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Form 990-EZ

Internal Revenue Service

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section

2009

OMB No_1545-1150

Open to Public Inspection

Department of the Treasury

512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total

assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 2009 and ending

3 cr		Please use IRS	C Name of organization		D E	mployer identification number
\vdash	Addres change					
L_	Name	change print or	FALBOT COUNTY PARAMEDICS FOUNDATION, INC. Number and street (or P O box, if mail is not delivered to street address) Room/s			2-1590167
	tnitial	1 -	suite	E Telephone number		
	Termin	Specific		(4	410) 822-4223	
L	Amend	Instruc-	City or town, state or country, and ZIP + 4		FG	Group Exemption
	Applica		EASTON, MD 21601			lumber · · · ▶
	• Se	ction 501(c)(3) c	ganizations and 4947(a)(1) nonexempt charitable trusts must attach G	Account	ing me	ethod X Cash Accrual
			a completed Schedule A (Form 990 or 990-EZ).	Other (sp	pecify)	— —
			Н	Check ▶	- X	if the organization is not
W	ebsit	e: TALBO	TPARAMEDIC.ORG	required	to atta	ach Schedule B (Form 990,
Ta	x-exe	mpt status (che	k only one) - X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	990-EZ, d	or 990-	-PF)
C	neck I	X If the ord	anization is not a section 509(a)(3) supporting organization and its gross receipts	are norma	ally not	t more than \$25,000 A
			90 return is not required, but if the organization chooses to file a return, be sure to			
			o line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-E		• \$	8,192.
ar			penses, and Changes in Net Assets or Fund Balances (S			
3	1				- 1	3,935.
3			gifts, grants, and similar amounts received		1	3,333.
7	2	Program servi	e revenue including government fees and contracts	-	2	
2	3	Membership d	les and assessments		3	
∜	4		ome		4	4,257.
4	5 a	Gross amount	from sale of assets other than inventory 5a		1	
ב ב	b	Less cost or c	her basis and sales expenses		Ì	
	С	Gain or (loss)	rom sale of assets other than inventory (Subtract line 5b from line 5a)	. <u></u> . L	5c	
	6	Special events and	ectivities (complete applicable parts of Schedule G). If any amount is from gaming, check here			
	а	Gross revenue	(not including \$ of contributions	_		
		reported on lin				
	h	•	penses other than fundraising expenses 6b			
			(loss) from special events and activities (Subtract line 6b from line 6a).		6c	
1			inventory, less returns and allowances		00	
1			ods sold 7b	-	_	
1		Gross profit or	(loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
1	8	Other revenue			8	
4	9		. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	8,192.
١	10	Grants and sir	ılar amounts paid (attach schedule)	L	10	7,127.
ı	11		or for members		11	
	12	Salaries, other	compensation, and employee benefits		12	0.
	13		es and other payments to independent contractors		13	
.	14		nt, utilities, and maintenance		14	
	15	· · · · · ·	ations, postage, and shipping	$\cdots \cdots \vdash$	15	
	16	Other expense		$\cdots -$	16	800.
	17				-	7,927.
T		Total expens	es. Add lines 10 through 16		17	265.
1	18				18	
	19		agree with	İ		104 640
l			re reported on prior year's returned MAY. 1.9. 2010		19	124,642.
	20		in net assets or fund balances (attach explanation)	📙	20	
	21		and balances at end of year Combine lines 18 through 20		21	124,907.
ar	t II	Balance S	leets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 9	990 instead	d of Fo	orm 990-EZ
			See the instructions for Part II) (A) Beginning of	of year		(B) End of year
				4,642.	22	124,907.
	Cash		vestments ATCH 3	4,042.	44	· · · · · · · · · · · · · · · · · · ·
		, savings, and ir	• • • • • • • • • • • • • • • • • • • •	4,042.	+	
3	Land	, savings, and in and buildings		4,042.	23	
3 \$	Land Othe	, savings, and in and buildings r assets (describ	· • ———————————————————————————————————		23 24	
3 1 5	Land Other Tota	, savings, and in and buildings r assets (describ I assets) 124	4,642.	23 24 25	124,907.
2 3 4 5 5	Land Other Tota Tota	savings, and in and buildings are described assets assets assets assets assets described assets assets described assets as a second as		4,642.	23 24	

Part '	Other Information (Note the statement requirements in the instructions for Part V)			
			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		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		Х
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 why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
_	6033(e) notice, reporting, and proxy tax requirements?	35a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets	330		
••	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0.	-30		
J, a b	Enter amount or pointed experiences, and est of indirect, as described in the instructions	37ь		Х
	Did the organization file Form 1120-POL for this year?	3/6		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			Х
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40 a	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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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	40b		<u> </u>
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶SHEILA A. WAINWRIGHT Telephone no ▶ 410-82	2-42	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		<u>X</u>
	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 Foreing Bank	i	- 1	
	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			
			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			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
	Fe	m 99	0-EZ (2009)

candidates for public office? If "Yes," complete Schedule C, Part I 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None hours per week" (a) Name and address of each employee paid more (b) Title and average hours per week (c) Compensation (d) Contributions to employee benefit plans & account accoun	Part VI	Section 501(c)(3) organizations and sec 501(c)(3) organizations and section 4947(and complete the tables for lines 50 and 5	(a)(1) nonexempt char						
47 A7 A7 A7 A8 Steen organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. A8 Steen organization as school as described in section 170(b)(1)(A)(0) "Yes," complete Schedule E A8 A9a Did the organization make any transfers to an exempt non-charitable related organization? A9a A9							Yes No		
47 A7 A8 Site organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. A8 Site organization as school as described in section 170(b)(1)(A)(n) "I"-yes," complete Schedule E A8 A9a Did the organization make any transfers to an exempt non-charitable related organization? A9a A	can	didates for public office? If "Yes," complete Sche-	dule C, Part I			46	X		
Did the organization make any transfers to an exempt non-charitable related organization? 49a b if "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees 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 hours per week derived to posterior week derived to posterior week derived to posterior week derived compensation. For Total number of other employees paid over \$100,000 ▶ NONE 151 Complete this table for the organization's five highest compensated independent contractors who each received mission from the organization if there is none, enter "None" 152 Complete this table for the organization's five highest compensated independent contractors who each received mission from the organization if there is none, enter "None" 153 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service 154 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service 155 (c) Compensation from the organization if there is none, enter "None" 156 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service 157 (c) Compensation from the organization of prepare (t) the first industry in the prepare has any knowledge of the property o	47 Did	7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
Did the organization make any transfers to an exempt non-charitable related organization? 49a b if "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees 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 hours per week derived to posterior week derived to posterior week derived to posterior week derived compensation. For Total number of other employees paid over \$100,000 ▶ NONE 151 Complete this table for the organization's five highest compensated independent contractors who each received mission from the organization if there is none, enter "None" 152 Complete this table for the organization's five highest compensated independent contractors who each received mission from the organization if there is none, enter "None" 153 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service 154 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service 155 (c) Compensation from the organization if there is none, enter "None" 156 (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service 157 (c) Compensation from the organization of prepare (t) the first industry in the prepare has any knowledge of the property o	48 Is th								
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization lift there is none, enter "None have set weet. (a) Name and address of each employee paid more hours set weet. (b) Tritle and average hours set weet. (c) Compensation (d) Contributions to employee benefit pairs. (d) Expression	49a Did	the organization make any transfers to an exem	npt non-charitable related	organization?		49a	Х		
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None than \$100,000 of compensation if the employee benefit plant a devoted to position in the emplo	b If "Y	es," was the related organization a section 527	organization?			49b			
(a) Name and address of each employee paid more than \$100,000 NONE f Total number of other employees paid over \$100,000 NONE 51 Complete this table for the organization's five highest compensated independent contractors who each received mission 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 from the organization of preparer (other than officer) is based on all information of which preparer has any knowledge and belief it is true larger and statements, and to the best of my knowledge and belief it is true larger and statements, and to the best of my knowledge and belief it is true larger and compensation of preparer (other than officer) is based on all information of which preparer has any knowledge preparer's identifying number (See in Preparer's id	50 Com	nplete this table for the organization's five highe	est compensated employ 0 of compensation from t	yees (other tha he organization	in officers, directors, n If there is none, er	iter "No	one "		
f Total number of other employees paid over \$100,000	(a)		hours per week	(c) Compensate	employee benefit plans &	acc	Expense count and allowances		
f Total number of other employees paid over \$100,000	NONE								
f Total number of other employees paid over \$100,000									
f Total number of other employees paid over \$100,000									
f Total number of other employees paid over \$100,000									
Sign Here Paid Preparer's Signature colonger Date Signature colonger Signature colonge									
Sign Here Paid Preparer's Signature colonger Date Signature colonger Signature Signatur	f Tota	al number of other employees paid over \$100.00	00 ▶ NON	É	· · · · · · · · · · · · · · · · · · ·				
d Total number of other independent contractors receiving over \$100,000. NONE				(b) Ty	pe of service	(c) Com	npensation		
d Total number of other independent contractors receiving over \$100,000									
d Total number of other independent contractors receiving over \$100,000. Under penalties of polytry of state that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, stripted, address, and to the best of my knowledge and belief it is true, stripted, address, and to the best of my knowledge and belief it is true, stripted, address, and to the best of my knowledge and belief it is true, stripted, address receiving over \$100,000. Date Preparer's part of preparer has any knowledge and belief it is true. Support a polytration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Check if preparer's identifying number (See in polytre) and preparer is identifying number (See in polytre). Preparer's under the preparer's identifying number (See in polytre). Proparer's identifying number (See in polytre).									
Under penalties of populary describe that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true. White preparer (other than officer) is based on all information of which preparer has any knowledge signature of officer. Date Date	-			-					
Under penalties of penutry describe that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, penalties, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date				-					
and belief it is true, first, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer. Type or print name and title Preparer's signature signature of the preparer of the preparer's identifying number (See in self-employed). Preparer's name (or yours if self-employed), address, and ZIP + 4 Po BOX 1187/125 BAY STREET EASTON, MD 21601 Phone no \$\infty 410 - 822 - 6950\$	d Tota			· · · · · ·					
Here Signature of offider Type or print name and title									
Preparer's signature Preparer's location of the propagation of the propagation of the propagation of the preparer's location of the preparer's identifying number (See in Self-employed). Preparer's identifying number (See in Self-employed) Propagation of the preparer's identifying number (See in Self-employed). Preparer's identifying number (See in Self-empl		Will HOLAND							
Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 CBIZ MHM, LLC PO BOX 1187/125 BAY STREET EASTON, MD 21601 Phone no ▶ 410-822-6950	Paid	Preparer's 1	Date 41, 11	self-	E B00006	•	e instructions)		
address, and ZIP + 4 P O BOX 1187/125 BAY STREET EASTON, MD 21601 Phone no ▶ 410-822-6950		Firm's name (or CBIZ MHM, LLC		Ciripioyed	EIN ▶ 34-187	6254			
May the IRS discuss this return with the preparer shown above? See instructions			ET EASTON, MD 21601		THORUS NO P				
	May the IRS	S discuss this return with the preparer shown ab	ove? See instructions	<u> </u>					
Form 990-E	<u> </u>				F	orm 990)-EZ (2009		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TALBOT COUNTY PARAMEDICS FOUNDATION, INC.

Employer identification number

TALBO	COUNTY	PARAMEDICS	FOUNDATION, IN	IC.					52-15	90167
Part I	Reason fo	or Public Chari	ity Status (All organ	ızations m	nust comp	lete this	part.) Se	e instruc	ctions	
The orga	inization is no	ot a private found	dation because it is (F	or lines 1	through 11	, check or	ly one bo	x)	-	
1	A church, c	onvention of chu	rches, or association	of churches	s described	l ın sectio	n 170(b)	(1)(A)(i).		
2	A school de	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	A hospital c	or a cooperative	hospital service organ	iization des	cribed in se	ction 170	(b)(1)(A)	(iii).		
4	A medical	research organiz	zation operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
_	hospital's na	ame, city, and sta	ate							
5	An organiza	ation operated fo	or the benefit of a co	llege or un	iversity ow	ned or o	perated	by a gove	ernmental	unit described in
	section 170	(b)(1)(A)(iv). (C	omplete Part II)							
6	A federal, s	tate, or local gov	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).		
7 X	An organiza	ation that norma	Ily receives a substan	itial part of	its support	t from a	governme	ental unit	or from t	the general public
	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II)						
8		-	d in section 170(b)(1)		•	•				
9	_		Ily receives (1) more							•
	-		ted to its exempt fun		•		•			
		_	ment income and un				•		511 tax)	from businesses
		-	after June 30, 1975					•		
10	-	_	ind operated exclusive	-		•				
11	_	_	and operated exclus	-		-				-
		-	ublicly supported org					•		
			at describes the type of				•			
•	a Typ	L	Type II c ertify that the organiz		e III - Fund	•	-			pe III - Other
e	•	•	•				•			•
		r section 509(a)(ion managers and oth	er than on	e or more	publicly :	supporter	u organiz	ations de	scribed in section
f		, , ,	∠) I a written determina	tion from 1	the IDS the	at it is a	Type I 1	Type II o	r Type III	supporting
•	_	n, check this box				at it is a	Type I,	iype ii, o	i type iii	supporting
g	-		the organization acce	onted any d		 bution fro	m any o	 f the		
9	following pe		the organization acce	pica any g	int or corner	Dution in	on any o	1110		
			or indirectly controls	either ali	one or toa	ether wit	h persor	s describ	ned in (ii)	Yes No
			erning body of the sup			O	po.co.		, , , , , , , , , , , , , , , , , , ,	11g(i)
		-	erson described in (i) a	-					• • • • •	11g(ii)
		•	of a person described		above?				• • • • •	11g(iii)
h	• •		ation about the suppo		•					•
(ı) Name	of supported	(ii) EIN	(iii) Type of organization			(v) Did y	ou notify	(vi) l	s the	(vii) Amount of
org	anization		(described on lines 1-9 above or IRC section	n col (i) lis	sted in your document?			organizat	tion in col	support
		Ì	(see instructions))	governing	document,	sup	of your port?	U:	zed in the S?	
				Yes	No	Yes	No	Yes	No	
						 	_			
				 						
				-		 				
Total				1	1	I	l	i	1	

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

Schedule A (Form 990 or 990-EZ) 2009

Pai	Support Schedule for Org (Complete only if you check	ganizations C sed the box o	Described in S n line 5, 7, or s	Sections 170(8 of Part I.)	b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
Sec	tion A. Public Support					-	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					3,940	3,940
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					3,940	3,940.
5	The portion of total contributions by each						
	person (other than a governmental unit or				ļ		
	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						3,940
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			_		3,940	3,940
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar				1,419	4,257	5,676
	sources				1,415	4,237	3,676
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						9,616
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organiza	tion's first, secor	nd, third, fourth,	or fifth tax yea	ar as a section 5	501(c)(3) ▶ X
<u>Sec</u>	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (In	ne 6, column (1	f) divided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2008	Schedule A, Pa	art II, line 14		l	15	%
16a	331/3% support test - 2009. If the o	rganization did	I not check the	box on line 13	, and line 14 is	331/3 % or more	e, check
	this box and stop here. The organization	on qualifies as a	a publicly suppo	rted organizatio	on		▶ 🔲
b	331/3% support test - 2008. If the o	rganization did	d not check a b	ox on line 13 o	or 16a, and line	15 is 331/3% o	or more,
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 29	009 . If the orga	anization did not	check a box or	n line 13, 16a or	16b, and line 14	l is 10%
	or more, and if the organization me Part IV how the organization meets t					-	•
b	organization	1008. If the or	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a, a	
	15 is 10% or more, and if the organization Explain in Part IV how the organization	on meets the '	facts-and-circun	nstances" test	The organizatio	n qualifies as a	publicly
18	Private foundation. If the organization instructions	n did not che	ck a box on line	e 13, 16a, 16b	o, 17a, or 17b,	check this box a	and see
						chedule A (Form 99	

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	d the beat on	inic o or r arer			 -	
		(a) 2005	(b) 2006	(c) 2007	(4) 2008	(0) 2000	(6) Total
1	alendar year (or fiscal year beginning in) ► Called Gifts. Grants, contributions, and	(8) 2000	(0,2000	(0,2007	(d) 2008	(e) 2009	(f) Total
'	' ' '						
	membership fees received (Do not include			-			
2	any "unusual grants ")						
2	· · · · · · · · · · · · · · · · · · ·						
	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						
	·	l					
5	tts behalf						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
					. – . – . – . – . – . – . – . – . – . –		
, a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3		-				
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	\$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support		• • • • • • • • • • • • • • • • • • • •	•	•		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	•					
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						,
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	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,	ļ					
	and 12)		L	<u> </u>	<u></u>		
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.				· · · · · · · · · · · · · · · · · · ·		▶
	tion C. Computation of Public Sup			(0)			
15 16	Public support percentage for 2009 (line 8,					15	%_
	Public support percentage from 2008 Schertion D. Computation of Investmen			<u> </u>	<u> </u>	16	
17	Investment income percentage for 2009 (lin			2 column (f))		17	 %
18	Investment income percentage from 2008 S					18	
	33 1/3% support tests - 2009. If the on						
, J a	17 is not more than 33 1/3%, check th	=					
h	33 1/3% support tests - 2008. If the orga				•	-	
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•	_	•		
ISA							

Schedule A (Form 990 or 990-EZ) 200	09			52-1590167	Page 4
Part IV	Supplemental I	nformation. Complete	this part to 12 Provide	provide any other	the explanations required by Part II, er additional information. See instruction	line 10,
						-
						·
						·
						_
						.
						· -
						
						· -
						
						 _

52-1590167

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION INTEREST INCOME

AMOUNT 4,257.

TOTAL

4,257.

• ,				
TALBOT	COUNTY	PARAMEDICS	FOUNDATION,	INC.

52-1590167

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

WEB SITE SETUP INITIAL CHARGES

800.

TOTAL

800.

ATTACHMENT 3

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

 DESCRIPTION
 BEGINNING OF YEAR
 END OF YEAR

 CASH
 124,642.
 124,907.

 TOTALS
 124,642.
 124,907.

ATTACHMENT 4

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

ATTACHMENT 5

PROGRAM SERVICE ACCOMPLISHMENT 1

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

ATTACHMENT 6

PROGRAM SERVICE ACCOMPLISHMENT 2

OPERATION SAFE HOME - A PROGRAM DESIGNED TO PROVIDE FIRST RESPONDERS WITH CRUCIAL MEDICAL INFORMATION FOR RESIDENTS WHO ARE UNABLE TO PROVIDE SUCH INFORMATION TO RESPONDERS. THIS PROGRAM EDUCATES RESIDENTS TO PLACE A STICKER ON THIR FREEZER THAT INDICATES THAT THERE IS CRUCIAL HEALTH INFORMATION CONTAINED INSIDE THE FREEZER INSIDE A FREEZER BAG. THE PROGRAM PROVIDES THE STICKER, A FREEZER BAG AND INSTRUCTIONS FOR COMPLETING A BASIC HEALTH DATABASE TO BE KEPT IN THE FREEZER.

ATTACHMENT 7

PROGRAM SERVICE ACCOMPLISHMENT 3

SMOKE DETECTOR PROJECT - A PROJECT DESIGNED TO PROVIDE SMOKE DETECTORS FOR AT-RISK HOMES AND INSTALL AND TEST THEM WITH THE HELP OF TALBOT COUNTY FIREFIGHTERS. THIS PROJECT ALSO PROVIDES SERVICES TO TEST EXISTING SMOKE DETECTORS IN HOMES, ANNUALLY.

ATTACHMENT

TRUSTEES AND KEY EMPLOYEES

DIRECTORS,

LIST OF OFFICERS

FORM 990EZ,

EXPENSE ACCT

ALLOWANCES AND OTHER

Ö

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WILLIAM J. HOWARD

EASTON, MD 21601

NAME AND ADDRESS

0

0

SHEILA A. WAINWRIGHT

EASTON, MD 21601

WAYNE DYOTT

EASTON, MD 21601

EASTON, MD 21601

GARY JONES

SYLVIA GANNON

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ANDREW H. ANDERSON

WILLARD NIELSEN

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ATTACHMENT 8 (CONT'D)

ATTACHMENT

EMPLOYEES	
KEY EN	
AND K	
TRUSTEES	
DIRECTORS,	
OFFICERS,	
r OF	
LIST	
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PART	
990EZ,	
FORM 990EZ,	

				1 •11
EXPENSE ACCT. AND OTHER ALLOWANCES		.0	Ö	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS		.0	· 0	.0
COMPENSATION		Ö	.0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		DIRECTOR	DIRECTOR	ALS
		IGHT, 501 IDLEW) ІGНТ, 501 ІDLEW	GRAND TOTALS
NAME AND ADDRESS	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	

Organizer Override Summary Report

Tax Year: 2009 Return No: 6222AM

Taxpayer: TALBOT COUNTY PARAMEDICS FOUNDATION, INC.

ID No : 52-1590167

Screen Name

Override Data

CONTRIBUTIONS X
PART I EXPENSES 7,127.
PART I TOTAL OVERRIDES 3,935.