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# Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

Control Special Programs   Control Special Pro	- 1	A F	or the 2008	calend	ar year, or tax year beginning	08/2	9 <b>, 2008</b> , a	and ending	_	12/31/2008
Interest curvey   Part of   Part o	1	<b>3</b> ci	heck if applicable	Please	C Name of organization				Di	
Name clears   Name clears   Name clears   Name clears   Name clear									1	
Tentalization T		-	1 -		MALBOM COLLAMY DADAMEDICS FOLL	NID A MIT (NI	TNG		Ι.	2 1500167
Premission   Specific   Specifi		<del></del>	1	B*				oom/suite		
Section 507(o) from, state of country, and \$2P + 4    Application   Section 507(o) from, state of country, and \$2P + 4   Application   Section 507(o) from, state of country, and \$2P + 4   a completed Schedule & (Form 980 or 980-62).   Website: ► TALECTRAMEDIC ORG.		X.	1							•
New Part   Description   Par			_	Specific		1 IDLEWII	D AVE	<del></del>	+	410)822-4223
Section 501(c)10 segmentations and 491 (c)11 money emptic charitable trusts must attach a completed Schedule A (From 990 or 990-EZ,			return		City of town, state of country, and zir +4				F	Group Exemption
Website:   TALBOTPARAMEDIC.ORG	_			tions.	EASTON, MD 21601					Number · · · ▶
Website:   Talbotparametric core   X   if the organization is not required to attach Schedule 8 (Form 950, 950-EP)   Creamization type (check only one)   X   501(c) (3 )   (Insert no.)   4947(a)(1) or   527   590-EP, 950-EP   (Scheck   X   if the organization is not a section 596(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not forecured, but if the organization choices to file a return, be sure to file a complete return.  L. Add lines 50, 80, and 75, to line 9 to determine gross receipts, \$1,000.000 emos, file Form 950 instead of Form 950-EZ   \$ 1,419.    Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			<ul> <li>Section 5</li> </ul>	501(c)(3) c	rganizations and 4947(a)(1) nonexempt charitable	trusts must at	tach	G Account	ing m	ethod X Cash Accrual
Website: ➤ TALBOTPARAMEDIC_ORG  Forgamization type (check only one) - X 501(c) (3)	_				a completed Schedule A (Form 990 or 990-EZ).			Other (s	pecify)	<b>)</b>
Dorganization type (check only one)								H Check ▶	· x	If the organization is not
Dorganization type (check only one)	1	W	/ebsite: ▶	TALBO	OTPARAMEDIC ORG			required	to att	ach Schedule B (Form 990.
K Check   X						4947(a)(1)	or 52	— I '		, ,
L Add inces \$b, Eb, and 7 b, but me 8 the determine gives receipts, \$1,419.    Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1	=									
Add lines 5b, 5b, and 7b, 1o line 5 but determine gross recepts, 45 1,000,000 or more, file from 990 misead of from 990.EZ , ▶ \$ 1,419.  Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, gifts, grants, and similar amounts received . 1 2 Program service revenue including government fees and contracts . 2 3 Membership duss and assessments . 3 3 Membership duss and assessments . 3 3 Membership duss and assessments . 3 4 Investment income . STYST 1 . 4 1,419.  5 a Gross amount from sale of assets other than inventory . 5 a . 3	•							elpis are norma	ally no	t more than \$25,000 A return
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	-								-	
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2   Program service revenue including government fees and contracts   2   3   3   3   3   3   3   3   3   3		Pa						<del></del>	<u>nstru</u>	ctions for Part I.)
3									1	
3			2 Progr	ram servi	ce revenue including government fees and contrac	cts			2	
1			3 Mem	bership d	ues and assessments				3	
5 a Gross amount from sale of assets other than inventory  6 b Less cost or other basis and sales expenses  7 a Gross revenue (not including \$\frac{1}{50}\$ of contributions  8 a Gross revenue (not including \$\frac{1}{50}\$ of contributions  9 a Gross revenue (not including \$\frac{1}{50}\$ of contributions  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses other than fundrasing expenses  10 b Less direct expenses of the fundrasing expenses  10 b Less direct expenses of the fundrasing expenses  10 b Less direct expenses of the fundrasing expenses  10 b Less direct expenses of the fundrasing expenses  10 b Less direct expenses of fundrasing expenses  11 b Less direct expenses of fund balances and expenses  12 c None  13 c Total expenses and dines 1, 2, 3, 4, 5c, 6c, 7c, and 8  14 c Decupancy, rent, utilities, and fundration of the fundrasing expenses  13 c Total expenses of the fundrasing expenses  14 c Decupancy, rent, utilities, and fundrasing expenses  15 c Total expenses (describe)  17 Total expenses (describe)  18 c Total expenses (describe)  19 Net assets of fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pror year's return)  10 c Total expenses of fundrasing expenses of fundrasing expenses expenses  10 c Total absetts of fund balan	~	1							4	1,419.
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C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule).  Special events and activities (complete applicable parts of Schedule Q) if any amount is from gaming, check here  a Gross revenue (not including \$ of contributions reported on line 1)  b Less direct expenses other than fundraising expenses  c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).  7 a Gross sales of inventory, less returns and allowances  7 a Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a).  8 Other revenue (describe \$ )  9 Total revenue, 4dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8										
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8 Other revenue (describe ►			<b>b</b> Less	direct ex	penses other than fundraising expenses	[6b]				
8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 1, 419.  10 Grants and similar amountspaid (attact Entative)	2		C Net II	ncome or	(loss) from special events and activities (Subtrac	t line 6b from lir	ne 6a).		6c	
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10   Grants and similar amounts paid (attact schedule)   STMT 2   10   666.     11   Benefits paid to or for members   12   Salaries, other compensation and employee benefits   12   NONE     12   Salaries, other compensation and employee benefits   12   NONE     13   Professional fees and other beyment this hodge padent contractors   13     14   Occupancy, rent, utilities, and thantenance   14       15   Printing, publications, postage, and applying   15     16   Other expenses (describe   STMT 3   )   16   1,800.     17   Total expenses. Add lines 10 through 16     17   2,466.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -1,047.     19   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   20       20   Other changes in net assets or fund balances (attach explanation)   20       21   Net assets or fund balances at end of year Combine lines 18 through 20   21   124,642.     Part II   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)   (A) Beginning of year (B) End of year   22   Cash, savings, and investments   STMT   4   125,689   22   124,642.     23   Land and buildings   24         24   Other assets (describe   )   24       25   Total assets   125,689   25   124,642.     26   Total liabilities (describe   )   26       27   Net assets or fund balances (line 27 of column (B) must agree with line 21)   125,689   27   124,642.     25   For Privacy Act and Paperwork Reduction Act Notice see the Instruction for Form 990   125,689   124,642.     26   For Privacy Act and Paperwork Reduction Act Notice see the Instruction for Form 990   125,689   124,642.     26   For Privacy Act and Paperwork Reduction Act Notice see the Instruction for Form 990   125,689   124,642.     25   For Privacy Act and Paperwork Reduction Act Notice see the Instruction for Form 990   125,689   126,680   126,680					•					1 410
12   Salaries, other compensation, and employee benefits   13   14   15	-					1				
12   NONE   13   Professional fees and other payment in included and investments   12   NONE   13   Professional fees and other payment in included and investments   13   14			IU Gran	ts and sir	nilar amounts paid (attach schedule)		2	• • • • • • •		666.
Salaries, other compensation, and employee benefits. Q						4				
15 Printing, publications, postage, and shipping 15 16 Other expenses (describe		× 1	12 Salar	ies, othe	compensation and employee benefits	4			$\rightarrow$	NONE_
15 Printing, publications, postage, and shipping 1 15 16 Other expenses (describe		e i	13 Profe	ssional f	ees and other payrhents to Independent contractor	<b>4</b>			13	<del> </del>
16 Other expenses (describe ► STMT 3 ) 16 1,800.  17 Total expenses. Add lines 10 through 16		χĎ							14	
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments STMT 4  125, 689. 22  124, 642.  23 Land and buildings  24 Other assets (describe  )  25 Total assets  125, 689. 25  124, 642.  26 Total liabilities (describe  )  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  JSA  For Privacy Act and Paperwork Reduction Act Natice, see the Instruction for Form 990		e E								1,01,.
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments STMT 4  125, 689. 22  124, 642.  23 Land and buildings  24 Other assets (describe  )  25 Total assets  125, 689. 25  124, 642.  26 Total liabilities (describe  )  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  JSA  For Privacy Act and Paperwork Reduction Act Natice, see the Instruction for Form 990		SS					_		4.0	105 600
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments STMT 4  125, 689. 22  124, 642.  23 Land and buildings  24 Other assets (describe  )  25 Total assets  125, 689. 25  124, 642.  26 Total liabilities (describe  )  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  JSA  For Privacy Act and Paperwork Reduction Act Natice, see the Instruction for Form 990		4	enu-c	n-year ng	jure reported on prior year's return)			• • • • • • •		125,689.
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)  (A) Beginning of year  (B) End of year  22 Cash, savings, and investments STMT 4  125,689. 22  124,642.  23 Land and buildings  24 Other assets (describe ▶  25 Total assets  125,689. 25  124,642.  26 Total liabilities (describe ▶  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 For Privacy Act and Paperwork Reduction Act Natice, see the Instruction for Form 990  10 Form 990-F7 (2009)		ž							t	
(See the instructions for Part II )  22	•							<del></del>		
22 Cash, savings, and investments STMT 4  23 Land and buildings  24 Other assets (describe ▶  25 Total assets  26 Total liabilities (describe ▶  27 Net assets or fund balances (line 27 of column (8) must agree with line 21)  28 For Privacy Act and Paperwork Reduction Act Natice, see the Instruction for Form 990		Pai	Bal	ance S	<b>neets.</b> If Total assets on line 25, column (B) a	re \$2,500,000 c			d of F	orm 990-EZ
23 Land and buildings  24 Other assets (describe ▶ ) 24  25 Total assets					(See the instructions for Part II )	<u>_</u>	(A) Begir	ning of year		(B) End of year
23 Land and buildings  24 Other assets (describe ▶ ) 24  25 Total assets	2	2	Cash, savır	ngs, and ir	vestments STMT 4	L		125,689.	22	124,642.
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JSA For Privacy Act and Paperwork Reduction Act Notice see the Instruction for Form 990			Net asset	s or fun	balances (line 27 of column (B) must agree wi	/	<del></del> .	125 690	+	124 642
	JSA -		For Pri				orm 990	123,003.	1-11	



	n 990-EZ (2008)			52	<u>-159016</u>	57	Page
Pa	art III Statement of Program Service Accomplishm	ents (See the instruct	ions for Part III.)			penses	
Wh	at is the organization's primary exempt purpose? STMT 5					d for 501(c)(3)	
	scribe what was achieved in carrying out the organization's ex	empt purposes In a clea	r and concise manne	er.	and (4)	organizations 7(a)(1) trusts	
	cribe the services provided, the number of persons benefited, or					for others)	•
	SEE STATEMENT 6	<u></u>	<del>`</del>		T		
20	SEE STATEMENT 6			-			
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	(Grants \$ ) If this amount include	es foreign grants, check he	re ▶	28	a		666
29							
	(Grants \$ ) If this amount includ	es foreign grants, check he	, L	29	_		
20	(Grants \$	es foreign grants, check he	e <b>&gt;</b>	1 2 3	<u>a  </u>	<del></del>	
30							
	(Grants \$ ) If this amount includ	es foreign grants, check hei	re	30	a		
31	Other program services (attach schedule)						
		es foreign grants, check hei		31	<u> </u>		
32	Total program service expenses (add lines 28a through 31a)				1		
				▶ 32			666
Fe	art IV List of Officers, Directors, Trustees, and Key Empl	<del></del>				1	
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		ntributions to benefit plans &	(e) Expen	se
	(a) Name and address	devoted to position	enter -0)		compensation	other allowa	ances
SE	E STATEMENT 7		-0-		-0-	۔ ا	-0-
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Pa	Other Information (Note the statement requirements in the instructions for Part VI)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"	l		ĺ
	attach a conformed copy of the changes	34	ļ	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not			ŀ
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	-		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, report-	35a		ĺ
	ing, and proxy tax requirements?	35b	_	<del> </del>
	If "Yes," has it filed a tax return on Form 990-T for this year?	335		<del>                                     </del>
36	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE	-1		
	Did the organization file Form 1120-POL for this year?	37b	ļ	Х
38 a	Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
_	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-		
39	1 1			
a	Initiation fees and capital contributions included on line 9  Gross receipts, included on line 9, for public use of club facilities  39a  39b	1		
	• • • • • • • • • • • • • • • • • • • •	1		
4 U a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►, section 4912 ►, section 4955 ►			
D	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete			
	Cohodula I. Bort I	40b		v
c	Enter amount of tax imposed on organization managers or disqualified persons during			X
·	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			ĺ
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed ▶			
42 a	The books are in care of ► SHEILA A. WAINWRIGHT Telephone no ► 410-822	2-422	23	
	Located at ▶501 IDLEWILD AVE. EASTON, MD ZIP+4 ▶ 21601			••••••
b	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		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign county ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts.			1
С		42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		,	Yes	No
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			1
	"Yes," Form 990 must be completed instead of Form 990-EZ		<u> </u>	Х
	Fa	99£	1-F7	12000

Form 990-E	Z (2008)			52-15901	67		⊃age <b>4</b>	
Part VI	Section 501(c)(3) organizations only. A and complete the tables for lines 50 and	All section 501(c)(3) or 51.	ganizations mus	st answer quest	ions 4	6-49		
46 Did	the organization engage in direct or indirect polit	tical campaign activities of	n behalf of or in o	pposition to		Yes	No	
cand	didates for public office? If "Yes," complete Sched	łule C, Part I			46		X	
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48							
49a Did 1	the organization make any transfers to an exem	pt non-charitable related or	ganızatıon?		49a		_X	
	es," was the related organization(s) a section 52				49b		<u> </u>	
	nplete this table for the five highest compensate in received more than \$100,000 of compensation				emplo	yees)	) who	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount are	ndi	
NONE								
Total num	ber of other employees paid over \$100,000 ▶	NONE						
	plete this table for the five highest compensated pensation from the organization. If there is none	, enter "None "	who each receive	ed more than \$10	0,000 c	of 	· · · <u>-</u>	
	(a) Name and address of each independent contractor paid	more than \$100,000	(b) Type o	of service	(c) Com	pensat	ion	
NONE								
					<b></b>			
Total num	Under penalties of perjulity design that I have examined and belief, it is true, which has been placed by the penalties of perjulity design to the penalties of perjulity design to the penalties of perjulity design to the penalties of penal	this return, including accompar of preparer (other than officer) is	NONE nying schedules and st	ratements, and to the l	best of m	y kno	wledge	
Sign Here	Signature of officer	or preparer (office than officer) is	Dat	5/12/10	)	y K110¥		
	Tyre or officiante and title	Date /	Check if	Preparer's Identifying N	lumber (C		ations\	
Paid Preparer's		She se	self- employed ▶	P00006	213	e instru	cuons)	
Use Only	if self-employed), address, and ZIP + 4 P O BOX 1187/125 BAY STREE		EIN Pho	one no ▶410-82:	2-695			
May the IF	RS discuss this return with the preparer shown a	bove? See instructions	<del></del>	<u></u>	X Yes	<u> </u>	No	

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Employer identification number Name of the organization TALBOT COUNTY PARAMEDICS FOUNDATION, INC. 52-1590167 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is. (Please check only one organization.) 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). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 5 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 331/3% 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 331/3% 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), (see instructions) 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. Type II C Type III - Functionally Integrated Type III - Other 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 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (I) A person who directly or indirectly controls, either alone or together with persons described in (II) Yes No 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) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support (ı) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US.? Yes No Yes Nο

Total

Pal	Complete only if you che				))(1)(A)(IV) and	17U(D)(1)(A)(VI	)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 1-3						· ·
5	The portion of total contributions by each						
	person (other than a governmental unit or	-					
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4			<u> </u>	<u></u>		
	tion B. Total Support		1 01000		T		
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					1,419.	1,419.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
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		1	<u> </u>		<u> </u>	1,419.
12	Gross receipts from related activities, etc. (3	See instructions )				12	
13	First five years. If the Form 990 is for the	organızatıon's fıı	rst, second, third, f	ourth, or fifth tax y	ear as a 501(c)(3)		
	organization, check this box and stop here	<u> </u>	<del></del>	<u> </u>			▶ X
Sec	tion C. Computation of Public Sup	port Percent	age			<del></del>	
14	Public support percentage for 2008 (li						%
15	1. 1						%
16a	33 1/3% support test - 2008. If the o	rganization did	I not check the b	oox on line 13, a	and line 14 is 33	1/3% or more, o	check this box
	and stop here. The organization qualit	•					
b	33 1/3% support test - 2007. If the o	-			•		'
	box and <b>stop here.</b> The organization of	•	• • •	_			
17a	10%-facts-and-circumstances test - is 10% or more, and if the organization in Part IV how the organization meets organization	n meets the "fa the "facts and	act-and-circumst circumstances"	ances" test, che test The orgar	ck this box and s nization qualifies	<b>top here.</b> Explaii as a publicly supp	n
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the organization Explain in Part IV how the organization	<b>2007.</b> If the org	anization did no e "facts and circu	t check a box o ımstances" test,	n line 13, 16a, 1 check this box a	l6b, or 17a, and nd <b>stop here.</b>	
18	supported organization						▶ 🔲

instructions . . . .

# 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.)

Sec	tion A. Public Support					<del>,</del>	
C	alendar year (or fiscal year beginning in) ► 🔼	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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					i	
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						
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	ĺ					
	organization without charge						
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	ĺ					
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the l						
	year or \$5,000 • • • • • • • • • • • • • • •						
8 8	Add lines 7a and 7b	<del> </del>					
•							
500	tion B. Total Support						<del></del>
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6.	(-,	(4,2111	(-,	(-/	(-,	
	Gross income from interest, dividends,						-
	payments received on securities loans,						
	rents, royalties and income from similar						
<b>b</b>	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975			İ			
_					-		
	Add lines 10a and 10b	-					
11	Net income from unrelated business activities not included in line 10b.	ĺ					
	whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets	ĺ					
4 2	(Explain in Part IV)						······································
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		l			501/	
14	First five years. If the Form 990 is for the	•			•	•	```
500	organization, check this box and stop here.						
<u> 15</u>	tion C. Computation of Public Supp		<u>.~</u>	on (f))		45	
	Public support percentage for 2008 (line 8,					15	<u> </u>
16 Sec	Public support percentage from 2007 Sched tion D. Computation of Investment			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	16	
<u> 3ec</u> 17	Investment income percentage for 2008 (line			3 column (ft)		17	<u></u> %
18	Investment income percentage for 2007 S						
	33 1/3% support tests - 2008 If the orga					18   van 33 1/3 % and	· · · · · · · · · · · · · · · · · · ·
ısa							IIIIe
<b>L</b>	17 is not more than 33 1/3 %, check this box 33 1/3% support tests - 2007. If the organ						• L
D	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did no	•	=				· · · · · — —
	Tivate roundation, it the organization did no	or clieck a box c	71 mic 14, 13a, 01	TOD, CHECK THIS D	ON GING SEC HISHUC		· · · · · - 1

Schedule A (I	Form 990 or 990-EZ) 20	008	52-1590167	Page <b>4</b>
Part IV	Supplemental Part II, line 17a	Information. Con or 17b; or Part III,	nplete this part to provide the explanation required by Part line 12. Provide any other additional information. (see instruct	II, line 10; ons)
		~		
	- <b></b>			* + +
	<del>-</del>			
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				·
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			<del></del>	•
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	~			
		<b></b>		

FORM	990EZ,	PART	Ι	_	INVESTMENT	INCOME
	- <b>-</b>					

DESCRIPTION	AMOUNT
INTEREST INCOME	1,419.
TOTAL	1,419.

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID

IN EXCESS OF \$5000

•	AMOUNT	.999
	PURPOSE OF GRANT OR CONTRIBUTION	
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	

FOR MARGARET E. RONEY, SPONSORED STUDENT

PARAMEDIC TRAINING SCHOLARSHIP PROGRAM-

SPECIAL ASSISTANCE TO INDIVIDUALS

GRANTS PAID

RECIPIENT NAME AND ADDRESS

STATEMENT 2

.999

## FORM 990EZ, PART I - OTHER EXPENSES

FILING FEE - FORM 1023	300.
APPRAISAL - REAL PROPERTY - EMS/PARAMEDIC STATION	1,500.
TOTAL	1,800.

### FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

	BEGINNING	END
DESCRIPTION	OF YEAR	OF YEAR
CASH	125,689.	124,642.
TOTALS	125,689.	124,642.
		==========

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE 

SAVING LIVES IN TALBOT COUNTY, MD. THROUGH RAISING AWARENESS, RAISING FUNDS, DEVELOPING LIFESAVING PROGRAMS, AND TRAINING AND ENCOURAGING PARAMEDIC PROFESSIONALISM.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS \_\_\_\_\_\_\_

#### PROGRAM SERVICE ACCOMPLISHMENT 1

\_\_\_\_\_\_

TUITION FOR TALBOT COUNTY EMS/PARAMEDIC PERSONNEL FOR COURSES AT CHESAPEAKE COLLEGE. TO FURTHER ITS MISSION TO ENCOURAGE PARAMEDIC TRAINING AND PROFESSIONALISM TO EMERGENCY RESPONDERS WHO ARE INTERESTED IN ADVANCING THEIR TRAINING IN ADVANCED LIFE SUPPORT.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
WILLIAM J. HOWARD C/O SHEILA A. WAINWRIGHT, 501 IDLEW EASTON, MD 21601	PRESIDENT 2.	NONE	NONE	NONE
WAYNE DYOTT C/O SHEILA A. WAINWRIGHT, 501 IDLEW EASTON, MD 21601	VICE PRESIDENT	NONE	NONE	NONE
SHEILA A. WAINWRIGHT C/O SHEILA A. WAINWRIGHT, 501 IDLEW EASTON, MD 21601	SECRETARY/TREASURER 2.	NONE	NONE	NONE
GARY JONES C/O SHEILA A. WAINWRIGHT, 501 IDLEW EASTON, MD 21601	DIRECTOR	NONE	NONE	NONE
SYLVIA GANNON C/O SHEILA A. WAINWRIGHT, 501 IDLEW EASTON, MD 21601	DIRECTOR	NONE	NONE	NONE
WILLARD NIELSEN C/O SHEILA A. WAINWRIGHT, 501 IDLEW EASTON, MD 21601	DIRECTOR	NONE	NONE	NONE

NONE

NONE

NONE

DIRECTOR

ANDREW H. ANDERSON

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CONTRIBUTIONS EXPENSE ACCT.  TO EMPLOYEE AND OTHER SITION BENEFIT PLANS ALLOWANCES	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DLEW	DIRECTOR	GRAND TOTALS
NAME AND ADDRESS  C/O SHEILA A. WAINWRIGHT, 501 IDLEW EASTON, MD 21601	CURTIS H. BOOTH C/O SHEILA A. WAINWRIGHT, 501 IDLEW EASTON, MD 21601	CHARLES P. FITZGERALD C/O SHEILA A. WAINWRIGHT, 501 IDLEW EASTON, MD 21601	GRA