

Organization Information

EMS Agency: Yes
 Organization Name: OCEAN PARK VOLUNTEER FIRE & RESCUE
 Address First Line: P. O. BOX 5545
 Address Second Line:
 City: VIRGINIA BEACH State: VA Zip: 23455
 City/County: VIRGINIA BEACH Phone Number: (757)464-0594
 Regional Council: Tidewater EMS Council FIN#: 54-6114848
 Organization Structure: EMS - Volunteer Organization Type: Non-Governmental

Personnel Information

Number of Certified Personnel
 First Responder: 0 EMT: 37 Paramedic: 9 Advance EMT: 1 Enhanced: 3
 Intermediate 3 Advanced Life Support Coordinator:0 Education Coordinator: 0

Certification
 First Responder: 0 EMT: 50 Paramedic: 6 Advance EMT: 1 Enhanced: 4
 Intermediate 2 Advanced Life Support Coordinator:0 Education Coordinator: 0
 Driver: 0 Other: 11 **Total: 74**

Personnel
 Career: 0 Volunteer: 74 **Total: 74**

Comments:
 These updated numbers reflect what is currently in our City scheduling system

Call Activity and Demographic Information

BLS Calls: 1,346 ALS Calls: 550 Calls Unable To Respond: 0
 Calls Outside Primary Service Area: 0 Avg Call Time(minutes): 50 Average Round Trip Mileage: 20
 Avg Mileage To Nearest Hospital: 6
 Square Miles of Service Area: 270 Population of Service Area: 444,000 Total Number of Stations: 2
 Comments:

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
141530	1FBSS31L9YHA04787	1999/1999	FORD	VAN	QUICK RESPONSE	Non-Transport Vehicle	N	65000	

Agency Vehicle Information

Unit#	VIN	Chassis			Vehicle Type	Class Permit	4WD	Mileage	Engine Hours
		Box Year	Make	Model					
141529	1FV3GFBC91HA74062	2001/2001	FREIGHTL INER	FL-60	TYPE I AMBULANCE	Ground Ambulance	N	216000	
146437	1FVACVDD45HU29774	2005/2005	FREIGHTL INER	M2	TYPE I AMBULANCE	Ground Ambulance	N	174000	
165590	3HTMWSKK48N643340	2008/2008	HORTON	623-1	TYPE I AMBULANCE	Ground Ambulance	N	101510	

Financial Information

Assets	
Cash Balance:	\$113,947.00
Real Estate:	\$285,368.00
Investments (unrestricted):	\$0.00
Equipments, Vehicles, etc:	\$6,474.00
Restricted Funds:	\$68,974.00
<u>Restricted Funds Description:</u>	
Restricted Funds - Building Fund Established by our Executive Board for Roof Replacement.	

Liabilities	
Balance of Open Accounts:	\$0.00
Notes or Mortgages Owed:	\$0.00
Indebtedness / Obligations:	\$0.00
<u>Description of Indebtedness / Obligations:</u>	
N/A	

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:	\$0.00
26% Return to Locality:	\$0.00
Donations:	\$0.00
EMS Fee for Service:	\$0.00
Fund Raising:	\$130,459.00
Interest Dividends:	\$192.00
Grants:	\$0.00
Other Revenue:	\$37,475.00
<u>Description of Receipts/ Revenue:</u>	
Other Revenue - Rental of Real Property	

Expenditures	
Operational Expenses:	\$91,815.00
Personnel Costs:	\$0.00
Capital Expenditures:	\$0.00
Other Expenses:	\$35,696.00
Non Operational:	\$0.00
<u>Definition of Capital Expenditures:</u>	
N/A	

Finance Summary

Total Assets:	\$474,763.00	Net Worth:	\$474,763.00
Total Liabilities:	\$0.00	Beginning Balance:	\$113,947.00
Total Receipts:	\$168,126.00	Cash Difference:	\$40,615.00
Total Expenditures:	\$127,511.00	Ending Balance:	\$154,562.00

Requested Items Information

Item Name: Power-LOAD System

Item Type: Other

Req. Quantity: 1

Funding Level: 80 / 20

Action Add

Current Quantity: 1

Total Price: \$23,122.19

Matching Funds: \$4,624.44

State Funds: \$18,497.75

Comments: Ocean Park Volunteer Rescue Squad (OPVRS) is located on the Northern edge of the City of Virginia Beach. Our primary response district runs from the Atlantic Ocean past Cape Henry and along the shore of the Chesapeake Bay up to the Chic's Beach area of the City. Servicing approximately 9,000 households in this area, OPVRS plays a critical role in serving a geographically separated and low lying area of the City.

Our primary response district is bordered on all sides by water. Our duty area also includes the expanse of First Landing State Park and Joint Expeditionary Base East (Fort Story) along the Shore Drive corridor often cited as one of the Commonwealth's deadliest stretches of roadway. Until the signs along this road were taken down a few years ago, motorists were greeted with grim warnings about Shore Drive's death toll ("Warning. 81 people have DIED on this road since 1977"). OPVRS has served this community since we were incorporated in 1946.

OPVRS operates in conjunction with nine other independent Rescue Squads to cover the entire 270 square miles of the City of Virginia Beach as well as our serving our primary response district. Virginia Beach EMS provides these 10 squads with vehicle maintenance, insurance, fuel, administrative support, and training, but OPVRS is its own 501c3 corporation which is responsible for purchasing all equipment, uniforms, supplies, vehicles, and other necessities through donations and fundraisers - with no financial support from the city.

Hardship Justification: Ocean Park Rescue is beginning to recover from a number of financial challenges in the past several years which have put hardship on the Squad. Chief among these is the damage done to our primary building by a storm in 2009. There was significant flooding and wind damage totalling over \$100,000. The Squad did not have any flood insurance at the time and most of our on-hand cash went to make repairs. In addition, the storm exposed issues with our building and made clear the need for a new roof to our building which is estimated to cost between \$160,000 and \$200,000. Financial progress is being made, but at this time we still hope the Commonwealth will consider us a candidate for assistance. OPVRS does have the funds on hand from fundraising efforts to provide the required 20%.

Supporting Documents

Name	Type	Description	Size
F25522/Ocean Park PowerLOAD.pdf	Quote	Quote for Power-LOAD	37 KB

Affirmation

Brief Project Description:
 OPVRS is proposing to retrofit another of our ambulances with a Stryker Power-LOAD? system. Installation of which will greatly improve working conditions for our Volunteers and definitively add to patient safety during transport and the loading and unloading process. Though not required at this time, we would also be retroactively conforming with the recent mandate that all new ambulances come equipped with this type of system. We were the first Squad in the City of Virginia Beach to add one of these systems in 2015 and know that continuation of these upgrades across our fleet will be of great benefit to our patients and providers. In future budget cycles as OPVRS replaces ambulances, this equipment would not have to be repurchased as it can be moved from one ambulance to the next protecting this investment in provider and patient safety for years to come.

Project /Equipment Sustainability:
 All OPVRS vehicles are maintained by Fleet Services (City Garage) for the City of Virginia Beach. City Garage would repair this equipment as required, City Garage would also coordinate warranty repairs. OPVRS also plans to maintain a service contract with the manufacturer to provide required annual maintenance. It is not anticipated that addition of this equipment would any significant financial burden to the Squad.

Supporting Documents			
Name	Type	Description	Size
F16806/Tax+Return+2014.pdf	IRS Letter / 990 / W9	2014 990	3606.18 KB
F23140/Fall 2015 RSAF Grant Project.pdf	Other	Project notes and description	205.37 KB

<u>Authorized Agent</u>			
First Name: GERALD Email: geekerr@gmail.com	Last Name: KERR	Phone#: (757)406-3447	Signature: Gerald Kerr
<u>Finacial Officer</u>			
First Name: JOHN Email: JVANHUYCK@JUNO.COM	Last Name: VANHUYCK	Phone#:	Signature: John Van Huyck
<u>Operational Medical Director</u>			
First Name: STEWART Email: stewartmartinMD@cox.net	Last Name: MARTIN	Phone#:	Signature: Stewart Martin, MD

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 08-01, 2014, and ending 07-31, 2015

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization OCEAN PARK VOLUNTEER F & RS, INC. D Employer identification no. 54-6114848 E Telephone number (757) 363-0939 G Gross receipts \$ 168,126

F Name and address of principal officer: GERALD KERR. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: WWW.OPVRS.COM. K Form of organization: Corporation. L Year of formation: 1980. M State of legal domicile: VA.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EMERGENCY MEDICAL SERVICES TO THE CITY OF VIRGINIA BEACH.

Table with 3 columns: Line number, Description, Amount. Rows 2-7b. Includes: 2 Check this box, 3 Number of voting members (3), 4 Number of independent voting members (4), 5 Total number of individuals employed (5), 6 Total number of volunteers (6), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12. Includes: 8 Contributions and grants (88,697 / 130,459), 9 Program service revenue (0), 10 Investment income (115 / 192), 11 Other revenue (27,428 / 37,475), 12 Total revenue (116,240 / 168,126).

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19. Includes: 13 Grants and similar amounts paid (0), 14 Benefits paid to or for members (0), 15 Salaries, other compensation, employee benefits (0), 16a Professional fundraising fees (10,395 / 8,009), 17 Other expenses (128,731 / 119,502), 18 Total expenses (139,126 / 127,511), 19 Revenue less expenses (22,886 / 40,615).

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22. Includes: 20 Total assets (462,730 / 503,345), 21 Total liabilities (0), 22 Net assets or fund balances (462,730 / 503,345).

Part II Signature Block

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

Sign Here: Signature of officer GERALD KERR, PRESIDENT. Date.

Paid Preparer Use Only: Print/Type preparer's name JOHN C WHITE, Preparer's signature JOHN C WHITE, Date 08-24-2015, Check self-employed, PTIN P01296723, Firm's name WHITE ANDERSON & ASSOCIATES PC, Firm's address 265 KINGS GRANT ROAD SUITE 106 VIRGINIA BEACH VA 23452, Firm's EIN, Phone no. 757-463-8355.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE EMERGENCY MEDICAL SERVICES TO THE CITY OF VIRGINIA BEACH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 91,815 including grants of \$) (Revenue \$)
PROVIDED EMERGENCY MEDICAL SERVICES TO THE CITY OF VIRGINIA BEACH.

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 91,815

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 6		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9			

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
JOHN VAN HUYCK (757) 363-0939, PO BOX 5545, VIRGINIA BEACH, VA 23455

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICK ASKEW CAPTAIN	6.00			X			0	0	0	
(2) GERALD KERR PRESIDENT	6.00			X			0	0	0	
(3) JOHN VAN HUYCK TREASURER	6.00			X			0	0	0	
(4) MEGHAN STUFFLEBEEM SECRETARY	6.00			X			0	0	0	
(5) ELENA MALZAN MEMBER AT LARGE	6.00			X			0	0	0	
(6) JOHN BURKARD VICE PRESIDENT	6.00			X			0	0	0	
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
1b Sub-total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						0	0	0	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	130,459			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		130,459			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		192	192		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		37,475					
	b	Less: rental expenses					
	c	Rental income or (loss)		37,475			
	d	Net rental income or (loss)		37,475	37,475		
	7a	(i) Securities					
		(ii) Other					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
d	Net gain or (loss)						
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10a							
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		168,126	37,667	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	3,415		3,415	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	8,009			8,009
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	9,797		9,797	
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	9,713	9,713		
23	Insurance	5,853	5,853		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	BANK FEES	314		314	
b	BUILDING REPAIRS	27,278	27,278		
c	CLEANING AND MAINTENANCE	930	930		
d	INTERNET EXPENSE	790		790	
e	All other expenses	61,412	48,041	13,371	
25	Total functional expenses. Add lines 1 through 24e	127,511	91,815	27,687	8,009
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: OCEAN PARK VOLUNTEER F & RS, INC. Employer identification number: 54-6114848

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed consent.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include purpose of easements, number of easements, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include questions about reporting collections of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		106,211		106,211
b Buildings		208,157	35,474	172,683
c Leasehold improvements				
d Equipment		496,566	490,092	6,474
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				285,368

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table for Part XI with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions, sub-rows (2a-2d, 4a-4b), and total lines (1, 2e, 3, 4c, 5).

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

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

Table for Part XII with 5 main rows and sub-rows (a-e) for adjustments. Includes columns for descriptions, sub-rows (2a-2d, 4a-4b), and total lines (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
OCEAN PARK VOLUNTEER F & RS, INC.

Employer identification number
54-6114848

01. Form 990 governing body review (Part VI, line 11)

GOVERNING BODY REVIEWED BEFORE FILING.

02. Governing documents, etc, available to public (Part VI, line 19)

DOCUMENTS MADE AVAILABLE UPON REQUEST.

03. List of other expenses (Part IX, line 24e)

SEE OVERFLOW STATEMENT

Client Copy

Name(s) as shown on return

FEIN

OCEAN PARK VOLUNTEER F & RS, INC.

54-6114848

Description	Amount
TELEPHONE	\$ 5,124
DUES AND SUBSCRIPTIONS	540
UTILITIES	11,675
MEALS	3,420
MEDICAL SUPPLIES	14,448
MISCELLANEOUS	2,470
PEST CONTROL	630
POSTAGE AND SHIPPING	265
PRINTING	90
REAL ESTATE TAXES	3,910
EQUIPMENT REPAIR AND MAINTENANCE	47
RECRUITMENT AND RETENTION	3,499
UNIFORMS	1,923
Total:	\$ 48,041

Description	Amount
HOLIDAY PARTY	\$ 12,644
MEETINGS	727
Total:	\$ 13,371

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

2014

Name of the organization

OCEAN PARK VOLUNTEER F & RS, INC.

(Keep for your records)

Employer identification number

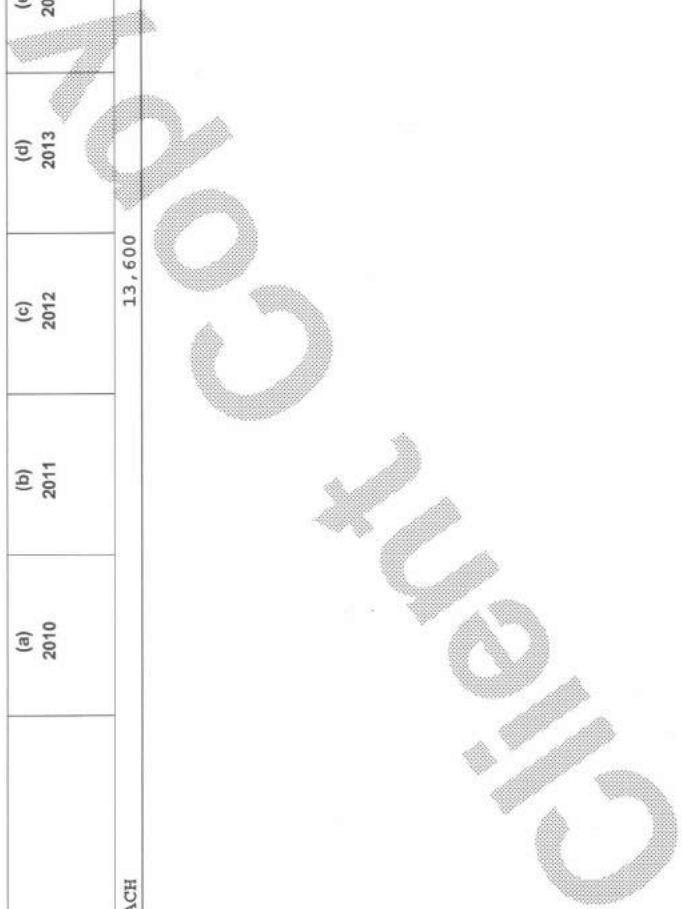
54-6114848

2% of the amount on Schedule A, part II, line 11, column (f) 12,530

Name	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
CITY OF VIRGINIA BEACH			13,600			13,600	1,070

Total

1,070



				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	29,898	1	10,345		
	2	Savings and temporary cash investments	133,218	2	207,632		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6			
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	810,934			
	b	Less: accumulated depreciation	10b	525,566	291,114	10c	285,368
	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		8,500	15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		462,730	16	503,345		
Liabilities	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25		0	26	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets	462,730	27	503,345		
	28	Temporarily restricted net assets		28			
	29	Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds		30			
	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other funds		32			
33	Total net assets or fund balances		462,730	33	503,345		
34	Total liabilities and net assets/fund balances		462,730	34	503,345		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	168,126
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,511
3	Revenue less expenses. Subtract line 2 from line 1	3	40,615
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	462,730
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	503,345

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

OCEAN PARK VOLUNTEER F & RS, INC.

54-6114848

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2014; 15 Public support percentage from 2013; 16a 33 1/3% support test - 2014; 16b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2013 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2013 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1. Organization Overview - Ocean Park Volunteer Fire and Rescue Unit Inc. (OPVRS) is a longstanding volunteer organization providing emergency pre-hospital care services to the Ocean Park area as well as the greater Virginia Beach metro area. In addition to providing medical care, volunteers provide training and awareness of medical issues and services to the local community through visits to schools, civic groups and events, organized events at the station and sponsorship and hosting of ongoing events such as health fairs and blood drives which raise health awareness and contribute to the overall well-being of the community. **Our Mission since 1946** is to assist in the saving of lives by providing emergency medical services and fire protection. **Our Goal** is to enhance the quality of life wherever we are called upon by providing education, training, and support for our membership, as well as facilitating the highest quality of pre-hospital care for the citizens living in the Ocean Park area and the City of Virginia Beach. Ocean Park Rescue has 74 active members serving a population of over 35,000 people in our first duty area as well as 433,000 in the City of Virginia Beach. OPVRS also provides support for two military bases, a state park, merchant marine sailors anchored offshore, as well as a significant civilian fishing and recreational marine population along the Chesapeake Bay.

2. Project Description

a. Problem – In pre-hospital care and transport we continue to face the challenge of more obesity and larger patients. This combined with increasing call volume and an increased number of patient lifts creates an environment conducive to back and neck injury. At a minimum, we are outfitting ambulances with power stretchers, but even ambulances outfitted with standard hydraulic power stretchers do not do enough to minimize the risk to our providers. Each year back and neck injuries generate a toll on our Squad by taking providers off shifts and in extreme cases by requiring medical attention. It has been shown that:

“Emergency medical service (EMS) response personnel face significant risk of developing musculoskeletal disorders (MSDs) through work-related activities. Lifting and loading cots into the back of an ambulance is one important and common responsibility of EMS personnel. This physically demanding task presents a potentially harmful situation due to awkward working postures and high loading forces.”¹

b. Solution – Our proposed solution is to outfit all three of our ambulances with Stryker Power-LOAD™ systems to complement our current hydraulic stretchers to assist in raising and lowering patients and minimizing the risk to OPVRS personnel. The Power-LOAD™ system would improve our

¹ Fredericks, T., Butt, S., Harms, K., & Burns, J. (2013, July 6). Evaluation of Medical Cot Design Considering the Biomechanical Impact on Emergency Response Personnel. Retrieved September 12, 2014.

personnel's ergonomic working conditions and patient safety by supporting the stretcher throughout the loading and unloading process. The system lifts and lowers the stretcher into and out of the ambulance significantly reducing the risk of short and long term injury to EMS providers. This system will also allow all of OPVRS's ambulance fleet to retrofit and conform with SAE J3027 relating to Occupant Restraint. This is the new standard applied to all ambulances purchased in the Commonwealth of Virginia after July 1, 2015.

- c. Goals and Objectives – It is anticipated that injuries to pre-hospital care providers should decrease significantly by adding these systems due to not having the additional stress and strain on backs and other areas of the body during stretcher operations and patient loading and unloading. Further, across the OPVRS fleet, the patient weight limit will be increased to 700 pounds while at the same time reducing the risk to providers and the likelihood of patient injury. While all injuries cannot be avoided, we expect to see a significant reduction and the ability to keep providers on the frontline where they belong.
- d. Collaborative Vision – OPVRS hopes to continue to serve as a test bed for the deployment of this technology in the City of Virginia Beach. Ocean Park was the first Squad in Virginia Beach to install a Power-LOAD™ system and plan to have our entire fleet outfitted in 2016. Neighboring communities such as Chesapeake have taken an aggressive approach in equipping their ambulances with these systems and after the initial adjustment periods have seen significant improvement in safety, employee and patient satisfaction. Ultimately, OPVRS supports the State mandate and would like to see all ambulances in the City required to provide a similar lift system.
- e. Success Metrics – This project continues to improve the quality of EMS services throughout the city of Virginia Beach through the provision of safe transport of all our patients. In addition, it will continue to reduce the potential numbers of injuries related to lifting and loading of patients. These results should be measurable and allow for a demonstrated return on investment. While there are many great projects proposed, there are very few that have the impact of this project as it will improve every single transport conducted by Ocean Park Volunteer Rescue Squad.
- f. Project Budget Narrative – Our goal is to complete these upgrades over the next year. In the initial year of the project, we were able to get funded the upgrades to replace our last manual stretcher with a Stryker Power-PRO™ XT and add the Power-LOAD™ system to one of our ambulances. The total for that upgrade was \$41,801.10. With the help of RSAF, we are replacing our oldest ambulance in the coming cycle and that ambulance will come equipped with a Power-LOAD™ system upon delivery in late Spring/early Summer of 2016. Our request for this RSAF grant cycle will

allow us to retrofit our final ambulance with this system and completely upgrade our fleet. Finally, it is important to note the portability of the systems. In future budget cycles as OPVRS replaces ambulances, this equipment would not have to be repurchased and can be installed in new ambulances protecting this investment in provider and patient safety for years to come.



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End User Shipping Address

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Billing Address

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Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
	4340795	08/20/2015	QUOTE		

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1.00	1	PowerLOAD	6390000000	\$23,122.19	\$23,122.19	
		Options				
	1	PowerLOAD	6390000000	\$23,122.19	\$23,122.19	
	1	Standard Comp 6390 Power Load	6390026000			
	1	English Manual	6390600000			
	1	1 year parts, labor & travel	7777881660			

Note:

Product Total	\$23,122.19
Freight	\$0.00
Tax	\$0.00
Total Incl Tax & Freight	\$23,122.19

Signature: _____ Title/Position: _____ Date: _____

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Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

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