services</b>	
	Legal & Clerical Service	3,000
	Annual Financial Audit \$7,500	7,500
30.05	<b>Maintenance Service Contracts</b>	
		15,000
30.06	<b>Printing and Binding</b>	
	General print materials, business cards, stationary, printed envelopes	1,000
	Annual Fund Drive Letter & Mailing	6,000
30.08	<b>Laundry Services</b>	
	Cleaning bio-hazard contaminated cloths, special cleaning services	200
30.19	<b>Vehicle Repairs</b>	
	Minor Parts, Cleaning Supplies, Insurance Deductables	2,000

21,700 Squad  
13,500 Donations

Supplies		
50.10	<b>Postal Services</b>	
	Stamps, cards, thank you notes packages, etc...	562
50.31	<b>Office Supplies</b>	
	General office supplies, paper, etc...	500
50.32	<b>Food Supplies</b>	
	Business, Training, BOD meetings	7,000

Special standbys and events		
50.35	<b>Janitorial Supplies</b>	
	In-house laundry supplies and custodial supplies	1,200
50.37	<b>Repair &amp; Maintenance Supplies</b>	
	General upkeep of building, equipment, minor repairs	2,000
50.40	<b>Fuel</b>	
	Local gas stations as back-up when needed, canned fuel for equipment	200
50.50	<b>Public Safety Supplies</b>	
	First Aid Supplies & Equipment for patient care	8,500
50.51	<b>Uniforms</b>	
	Protective gear, uniform shirts, pants, traffic vests, hats, jackets	6,000
50.56	<b>Special Events Expenses</b>	
	Open House, Steppin Out, Parades, School Tours, Etc	2,000
50.60	<b>Books &amp; Subscriptions</b>	
	Magazines, Educational Materials	500
50.61	<b>Dues &amp; Association Memberships</b>	
	\$100 Downtown Blacksburg Merchants Fee \$800 VAVRS Association Dues \$20 VAJVRs Association Dues \$25 District 7 Dues	1,500
50.67	<b>HTR Program</b>	
		18,000
50.68	<b>Electrical &amp; Communication Supplies</b>	
	Radios, Pagers, Comms Equipment	8,000
50.70	<b>General Hardware, Equipment, Tools</b>	
	Small Misc tools, hardware, parts for maint. of facility and equipment	1,500
50.74	<b>Parts and Accessories</b>	
	Small parts such as bulbs, switches, mats, mirrors, emergency lights, etc	2,500
50.99	<b>Other Operating Supplies</b>	
		10,000

69,962

Training and Travel		
55.01	<b>Training and Travel</b>	
	EMS Training, Travel, Equipment, Conferences	10,000
		6,000
55.09	<b>Professional Development</b>	
	Administrative Staff Training	200

55.14	<b>Recruitment &amp; Retention</b>	
	Recruit. materials and advertising,	3,000
	Memorials, Years of Service plaque	5,000
	Member gifts \$3,500	
	Cause Shirts \$1,500	

**13,200** Squad

**11,000** Donations

Capital Outlay		
*One time items, re-justify each year.		
70.03	<b>Improvements</b>	
	Misc facility improvements	5,000
70.04	<b>Machinery &amp; Equipment</b>	
	Misc small machinery and equipment needs	1,000
70.05	<b>Furniture &amp; Fixtures</b>	
	Replace 5 interior door closers with hold-open install for \$1,200	8,000
	Commercial ceiling fans for bay, install \$3,500	
70.07	<b>Computer Equipment</b>	
	Computers, IT equipment	12,000

**26,000** Squad

General Operational Fund		
90.92	<b>Memorials</b>	1,000
	Flowers, Cards, Get Well Gifts, Meals	
90.97	<b>Social Event Services</b>	14,000
	Banquet \$12,000 (increased for 70th)	
	Childrens Holiday Party \$2,000	
90.98	<b>Other Professional Services</b>	2,000
	Accounting - McMillan, 4000	9,000

**3,000** Squad

**23,000** Donations

Squad Vehicle Purchase			
RS-U53		Utility 53 (large van)	42,000
RS-C54		Command 54 - equipment only	20,000
RS-OMD1		OMD 1 replacement	55,000

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Blacksburg Volunteer Rescue Squad</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► <b>Nonprofit corporation exempt under IRS Code Section 501(c)(3)</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>1300 Progress Street NW</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Blacksburg, VA 24060</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-			-			
or									
Employer identification number									
5	4	-	1	9	5	6	5	3	3

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 10/5/2021
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**ZOLL Medical Corporation**

269 Mill Road  
Chelmsford, MA 01824-4105  
Federal ID# 04-2711626

Phone: (800) 348-9011

Fax: (978) 421-0015

Email: esales@zoll.com

Quote No: Q-27485 Version: 1

Blacksburg Rescue  
200 Progress Street NE  
BLACKSBURG, VA 24060

ZOLL Customer No: 3568

Scott Davis  
540-961-1189  
scottdavis@blacksburgrescue.org

Quote No: Q-27485

Version: 1

Issued Date: March 10, 2022  
Expiration Date: March 31, 2022

Terms: NET 30 DAYS

FOB: Shipping Point

Freight: Prepay & Add

Prepared by: Sean Cordova  
Vent Territory Manager  
scordova@zoll.com  
+1 8144507246

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1		8660-001401-01	<b>Z Vent® Portable Ventilator</b>  Includes: 1 each: Circuit, Vent, Single Limb, WYE, Adult/Pedi, 1 each: Circuit, Vent, Single Limb, WYE, Infant, 1 Assembly Oxygen Hose 6" Long, 2 each: Filter, Foam, Inlet, 108" dia X 1/2" Long, Individually Bagged, 2 each: Filter, Disk, Fresh Gas/Emergency Air Intake, Individually Bagged, 1 Power Cord, 6" 18AWG 3 SPT-2, NEMA 5-15P, IEC60320-C5 (Check MFR), 1Power Supply, 100-240 VAC, 100W, 24V, 42A, IEC 320 & DT7L Plugs.	7	\$18,019.85	\$14,900.00	\$104,300.00
2		820-0106-15	<b>Adult Disposable Circuit, Disposable Circuit, EMV+, AEV, Eagle II, 6 foot length, Single patient use, (case of 15)</b>	3	\$230.98	\$196.33	\$588.99
3		703-0731-27	<b>Ventilator Carrier (White), Eagle II</b>	7	\$395.00	\$335.75	\$2,350.25
4		SC-731-PM-5Y	<b>PM Only, 5 Years, Point of Sale w/battery replacement</b>	7	\$2,625.00	\$2,625.00	\$18,375.00
5		8000-001468-01	<b>ZOLL AED Rescue Backpack, G3 Quicklook Blue</b>	7	\$225.00	\$191.25	\$1,338.75

Subtotal: \$126,952.99

**Total: \$126,952.99**

**ZOLL Medical Corporation**

269 Mill Road  
Chelmsford, MA 01824-4105  
Federal ID# 04-2711626

Phone: (800) 348-9011

Fax: (978) 421-0015

Email: [esales@zoll.com](mailto:esales@zoll.com)

Blacksburg Rescue  
Quote No: Q-27485 Version: 1

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <http://www.zoll.com/GTC> and for software products can be found at <http://www.zoll.com/SSPTC> and for hosted software products can be found at <http://www.zoll.com/SSHTC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

1. This Quote expires on March 31, 2022. Pricing is subject to change after this date.
2. Applicable tax, shipping & handling will be added at the time of invoicing.
3. All purchase orders are subject to credit approval before being accepted by ZOLL.
4. To place an order, please forward the purchase order with a copy of this quotation to [esales@zoll.com](mailto:esales@zoll.com) or via fax to 978-421-0015.
5. All discounts from list price are contingent upon payment within the agreed upon terms.
6. Place your future accessory orders online by visiting [www.zollwebstore.com](http://www.zollwebstore.com).

**Order Information (to be completed by the customer)**

☐ Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)

☐ Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

☐ Yes      PO Number: \_\_\_\_\_      PO Amount: \_\_\_\_\_  
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)

☐ No      (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

**Blacksburg Rescue**

Authorized Signature:

\_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BLACKSBURG VOLUNTEER RESCUE SQUAD</b>		<b>D</b> Employer identification number <b>54-1956533</b>
	Doing business as		<b>E</b> Telephone number <b>540-443-1630</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>1300 PROGRESS ST NW</b>	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>BLACKSBURG VA 24060</b>		<b>G</b> Gross receipts \$ <b>395,799</b>
	<b>F</b> Name and address of principal officer: <b>ERICH ROSCHER</b> <b>1300 PROGRESS ST NW</b> <b>BLACKSBURG VA 24060</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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.BLACKSBURGRESCUE.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: **1950**

**M** State of legal domicile: **VA**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>COMPLETELY VOLUNTEER ORGANIZATION THAT PROVIDES PRE-HOSPITAL EMERGENCY CARE TO THE SICK AND INJURED AND PERFORMS RESCUE/EXTRICATION FOR TRAPPED AND INJURED VICTIMS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>180</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11		<b>7b</b>	<b>0</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>80,872</b>	<b>216,211</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>121,587</b>	<b>131,201</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>55,119</b>	<b>41,886</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>257,578</b>	<b>389,298</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>8,855</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>168,144</b>	<b>223,831</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>168,144</b>	<b>223,831</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>89,434</b>	<b>165,467</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,677,642</b>	<b>2,054,408</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,270</b>	<b>1,069</b>
		<b>1,669,372</b>	<b>2,053,339</b>

**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.

<b>Sign Here</b>	Signature of officer <b>ERICH ROSCHER</b>		Date <b>PRESIDENT</b>	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFFREY CALL, CPA</b>	Preparer's signature <b>JEFFREY CALL, CPA</b>	Date <b>11/11/21</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01325347</b>
	Firm's name ▶ <b>COOKE, LAVENDER, MASSEY &amp; COMPANY, P.C.</b>		Firm's EIN ▶ <b>54-1451058</b>	
	Firm's address ▶ <b>2001 S MAIN ST STE 6</b> <b>BLACKSBURG, VA 24060-6667</b>		Phone no. <b>540-953-1152</b>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**ZOLL Medical Corporation**

269 Mill Road  
Chelmsford, MA 01824-4105  
Federal ID# 04-2711626

Phone: (800) 348-9011

Fax: (978) 421-0015

Email: esales@zoll.com

Quote No: Q-27485 Version: 1

Blacksburg Rescue  
200 Progress Street NE  
BLACKSBURG, VA 24060

ZOLL Customer No: 3568

Scott Davis  
540-961-1189  
scottdavis@blacksburgrescue.org

Quote No: Q-27485

Version: 1

Issued Date: March 10, 2022  
Expiration Date: March 31, 2022

Terms: NET 30 DAYS

FOB: Shipping Point

Freight: Prepay & Add

Prepared by: Sean Cordova  
Vent Territory Manager  
scordova@zoll.com  
+1 8144507246

Item	Contract Reference	Part Number	Description	Qty	List Price	Adj. Price	Total Price
1		8660-001401-01	<b>Z Vent® Portable Ventilator</b>  Includes: 1 each: Circuit, Vent, Single Limb, WYE, Adult/Pedi, 1 each: Circuit, Vent, Single Limb, WYE, Infant, 1 Assembly Oxygen Hose 6" Long, 2 each: Filter, Foam, Inlet, 108" dia X 1/2" Long, Individually Bagged, 2 each: Filter, Disk, Fresh Gas/Emergency Air Intake, Individually Bagged, 1 Power Cord, 6" 18AWG 3 SPT-2, NEMA 5-15P, IEC60320-C5 (Check MFR), 1Power Supply, 100-240 VAC, 100W, 24V, 42A, IEC 320 & DT7L Plugs.	7	\$18,019.85	\$14,900.00	\$104,300.00
2		820-0106-15	<b>Adult Disposable Circuit, Disposable Circuit, EMV+, AEV, Eagle II, 6 foot length, Single patient use, (case of 15)</b>	3	\$230.98	\$196.33	\$588.99
3		703-0731-27	<b>Ventilator Carrier (White), Eagle II</b>	7	\$395.00	\$335.75	\$2,350.25
4		SC-731-PM-5Y	<b>PM Only, 5 Years, Point of Sale w/battery replacement</b>	7	\$2,625.00	\$2,625.00	\$18,375.00
5		8000-001468-01	<b>ZOLL AED Rescue Backpack, G3 Quicklook Blue</b>	7	\$225.00	\$191.25	\$1,338.75

Subtotal: \$126,952.99

**Total: \$126,952.99**

**ZOLL Medical Corporation**

269 Mill Road  
Chelmsford, MA 01824-4105  
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Blacksburg Rescue  
Quote No: Q-27485 Version: 1

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <http://www.zoll.com/GTC> and for software products can be found at <http://www.zoll.com/SSPTC> and for hosted software products can be found at <http://www.zoll.com/SSHTC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

1. This Quote expires on March 31, 2022. Pricing is subject to change after this date.
2. Applicable tax, shipping & handling will be added at the time of invoicing.
3. All purchase orders are subject to credit approval before being accepted by ZOLL.
4. To place an order, please forward the purchase order with a copy of this quotation to [esales@zoll.com](mailto:esales@zoll.com) or via fax to 978-421-0015.
5. All discounts from list price are contingent upon payment within the agreed upon terms.
6. Place your future accessory orders online by visiting [www.zollwebstore.com](http://www.zollwebstore.com).

**Order Information (to be completed by the customer)**

☐ Tax Exempt Entity (Tax Exempt Certificate must be provided to ZOLL)

☐ Taxable Entity (Applicable tax will be applied at time of invoice)

BILL TO ADDRESS	SHIP TO ADDRESS
Name/Department:	Name/Department:
Address:	Address:
City / State / Zip Code:	City / State / Zip Code:

Is a Purchase Order (PO) required for the purchase and/or payment of the products listed on this quotation?

☐ Yes      PO Number: \_\_\_\_\_ PO Amount: \_\_\_\_\_  
(A copy of the Purchase Order must be included with this Quote when returned to ZOLL)

☐ No      (Please complete the below section when submitting this order)

For organizations that do not require a PO, ZOLL requires written execution of this order. The person signing below represents and warrants that she or he has the authority to bind the party for which he or she is signing to the terms and prices in this quotation.

**Blacksburg Rescue**

Authorized Signature:

\_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_