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Short Form
Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► 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

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTH REGION EMS & TRAUMA CARE COUNCIL D Employer identification number 91-1036941
	E Telephone number 360-428-0404
	F Group Exemption Number ►

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► **WWW.NORTHREGIONEMS.COM**

J Organization type (check only one) – 501(c) (3) ▲ (insert no) | 4947(a)(1) or | 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **347,311**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue SCANNED OCT 13 2010 Expenses	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1 Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; text-align: right;">1</td> <td style="width: 30%;"></td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td style="text-align: right;">2</td> <td style="text-align: right;">340,042</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td style="text-align: right;">3</td> <td></td> </tr> <tr> <td>4 Investment income</td> <td style="text-align: right;">4</td> <td style="text-align: right;">7,269</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td style="text-align: right;">5a</td> <td></td> </tr> <tr> <td> b Less cost or other basis and sales expenses</td> <td style="text-align: right;">5b</td> <td></td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)</td> <td style="text-align: right;">5c</td> <td></td> </tr> <tr> <td>6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td> a Gross revenue (not including \$ _____ of contributions reported on line 1)</td> <td style="text-align: right;">6a</td> <td></td> </tr> <tr> <td> b Less direct expenses other than fundraising expenses</td> <td style="text-align: right;">6b</td> <td></td> </tr> <tr> <td> c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td> <td style="text-align: right;">6c</td> <td></td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td style="text-align: right;">7a</td> <td></td> </tr> <tr> <td> b Less cost of goods sold</td> <td style="text-align: right;">7b</td> <td></td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right;">7c</td> <td></td> </tr> <tr> <td>8 Other revenue (describe ►)</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8</td> <td style="text-align: right;">9</td> <td style="text-align: right;">347,311</td> </tr> <tr> <td>10 Grants and similar amounts paid (attach schedule)</td> <td style="text-align: right;">10</td> <td style="text-align: right;">64,625</td> </tr> <tr> <td>11 Benefits paid to or for members</td> <td style="text-align: right;">11</td> <td></td> </tr> <tr> <td>12 Salaries, other compensation, and employee benefits</td> <td style="text-align: right;">12</td> <td style="text-align: right;">181,483</td> </tr> <tr> <td>13 Professional fees and other payments to independent contractors</td> <td style="text-align: right;">13</td> <td style="text-align: right;">4,075</td> </tr> <tr> <td>14 Occupancy, rent, utilities, and maintenance</td> <td style="text-align: right;">14</td> <td style="text-align: right;">10,798</td> </tr> <tr> <td>15 Printing, publications, postage, and shipping</td> <td style="text-align: right;">15</td> <td style="text-align: right;">4,777</td> </tr> <tr> <td>16 Other expenses (describe ► SEE STATEMENT 2)</td> <td style="text-align: right;">16</td> <td style="text-align: right;">48,245</td> </tr> <tr> <td>17 Total expenses. Add lines 10 through 16</td> <td style="text-align: right;">17</td> <td style="text-align: right;">314,003</td> </tr> <tr> <td>18 Excess or (deficit) for the year (Subtract line 17 from line 9)</td> <td style="text-align: right;">18</td> <td style="text-align: right;">33,308</td> </tr> <tr> <td>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)</td> <td style="text-align: right;">19</td> <td style="text-align: right;">165,978</td> </tr> <tr> <td>20 Other changes in net assets or fund balances (attach explanation)</td> <td style="text-align: right;">20</td> <td></td> </tr> <tr> <td>21 Net assets or fund balances at end of year Combine lines 18 through 20</td> <td style="text-align: right;">21</td> <td style="text-align: right;">199,286</td> </tr> </table>	1 Contributions, gifts, grants, and similar amounts received	1		2 Program service revenue including government fees and contracts	2	340,042	3 Membership dues and assessments	3		4 Investment income	4	7,269	5a Gross amount from sale of assets other than inventory	5a		b Less cost or other basis and sales expenses	5b		c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c		6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>			a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		b Less direct expenses other than fundraising expenses	6b		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		7a Gross sales of inventory, less returns and allowances	7a		b Less cost of goods sold	7b		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		8 Other revenue (describe ►)	8		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	347,311	10 Grants and similar amounts paid (attach schedule)	10	64,625	11 Benefits paid to or for members	11		12 Salaries, other compensation, and employee benefits	12	181,483	13 Professional fees and other payments to independent contractors	13	4,075	14 Occupancy, rent, utilities, and maintenance	14	10,798	15 Printing, publications, postage, and shipping	15	4,777	16 Other expenses (describe ► SEE STATEMENT 2)	16	48,245	17 Total expenses. Add lines 10 through 16	17	314,003	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	33,308	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)	19	165,978	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	199,286
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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	186,708	22 239,604
23 Land and buildings	11,368	23 6,954
24 Other assets (describe ►)	24	
25 Total assets	198,076	25 246,558
26 Total liabilities (describe ► SEE STATEMENT 3)	32,098	26 47,272
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	165,978	27 199,286

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Form 990-EZ (2008)

DAA

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19

Part III - Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?

EMERGENCY MEDICAL CARE TRAINING

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 SEE STATEMENT 4

(Grants \$ **64,625**) If this amount includes foreign grants, check here

28a 264,099

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GARTH EIMERS	COUNCIL CHR.	0	0	0
LAINEY VOLK	1ST VP	0	0	0
DAN HARJU	2ND VP	0	0	0
DR. RON BROWN	MED PROG DIR	0	0	0
RICK KOWSKY	TREASURER	0	0	0
LARRY WALL	EDUC. CHAIR	0	0	0
DR. DON SLACK	HOSP FAC/QI	0	0	0
TYLER DALTON	HOSP FAC/QI	0	0	0
ROY WAUGH	PREHOSP CHR	0	0	0
BONNIE ROBINSON	EXEC. DIR.	40	66,037	0

Part V · 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," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b 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 Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► NONE		
42a The books are in care of ► MARTINA NICHOLAS 325 PINE STREET SUITE A Located at ► MOUNT VERNON, WA	Telephone no ► 360-428-0404	
	ZIP + 4 ► 98273	
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 account)?	42b	X
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	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	► 43 <input type="checkbox"/>	
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 "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI · Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

		Yes	No
46	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	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(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	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ►		

Sign Here	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			
	Signature of officer	Sept. 23, 10	Date	
Paid Preparer's Use Only	Preparer's signature	Date SEP 16 2010	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr) P00643792
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	EIN ► 91-0593897		
	WILLIAMS & NULLE, PLLC, CPA'S 407 PINE ST MOUNT VERNON, WA 98273-3853	Phone no ► 360-336-6611		

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public
Inspection

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.

Name of the organization **NORTH REGION EMS & TRAUMA CARE COUNCIL** Employer identification number **91-1036941**

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 (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)
- 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). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III–Functionally Integrated	d <input type="checkbox"/> Type III–Other
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- e 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)
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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)

Section A. Public Support

Calendar 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")	336,405	299,202	245,038	299,089	340,042	1,519,776
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	336,405	299,202	245,038	299,089	340,042	1,519,776
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						1,519,776

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	336,405	299,202	245,038	299,089	340,042	1,519,776
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,404	2,390	2,285	4,617	7,269	17,965
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						1,537,741
12 Gross receipts from related activities, etc (see instructions)					12	880,645
13 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.8317 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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.)

Section A. Public Support

Calendar 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
19a 33 1/3 % support tests—2008. 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 ► <input type="checkbox"/>		
b 33 1/3 % support tests—2007. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV · Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;
Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

4562Form
Department of the Treasury
Internal Revenue Service
(99)**Depreciation and Amortization
(Including Information on Listed Property)**

OMB No 1545-0172

2008Attachment
Sequence No 67

Name(s) shown on return

**NORTH REGION EMS & TRAUMA CARE
COUNCIL**Identifying number
91-1036941

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note: If you have any listed property, complete Part V before you complete Part I**

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note. Do not use Part II or Part III below for listed property Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,414

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs			S/L	
h Residential rental property		27 5 yrs	MM	S/L		
		27 5 yrs	MM	S/L		
i Nonresidential real property		39 yrs	MM	S/L		
			MM	S/L		

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	4,414
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 4562 (2008)
THERE ARE NO AMOUNTS FOR PAGE 2

91-1036941

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name and Address	Description of Property	Relationship to Organization	Class of Activity	Date of Gift
		Cash Contribution	Book Value	FMV
		Noncash Contribution	Explanation	Explanation
SAN JUAN EMS COUNCIL PO BOX 411 LOPEZ ISLAND, WA 98261	10,450	NONE	10/08/08	EMS TRAINING
SKAGIT COUNTY EMS COMMISSION 2911 E. COLLEGE WAY MOUNT VERNON, WA 98273	10,375	NONE	10/08/08	EMS TRAINING
ISLAND COUNTY EMS COUNCIL 7105 700 AVENUE WEST OAK HARBOR, WA 98277	21,100	NONE		EMS TRAINING
SNOHOMISH COUNTY EMS COUNCIL 2811 OAKES AVENUE EVERETT, WA 98201	10,600	NONE	10/08/08	EMS TRAINING
WHATCOM COUNTY EMS COUNCIL P. O. BOX 5125 BELLINGHAM, WA 98227	10,200	NONE	10/08/08	EMS TRAINING
TOTAL	62,725			

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
EMPLOYEE TRAVEL	415
CONFERENCES AND MEETINGS	40,659
CONTRACT LABOR	318
UTILITIES	6,853
TOTAL	\$ 48,245

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
PAYROLL WITHHOLDING	\$ 7,882	\$ 25,318
EMPLOYEE INSURANCE AND RETIREMENT	24,216	21,954
	<u>32,098</u>	<u>47,272</u>

Federal Statements

Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

THE ORGANIZATION COORDINATES MEETINGS AND TRAININGS FOR EMERGENCY SERVICES PROVIDERS AND THE GENERAL PUBLIC IN A FIVE COUNTY REGION. TOPICS INCLUDED EMERGENCY MEDICAL SERVICES, TRAUMA CARE AND INJURY PREVENTION.