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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 **2009**

Open to Public inspection

<u>A_</u>	For the 20	09 calendar y	ar, or tax year beginning , and ending		. — . —
В	Check if applica		C Name of organization NATIONAL EMERGENCY RESPONSE TEAM,	D Emplo	yer identification number
П	Address chang	use IRS	INC.		
$\overline{\sqcap}$	Name change	label or print or	Doing Business As	91-	2132962
\Box	Initial return	type.	Number and street (or P O box rf mail is not delivered to street address) Room/suite		one number
二		See Specific	1058 ALBION ROAD	207	-948-3499
Ш	Termination	Instruc-	City or town, state or country, and ZIP + 4	G Gross rece	ipts\$ 343,471
	Amended retur	n tions.	UNITY ME 04988		
	Application per	nding F Nam	and address of principal officer	H(a) Is this	a group return for
ш	**		BERT VANDEVENTER	affiliate	
		35	GRADY PLACE	H(b) Are all include	
		UN	ITY ME 04988	If "No,"	attach a list. (see instructions)
1_	Tax-exempt	t status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527		
J	Website:			H(c) Group	exemption number
K	Type of organi	ization X Coi	poration Trust Association Other V	994	M State of legal domicile ME
	art I	Summa			
	1 Brie		ne organization's mission or most significant activities		
a)	1	-	BASES FOR EMERGENCIES		
Š					
'n					
Ve	2 04-	1			
ၓၟ		ck this box		1 1	
∞5		-	members of the governing body (Part VI, line 1a)	3	
ties			endent voting members of the governing body (Part VI, line 1b)	4	
Activities & Governance	5 Tota	al number of	employees (Part V, line 2a)	5	<u>.</u>
Aci			rolunteers (estimate if necessary)	6	
	7a Tota	al gross unre	ated business revenue from Part VII尺向前形以幅 2	7a	
	b Net	unrelated bu	siness taxable income from Form-990-T-line 34	7b	0
			Prior Yea		Current Year
ē	8 Con	itributions an	grants (Part VIII, line 1h) revenue (Part VIII, line 2g) NOV 1 8 2010	8,685	339,975
Revenue			revenue (Part VIII, line 2g)		
ě	10 Inve	stment incor	ne (Part VIII, column (A), lines 3, 4, and EN, UT	7,922	3,496
œ	11 Oth	er revenue (F	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Tota	al revenue –	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,607	343,471
	13 Gra	nts and simil	ar amounts paid (Part IX, column (A), lines 1–3)	0,310	60,836
			or for members (Part IX, column (A), line 4)		· · · · · · · · · · · · · · · · · · ·
Ø				9,921	71,126
Se			Iraising fees (Part IX, column (A), line 11e)	7,5	
penses	1		expenses (Part IX, column (D), line 25) > 7,367		
X				9,395	277,388
				9,626	409,350
	1			6,981	-65,879
5 %	19 Rev	enue less ex	Beginning of Cur		End of Year
ets	20 Tota	al assets (Pa		7,457	821,586
Ass	21 Tota	•	art X, line 26)	,,,,,,,	022/000
Net Assets or Fund Balances	22 Net		· · · · · · · · · · · · · · · · · · ·	7,457	821,586
	art il	Signatu		, , 10 ,	022/000
·	<u> </u>				-4 -6 lu de d
		and belief, if	ies of perjury, I declare that I have examined his return, including accompanying schedules and statements, a property and complete Declaration of preparer (other than officer) is based on all information of which p	oreparer has	any knowledge
e:				1	
Sig					
He	re	Signatu	BUBLET VAN DE VINNER PRESIDENT	Date	1/12/- 11
		D			1/2/2010
		y type or	print name and title		
D.	:a	Preparer's	Date Check	ıf	Preparer's identifying number (see instructions)
Pa		signature	11/10/10 self- employ	red ▶	
	eparer's		DIAPOHLES & FEINSTEIN CPA'S PC	EIN ▶	11-3359171
US	e Only	Firm's name if self-emplo	O 271 NODE NODE	Phone	
		address, an		1	631-547-1040
May	the IRS	L	turn with the preparer shown above? (see instructions)	_ I IIO	Vas Na
			work Reduction Act Notice, see the separate instructions.		Yes No
DAA	· ···vacy A	ot and rape	work reduction not notice, see the separate instructions.		Form 990 (2002)

Form 990 (2009) NATIONAL EMERGENCY RESPONSE TEAM.

91-2132962

Page 2

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,"			
2	complete Schedule A	1-1-	X	x
3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	ļ- —	
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	1		-
•	Schedule C, Part II	4	!	х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	—	-	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	 		\vdash
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		х
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	7		x
- 8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	_	
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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			
•	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			
•	Did the organization report an amount for other assets related 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	42		x
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No.	12		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			- _
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		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	17		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	18		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	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Forn	990	(2009)

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			37
24-	employees? If "Yes," complete Schedule J	23		_ <u>X</u> _
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? If "Yes," answer lines			w
h	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	04-		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section-501(c)(3)-and-501(c)(4)-organizations-Did-the-organization-engage-in an-excess-benefit transaction ————————————————————————————————————	24d		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234		
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	-	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ľ	7.5
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		- 1	77
35	III, IV, and V, line 1	34		<u>X</u>
33	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1 25		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35		<u>X</u>
50	organization? If "Yes," complete Schedule R, Part V, line 2	26		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	31		<u></u>
	19? Note. All Form 990 filers are required to complete Schedule O	38		x
			990	

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X 1c gaming (gambling) winnings to prize winners? 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 2b 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 this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? 3а 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 X account)? 4a b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that 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?	2	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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing-body subject to-approval by-members, stockholders,-or other-persons?	_ 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
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	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)		·	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a	_X_	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	tion 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization > BARBARA VANDEVENTER 1058 ALBION ROAD			
TT	NTTY ME 04988	207-94	x = 3	A Q Q

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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 forme										
Check this box if the organization		nsate	e any			offic	er, d	i		
(A) Name and Title	(B) Average hours per				c all t	hat a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ROBERT HICKS TRUSTEE		x						0	0	0
CRAIG GADESBERG		†	\vdash							
TRUSTEE	1	x			İ			o	0	0
VINCENT COSTELLO		-				┢				
TRUSTEE	1	x					1	l ol	0	0
GLEN VANDEVENTER						İ				
TREASURER	40.00		İ	X				48,000	0	0
ROBERT VANDEVENTI										
PRESIDENT	20.00			X	<u>.</u>			16,200	0	0
BARBARA VANDEVEN	țer									_
VICE PRES				X	L.	<u> </u>		0	0	0
	-									
	_									5 990 (2000)

art VII		1	stee	s, Ke	ey Er	mplo	yees	, an	d Highest Compensated E	Employees (continued)	
ı	(A) Name and Title	(B) Average hours per week	⊢—				hat an) Former	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
			Individual trustee or director	nstitutional trustee		Key employee	Highest compensated employee	,	organization (W-2/1099-MISC)	(VV-2/1099-WISC)	organization and related organizations
-											
		1									
-											
Total		<u> </u>						•	64,200		
	number of individuals (in able compensation from			_	thos	e lis	ted a	bove	e) who received more than	\$100,000 in	
emplo For a	oyee on line 1a? If "Yes," ny individual listed on lin	" complete Sche e 1a, is the sum	dule of re	J for	suc able	h inc	lividu ipens	al atioi	yee, or highest compensation is and other compensation is s," complete Schedule J for	from	Yes 3
individ Did ai servid	dual ny person listed on line f es rendered to the orga	1a receive or ac nization? If "Yes	crue (com	oens	atıor	fron	n an	y unrelated organization foi		5
Comp	Independent Contract lete this table for your fi ensation from the organ	ve highest comp	ensa	ited	ınde	pend	ent c	ontr	actors that received more t	han \$100,000 of	
		(A) d business address							Descript	(B) on of services	(C) Compensa
										-	
											I

Pa	rt V	III Statement of Reve	nue		_			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a		-	TOTOTICE		0.2, 0.0, 0.0.
in J	h	Membership dues	1b					
gE.	c	Fundraising events	1c					
ara	ď	Related organizations	1d					
S, E	۵	Government grants (contributions)	1e					
e s	f	All other contributions, gifts, grants,	<u> </u>					
돌	•	and similar amounts not included above	1f	339,975				
들위	g	Noncash contributions included in lines 1a-						
Program Service Revenue Contributions, gifts, grants anounts	h	Total. Add lines 1a–1f	" •	▶ 1	339,975			
e e				Busn Code				
je	2a			2001 0000				
ş	b							
<u>:</u> 2	- с	-			-			
Š	d							
Ĕ	e						-	
ğ	f	All other program service reve	nue					
ڇ	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, in	terest, and				
		other similar amounts)	,	▶	3,496			3,496
	4	Income from investment of tax	exempt bon	d proceeds ▶				
	5	Royalties	·	•				
		(ı) Real		(ii) Personal				
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
	_d	Net rental income or (loss)		•				
	7a	Gross amount from sales of assets (i) Securities	5	(II) Other				
		other than inventory						
	b	Less cost or other						
		basis & sales exps		_				
	С	Gain or (loss)						
	d	Net gain or (loss)		•				
e	8a	Gross income from fundraising even	nts					
		(not including \$						
Š		of contributions reported on line 1c)					
Other Reven		See Part IV, line 18	a					
Ę		Less direct expenses	b					
		Net income or (loss) from fund		ts 🕨				
	9a	Gross income from gaming activities	es					
		See Part IV, line 19	a					
		Less direct expenses	b					
		Net income or (loss) from gam	ning activities	•				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
		Less cost of goods sold	ь					
	С	Net income or (loss) from sale						
		Miscellaneous Revenue		Busn. Code				
	11a							
	b							
	C	All alban agrees						
	d							
	42				242 451	_	^	2 400
	12	Total Revenue. See instruction	ΠS		343,471	0	0	3,496

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete columns (A) but are not required to complete columns (B) (C) and (

	All other organizations must c	omplete column (A) but ar	e not required to complet	e columns (B), (C), and ((D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21	60,836	60,836		
2	Grants and other assistance to individuals in		00,030		······································
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		-		······
J	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5					
6	trustees, and key employees				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	-		-	
_	persons described in section 4958(c)(3)(B)	64 200	44 450	16 520	2 210
7	Other salaries and wages	64,200	44,458	16,532	3,210
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	6 006	4 505	4 500	
10	Payroll taxes	6,926	4,797	1,783	346
11	Fees for services (non-employees)				
а	Management				
þ	_ ~ 	1,152	797	297	58
С	Accounting	2,500	1,731	644	125
d	, , , , , , , , , , , , , , , , , , ,				
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g	Other				
12	Advertising and promotion	873	604	225	44
13	Office expenses				
14	Information technology	_			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	109,048	108,966	69	13
23	Insurance	27,724	19,199	7,139	1,386
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	EMTU SUPPLIES	34,575	34,575		
b	DONATIONS CASH/GOODS	33,326	33,326		
С	REPAIRS & MAINTENANCE-EMT	10,731	10,731		
d	REPAIRS & MAINTENANCE	9,467	6,556	2,438	473
е	UTILITIES	6,981	4,834	1,798	349
f	All other expenses	41,011	32,884	6,764	1,363
25	· • • • • • • • • • • • • • • • • • • •	409,350	364,294	37,689	7,367
	Joint costs. Check here ▶ ☐ if following	1			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA			<u></u>		Form 990 (2009)

<u>.F</u>	art)	Balance Sheet		<u> </u>		r
				(A) Beginning of year		(B) End of year
_	1	Cash—non-interest bearing		43,028	1	60,129
	2	Savings and temporary cash investments		328,711	2	235,387
	3	Pledges and grants receivable, net		3	230,700.	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,				
		employees, and highest compensated employees Com				
		Schedule L	5			
	6	Receivables from other disqualified persons (as defined	1			
	ľ	4958(f)(1)) and persons described in section 4958(c)(3)(
		Part II of Schedule L	6	}		
ţ	7			_		
Assets		Notes and loans receivable, net	40,557	7	F6 970	
As	8	Inventories for sale or use			8	56,879
	9	Prepaid expenses and deferred charges	1 1	36,108	9	48,490
_	-10a	-Land, buildings, and equipment cost or -	1	, ,		
		other basis Complete Part VI of Schedule D	10a 1,155,149 10b 734,448	400.050		400 504
	1 .	Less accumulated depreciation	10b 734,448	439,053		420,701
	11	Investments—publicly traded securities	,	11		
	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		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	887,457	16	821,586
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV of	f Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, truste	es, key			
ᅙ		employees, highest compensated employees, and disqu	ualified			
Ë		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	i parties		23	
	24	Unsecured notes and loans payable to unrelated third pa	arties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	
es		Organizations that follow SFAS 117, check here ▶ X	and			
Š		complete lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets		887,452	27	821,586
m	28	Temporarily restricted net assets		,	28	
ā	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, check her	re ▶ □			
Ξ		and complete lines 30 through 34.				
S	30	Capital stock or trust principal, or current funds		30		
set	31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	
Š	32	Retained earnings, endowment, accumulated income, o			32	
Net Assets or Fund Balances	33	Total net assets or fund balances		887,452	33	821,586
ž	34	Total liabilities and net assets/fund balances		887,452		821,586

Form **990** (2009)

orm	990 (2009) NATIONAL EMERGENCY RESPONSE TEAM, 91-2132962		Pag	ge 12
Pai	rt XI Financial Statements and Reporting	-		
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
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?	3a]	X

b 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

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

organization, check this box

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

NATIONAL EMERGENCY RESPONSE TEAM. Employer identification number Name of the organization INC 91-2132962 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 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III–Functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting

Since August 17, 2006, has the organization accepted any gift or contribution from any of the		
following persons?		
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes
and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	

(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?		nization in of your	organizat (i) organi		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

Schedule A (Form 990 or 990-EZ) 2009

11g(III)

h

Sche	dule A (Form 990 or 990-EZ) 2009 NAT	'IONAL EME	RGENCY RE	SPONSE TI	EAM, 91	-2132962	Page 2
	Support Schedule for O (Complete only if you che	rganizations D	escribed in S	ections 170(b)		170(b)(1)(A)(vi	
Sec	tion A. Public Support	DOMOG WIO DOX	<u> </u>	O OTT GITTI.			· · · · · · · · · · · · · · · · · · ·
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	587,321	464,995	396,215	598,685	339,147	2,386,363
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	587,321	464,995	396,215	598,685	339,147	2,386,363
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)						1,999,078
6	Public support. Subtract line 5 from line 4						387,285
$\overline{}$	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	587,321	464,995	396,215	598,685	339,147	2,386,363
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,023	2,512	5,575	7,922	3,496	20,528
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	L					2,406,891
12	Gross receipts from related activities, etc					12	342
13	First five years. If the Form 990 is for the		, second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	. —
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6			n (f))		14	16.09%
15	Public support percentage from 2008 Scho	• • • •				15	85.98 <u>%</u>
16a	33 1/3 % support test—2009. If the organ	ization did not che	ck the box on line	13, and line 14 is 3	33 1/3 % or more,	check this box	
	and stop here. The organization qualifies						▶ _
þ	33 1/3 % support test—2008. If the organ	ization did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3 % or m	ore, check this	r
	box and stop here. The organization quali	fies as a publicly s	upported organizat	tion			► X
17a	10%-facts-and-circumstances test—200	9. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	nces" test, check t	his box and stop h	i ere . Explain in Pa	rt IV how the	
	organization meets the "facts-and-circums	stances" test. The o	rganization qualifi	es as a publicly su	pported organizati	on	▶ _
b	10%-facts-and-circumstances test—200	8. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	l line 15 is 10% or	
	more, and if the organization meets the "fa	acts-and-circumsta	nces" test, check t	his box and stop h	ie re . Explain in Pa	rt IV how the	.—
	organization meets the "facts-and-circums		•	•	•		>
18	Private foundation. If the organization did	I not check a box o	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and sec	e instructions	>

Sche	edule A (Form 990 or 990-EZ) 2009 NA	TIONAL EM	ERGENCY RI	ESPONSE TE	EAM, 91	-2132962	Page :
	Support Schedule for (Complete only if you c	Organizations I	Described in S	ection 509(a)(2			
Sec	tion A. Public Support		0				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		_				
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	S					
С	Add lines 10a and 10b		<u> </u>				
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 IV)		_		<u>.</u>		
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	-	st, second, third, fo	urth, or fifth tax yea	r as a section 501	(c)(3)	_
	organization, check this box and stop he						
	ction C. Computation of Public					1.1	
15	Public support percentage for 2009 (line		•	nn (f))		15	%
16	Public support percentage from 2008 Sc					16	%
	ction D. Computation of Investm					1 1	
17	Investment income percentage for 2009		· -	3, column (f))		17	<u>%</u>
18	Investment income percentage from 200			. 44		18	<u>%</u>
19a	33 1/3 % support tests—2009. If the or	-					▶ □
b	17 is not more than 33 1/3 %, check this 33 1/3 % support tests—2008. If the or		_	•			- L
U	line 18 is not more than 33 1/3 %, check	_					▶ □
20	Private foundation. If the organization of		_				.

Schedule A (Form 990 or 990-EZ) 2009 NATIONAL EMERGENCY RESPONSE TEAM,

91-2132962

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NATIONAL EMERGENCY RESPONSE TEAM, INC. 91-2132962 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

Sche	dule D (Form 990) 2009 NATIONAL E	MERGENCY RE	SPONSE	TEAM,	91-21	32962	Page 2
Pa	irt III Organizations Maintaining	Collections of Art	Historical	Treasur	es, or Other	Similar Asse	ts (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, che	eck any of the	following th	nat are a significa	ant use of its	
а	Public exhibition	d Loan	or exchange p	rograms			
b	Scholarly research	e Othe		J			
С	Preservation for future generations				. – – –		
4	Provide a description of the organization's collection of the organization of the orga	ections and explain how	they further th	ne organiza	ition's exempt pu	rpose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	receive donations of art,	historical trea	sures, or o	ther similar		Yes No
Pa	ert IV Escrow and Custodial Arrai					"Yes" to Forn	
	IV, line 9, or reported an am						
1a	Is the organization an agent, trustee, custodiar				assets not		
	included on Form 990, Part X?	r or other intermediary r	or contribution	3 01 011101 1	assets not		Yes No
h	If "Yes," explain the arrangement in Part XIV a	nd complete the follows	na table				
•	in 103, explain the arrangement in Fall XIV a	nd complete the lollowin	ig table				Amount
_	Beginning balance	_			-	40	
	<u> </u>					1c	
a	Additions during the year					1d	 -
e	Distributions during the year					1e	
t	Ending balance					1f	
	Did the organization include an amount on For	m 990, Part X, line 21?					Yes No
	If "Yes," explain the arrangement in Part XIV		 · · · · · · · · · · · · · · · · · ·				
Pa	irt V Endowment Funds. Comple						
		(a) Current year	(b) Pnor y	ear (c) Two years back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
'n	End of year balance						
2	•	L L				L	1
	Provide the estimated percentage of the year € Board designated or quasi-endowment ▶	= -					
		- %					
	Term endowment %						
Ja	Are there endowment funds not in the possess	tion of the organization	mat are held a	na adminis	terea for the		[v] n
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
	If "Yes" to 3a(ii), are the related organizations I	•					3b
********	Describe in Part XIV the intended uses of the o						
P₹	<u>ırt VI Investments—Land, Buildir</u>	<u>igs, and Equipme</u>	nt. See Foi	<u>m 990, f</u>	Part X, line 10	0.	
	Description of investment	(a) Cost or other basis	(b) Co	ost or other	(c) Acc	umulated	(d) Book value
		(investment)	bas	ıs (other)	depre	eciation	
1a	Land						
b	Buildings						
	Leasehold improvements						
	Equipment						
	Other		1.	155,1	49		1,155,149
	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990. Part X. c			1	•	1,155,149
-	J \ \ \ \ \ \ \		(-),	- \ - / /		- 1	_,,

	Form 990) 2009 NATIONAL EMERGENCY	RES	PONSE TEAM,	91-2132962	Page 3
Part VII	Investments—Other Securities. See For	m 990	, Part X, line 12.		
	(a) Description of security or category (including name of security)		(b) Book value	(c) Method o Cost or end-of-ye	
Financial deri	ivatives			 -	
	equity interests	ſ			
Other	•	Ì			
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		h			
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		H			
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. See For) Part Y line 13	<u> </u>	
-	(a) Description of investment type	I	(b) Book value	(c) Method o	fivaluation
	(a) Description of investment type		(b) Book value	Cost or end-of-ye	
					-
	·				=
		-			
					
					
T-4-1 (O-1	(1)			·	······································
Part IX	on (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>			
Part IA	Other Assets. See Form 990, Part X, line				
	(a) Descript	uon			(b) Book value
				·	
		 -			
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)				
Part X	Other Liabilities. See Form 990, Part X, 1	lina 25		<u> </u>	
1	(a) Description of liability	11116 23	(b) Amount		
Federal incon			(b) Amount		
r ederar incom	ile taxes				
				-	
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	<u></u>				
				1	
			- 		
T-4-1 (C. 1	(1)				
	nn (b) must equal Form 990, Part X, coi (B) line 25)	<u> </u>			
	potnote In Part XIV, provide the text of the footnote to the	e organi	zation's financial stateme	nts that reports the	
organization's	s liability for uncertain tax positions under FIN 48		 		

Sche	dule D (Form 990) 2009 NATIONAL EMERGENCY RESPONSE TI	EAM	, 91-213296	2	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u>	ted Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a		ļ	
b	Donated services and use of facilities	2b			
- C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	_		_
е	Add lines 2a through 2d		_	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses per F	Retur	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ĺ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pε	rt XIV Supplemental Information				<u> </u>
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	es 1a	and 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin	es 2d	and 4b Also complete		
	art to provide any additional information		·		

Sch	edul	e D	(Fo	rm 99	90) 2	009	N	AT:	[0]	LAN	L 1	EME	RGE	NC.	Y]	RE:	SPC	SMC	SE	T	EAI	М,		91	<u>-2</u>	132	29€	<u>52</u>						Page 5
P	art .	XΙ\	I	Sup	ple	mer	ital	Info	orm	atio	on	(con	tinue	ed)																				
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization NATIONAL EMERGENCY RESPONSE TEAM,

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2009

ber .		☐ Yes 🗶 No	Grants and Other Assistance to Governments and Organizations in the United States. Complete if≀the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(h) Purpose of grant or assistance																	
Employer identification number 91-2132962		p	janization ansv int received mo	(g) Description of non-cash assistance																	
Employer 91-21		s or assistance, an	nplete ifithe org no one, recipie	(f) Method of valuation (book, FMV, appraisal, other)	-			-		-											-
		eligibility for the grant	ited States. Corr Check this box if	(e) Amount of non-cash assistance																	
		istance, the grantees' in the United States	Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	(d) Amount of cash grant (e) Amount of non-cash assistance		12,500		5,450			7 , 650			7,425		6,000		1	7,200		
TEAM,		ants or assirant funds	l Organi eived mo	(c) IRC section if applicable																	
RESPONSE	Assistance	he amount of the grance? nce? nitoring the use of g	vernments and ecipient that rec) if additional sp	(p) EIN																	
AL EMERGENCY	General Information on Grants and Assistance	n records to substantiate tward the grants or assista sation's procedures for mo	Grants and Other Assistance to Governments and Form 990, Part IV, line 21, for any recipient that rec Part IV and Schedule I-1 (Form 990) if additional sp	of organization ent		CO 80455	ER RELIEF	ME 04414			ME 04211			ME 04988		ME 04928			NY 11096		
Name of the organization NATIONAL EMERGENCY RESPONSE INC.	General Inform	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Oth Form 990, Part Part IV and Sch	(a) Name and address of organization or government	STREE	OWN	NEW BEGINNINGS DISASTER RELIEF	323	SHEPHARD FOOD BANK	1807		MAINE OUTREACH	908		OF CORINNA	A	Ł	Sheridan Blvd			
Name of the	Part	1 Does the s	Part II	-	NERT COL	JAMESTOWN	NEW BE	PO BOX	G000	PO BOX 1807	AUBURN	MAINE	PO BOX	UNITA	TOWN O	CORRINA	NERT NY	221 Sh	Inwood		

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Schedule I (Form 990) 2009

91-2132962 Schedule I (Form 990) 2009 NATIONAL EMERGENCY RESPONSE TEAM,

Schedule 1	Schedule I (Form 990) 2009 NATIONAL EMERGENCY RESPONSE	RGENCY RESPON	TEAM,	91-2132962		Page 2
Part III	Grants and Other Assistance to Individuals in the Uni	to Individuals in the	e United States. Cor	nplete if the organiza	ited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	l
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(Form 990) if additio	nal space is needed			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other)
					_	
					_	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other addition	onal information.

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

OMR No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

NATIONAL EMERGENCY RESPONSE TEAM,

Employer identification number 91-2132962

Name of the organization INC.

Form 990, Part III, Line 4d - All Other Achievements PROVIDE TRAILERS & DELIVERY SERVICES FOR FOOD DISTRIBUTION WITH LOCAL FOOD PANTRIES. PROVIDE FINANCIAL AND GOODS CONTRIBUTIONS TO MEMBERS OF NVOAD (NATIONAL VOLUNTEERS ORGANIZATIONS ACTIVE IN DISASTER) AND OTHER NON-PROFITS TO ASSIST IN EMERGENCIES.

Form 990, Part VI, Line 2 - Related Party Information Among Officers ROBERT VANDEVENTER GLEN VANDEVENTER PRESIDENT TREASURER

BARBARA VANDEVENTER

VICE PRES

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 15a - Compensation Process for Top Official ALL COMPENSATION IS REVIEWED AND APPROVED BY THE FULL BOARD. EU

Form 990, Part VI, Line 15b - Compensation Process for Officers ALL COMPENSATION IS REVIEWED AND APPROVED BY THE FULL BOARD. EÜ

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return

OMB No 1545-0172 2009

ttachment equence No 67

Name(s) shown on return

NATIONAL EMERGENCY RESPONSE TEAM,

See separate instructions.

Identifying number

91-2132962 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. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. Total cost of section 179 property placed in service (see instructions) 2 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 109,048 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (g) Depreciation deduction (a) Classification of property placed in (f) Method (business/investment use period only-see instructions) 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 vrs ММ S/L property ММ S/L 27 5 yrs Nonresidential real 39 vrs MM S/L property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs c 40-year 40 vrs MM S/L Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 109,048 and on the appropriate lines of your return. Partnerships and S corporations—see instructions

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

23