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DLN: 93492264008010 OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

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 512(b)(13) must file Form 990 All other organizations with gross receipts less than Open to Public $\$500,\!000$ and total assets less than $\$1,\!250,\!000$ at the end of the year may use this form

Inspection

		2009 calenda		organization may have to use a copy of this return to satist the satist tax year beginning 07-01-2009 and ending C Name of organization	ı 06-30-2010			entification number		
	dress c		Please use IRS	SHELBY COUNTY AMBULANCE COMMISSION		• •				
\square_{N}	ame cha	ange	label or	Number and street (or P O box, if mail is not delivered to stre	et address) Room/suite	42-1259076 E Telephone number				
_	ıtıal reti		print or type.	1213 GARFIELD AVENUE				755-3834		
_	eminate		See Specific	City or town, state or country, and ZIP + 4		F Crows				
_	mended oblicatio	l return on pending	Instruc- tions.	HARLAN, IA 51537		F Group Numb		▶		
A	יאוירפרוט	m penality			1	<u> </u>	_			
Se	ction :			ons and 4947(a)(1) nonexempt charitable trusts ompleted Schedule A (Form 990 or 990-EZ).	G Accounting m Other (specif		√ Cash	Accrual		
	ebsit e:				H Check ► Is not requi		organız ach	ation		
Ta	k-Exen	npt status (cl	heck on ly or	ne)— 501(c) (4) 4 (insert no) 4947(a)(1) or 52	_ '			-EZ, or 990-PF)		
				is not a section 509(a)(3) supporting organization and m 990 return is not required, but if the organization cho						
. Add	lines 5	b, 6b, and 7b, t	to line 9 to d	determine gross receipts, if \$500,000 or more, file Form 990 instea	d of Form 990-EZ	► \$		98,741		
Pa	rt I	Revenu	e, Expe	nses, and Changes in Net Assets or Fund E	Balances (See the	instructio	ns for			
	1	Contribution	ns, gıfts, g	rants, and similar amounts received			1	98,328		
	2	Program ser	rvice reve	nue including government fees and contracts			2	0		
	3	Membership	dues and	dassessments			3	0		
	4	Investment	ıncome			. [4	413		
	5a	Gross amou	nt from sa	ale of assets other than inventory	5a					
9	b	Less cost o	or other ba	asıs and sales expenses	5b	0				
Kevenue	С	Gain or (los:	s) from sa	ele of assets other than inventory (Subtract line 5b fron	n line 5a)		5c	0		
ò Y	6	Special ever		ctivities (complete applicable parts of Schedule G) If a	any amount is from ga	nming,				
	а	Gross reven	nue (not in	ncluding \$ _of contributions						
		reported on	line 1)		6a	o				
	b	•	•	s other than fundraising expenses	6b	0				
	,		•	from special events and activities (Subtract line 6b fro		_	6c	0		
	7a			ory, less returns and allowances	7a	·	-			
	/a h			old	7a 7b					
			_	from sales of inventory (Subtract line 7b from line 7a)		—— <u> </u>	7.0	0		
	с 8						7c 8			
	9	Other reven		nes 1, 2, 3, 4, 5c, 6c, 7c, and 8		 '		98,741		
							9			
	10			nounts paid (attach schedule) 📆			10	85,000		
	11	Benefits pai					11			
	12	,	•	ensation, and employee benefits		-	12			
Š.	13			other payments to independent contractors		. -	13	175		
sasuadxo	14			ities, and maintenance		· ·	14			
ũ	15		· ·	, postage, and shipping		.	15			
	16	Other exper)	16	15,517		
	17			ines 10 through 16		•	17	100,692		
e o	18	·	•	r the year (Subtract line 17 from line 9)		.	18	-1,951		
200	19	Net assets	or fund ba	lances at beginning of year (from line 27, column (A))	(must agree with					
et#55et3		end-of-year	figure rep	ported on prior year's return)		. [19	87,284		
Ž	20	Other chang	ges in net	assets or fund balances (attach explanation) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$. [20			
	21	Net assets	or fund ba	lances at end of year Combine lines 18 through 20		•	21	85,333		
Pa	rt II	Balance	Sheets	-If Total assets on line 25, column (B) are \$1,250,00	00 or more, file Form	990 inst	ead of F	Form 990-EZ		
			(See t	he instructions for Part II)	(A) Beginning of ye	ar	(B)	End of year		
22	Cash,	, savings, and	d investm	ents	49	,072 22		61,463		
		and buildings				,212 23		23,870		
						24		· · ·		
		assets .		 /	87	,284 25		 85,333		
			escribe 🟲			26		·		
27	Net as	ssets or fund	balances	(line 27 of column (B) must agree with line 21)	87	,284 27		85,333		

Part III Statement of Program S		Expenses				
What is the organization's primary exempt $\boldsymbol{\mu}$	ourpose?				quired for section 501	
MEDICAL SERVICES					3) and 501(c)(4) anizations and section	
Describe what was achieved in carrying out		4947(a)(1) trusts,				
describe the services provided, the number program title		onal for others)				
28 MEDIVAC AMBULANCE SERVICE IS C		TO PROVIDE AMBUL	ANCE SERVICE			
TO SHELBY COUNTY AND THE CITY OF (Grants \$ 98,328) If this	28a	100,692				
29	s amount includes foreign g	grants, eneck here 1	<u> ▶ ┌</u>	204	100,692	
(Grants \$) If this	s amount includes foreign g	grants, check here .	▶┌	29a		
30						
	s amount includes foreign o	grants, check here .	▶┌	30a		
31 O ther program services (attach schedul (Grants \$) If this	e) s amount includes foreign g	grants, check here .		31a		
32 Total program service expenses (add line	es 28a through 31a) .		.	32	100,692	
Part IV List of Officers, Directors, Trus	stees, and Key Employees.	List each one even if not co	mpensated (See the inst	ructions	s 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 employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances	
	devoted to position	check only	deterred compense	1011	other anowalices	
			1			

over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	Pa		Yes	No					
Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 15 16 16 16 16 16 16 16	33								
shanges 34 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, ettach a statement explaning why the organization did not report the income on Form 990-T. 3 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? 35b 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year? If Yes, complete applicable parts of Schedule N 36 37b 37c 37c 37b 37c 37c 37c 37c		·	33		No No				
others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a 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? b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? [17 Yes, complete applicable parts of Schedule N. 36 Did the organization between the property of the state of the notice of the section of the session of net assets during the year? [17 Yes, complete Schedule I, Part II and enter the total amount involved. 37 Did the organization file Form 1120-P0L for this year? 38 Did the organization file Form 1120-P0L for this year? 39 Did the organization file Form 1120-P0L for this year? 30 Did the organization file Form 1120-P0L for this year? 30 Did the organization file Form 1120-P0L for this year? 31 Did the organization file Form 1120-P0L for this year? 32 Did the organization file Form 1120-P0L for this year? 38 Did the organization file Form 1120-P0L for this year? 39 Did the organization file Form 1120-P0L for this year? 30 Did the organization file Form 1120-P0L for this year? 31 Did the organization file Form 1120-P0L for this year? 32 Did the organization file Form 1120-P0L for this year? 38 Did the organization file Form 1120-P0L for this year? 39 Did the organization file Form 1120-P0L for this year? 30 Did the organization file Form 1120-P0L for this year? 31 Did the organization file Form 1120-P0L for this year? 32 Did the organization file Form 1120-P0L for this year? 33 Did the organization file Form 1120-P0L for this year? 34 Did the organization have an interest in organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40 Did the organization file Form 886-T 41 Did the organization file Form 886-T 42 Did the organization file Form 980-P0L Form 980-P0L Form 980-P0L F	34		34		N o				
(e) notice, reporting, and proxy tax requirements? 35a 35b 16"Yes," has it filled a tex return on Form 990-T for this year? 35b	35	others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the							
136 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a 37b	а								
### Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on the organization flag person during the year or is it aware that it engaged in an excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction of 101(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 \$ Section 501(c)(3) and \$ 501(c)(4) organizations Enter amount of tax imposed on the organization during the year under section 4911 \$\infty\$ section 501(c)(3) and \$501(c)(4) organizations Enter amount of tax imposed on the organization during the year under section 4911 \$\infty\$ 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 persons during the year under sections 4912, 4955, and 4958 \$ 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 \$ 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 \$ Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is field \$\infty\$ 133 GARFIELD ME \$ At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country \$\infty\$. Section 4947(a)(1) nonexempt charitable trusts fi	b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b						
b Did the organization file Form 1120-POL for this year? 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 outstanding at the end of the period covered by this return? 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b b Gross recepts, included on line 9, for public use of club facilities 39b Gross recepts, included on line 9, for public use of club facilities 39b Section 501(c)(3) and 501(c)(4) organizations Did the organization during the year under section 4911 section 4911 section 4911 section 4912 section 4917 section 590	36		36		No				
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 outstanding at the end of the period covered by this return?	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨							
any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4915 b 5 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 persons una prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I c 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 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 imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40b 41c 42b 42c 42c 42c 43c 44 Did the organization and the the organization have an interest in or a signature or other authority over a financial account in a foreign country Section 4918 (a) the organization have an interest in or a signature or other authority over a financial account in a foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Part 143 44b 45 Did the organization acontrolled entity of the organization within the meaning of sect	ь	Did the organization file Form 1120-POL for this year?	37ь		Νο				
b If "Yes," complete Schedule L, Part II and enter the total amount involved . 39 Section \$01(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were							
a Intiation fees and capital contributions included on line 9		any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo				
a Initiation fees and capital contributions included on line 9	b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 386							
b Gross receipts, included on line 9, for public use of club facilities	39	Section 501(c)(7) organizations Enter							
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	а	Initiation fees and capital contributions included on line 9							
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 is prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part I. c 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. 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. 1213 GARFIELD AVE Located at Marking Dave Located Dave Lo	ь	Gross receipts, included on line 9, for public use of club facilities 39b							
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 c 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? If "Yes," complete Form 8866-T. Lust the states with which a copy of this return is filed. The organization's books are in care of BARRY JACOBSEN. Telephone no. 1213 GARFIELD AVE Located at PARALN, ID ZIP +4 51537 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)? 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? 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? If "Yes," enter the name of the foreign country. 3 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. 42b Yes Yes Firm 990-EZ 1 Sany related organization a controlled entity of the organization within th	40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under							
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 1		section 4911 , section 4912 , section 4912 , section 4955							
disqualified persons during the year under sections 4912, 4955, and 4958	b	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	40b		No				
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 41 List the states with which a copy of this return is filed 42a The organization's books are in care of 8 BARRY JACOBSEN Telephone no 1213 GARFIELD AVE Located at ARIAN, ID ZIP + 4 51537 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)? 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? 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? If "Yes," enter the name of the foreign country and the organization maintain any office outside of the U S? 42c	c				_				
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed The organization's books are in care of BARRY JACOBSEN Telephone no 1213 GARFIELD AVE Located at HARIAN, ID 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)? 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? If "Yes," enter the name of the foreign country Large Marian and English of the U S? If "Yes," enter the name of the foreign country Large Marian and English of the U S? If "Yes," enter the name of the foreign country Large Marian and English of the U S? If "Yes," enter the name of the foreign country Large Marian and English of the U S? If "Yes," enter the name of the foreign country Large Marian and English of the U S? If "Yes," enter the name of the foreign country Large Marian and English of the U S? At any time during the calendar year, did the organization maintain any office outside of the U S? 42c 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	d								
Telephone no	е		40e		No				
Located at HARLAN, ID 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)? 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? If "Yes," enter the name of the foreign country If "Yes," enter the name of the foreign country and enter the amount of tax-exempt interest received or accrued during the tax year	41	List the states with which a copy of this return is filed 🕨							
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)? 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? If "Yes," enter the name of the foreign country 42c 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	42a	The organization's books are in care of ▶ BARRY JACOBSEN	► <u>(71</u>	2)755-	5161				
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \(\)			▶ _51	1537					
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \(\)	b			Yes	No				
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? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			42b		Νο				
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? 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		,							
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		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and							
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	c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No				
and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country							
 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ 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 					▶ □				
Form 990-EZ 44 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		Delaborary manufacture and decrease the second seco		Yes	No				
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-F7	44				N1 -				
"Ves." Form 990 must be completed instead of Form 990-F7	4-		44		No				
	45		45		No				

	t VI	All section 501(c)(3) organ 46-49b and complete the	nizations and section 4	.947(a)(1) nonexem					stions	
46	Did the	e organization engage in direct	or indirect political campa	aign activities on behal	f of or in opp	osition to		Yes	No	
	candıd	andıdates for public office? If "Yes," complete Schedule C, Part I								
47	Did the	e organization engage in lobbyir	ng activities? If "Yes," co	mplete Schedule C , Pa	rt II		47			
48	Is the	organization a school described	d ın section 170(b)(1)(A)	(II)? If "Yes," complete !	Schedule E		48			
49a	Did the	e organization make any transfe	ers to an exempt non-cha	rıtable related organıza	tion?		49a			
b	If"Yes	s," was the related organization	a section 527 organization	on?			49b			
50		ete this table for the organization (in the constant of the co								
(a) I	Name a	and address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Cone	tributions to benefit plans & compensation	(€	e) Expe count a r allowa	and	
	of com	ete this table for the organization pensation from the organization me and address of each indeper	If there is none, enter "	None "	T	each received m		an \$10 Compen		
	of com	pensation from the organization	If there is none, enter "	None "	T					
	of com (a) Na	pensation from the organization me and address of each indepen	n Ifthere is none, enter " ndent contractor paid mon	None " Te than \$100,000 g over \$100,000 .	(b) Type	e of service	(c) C	ompen	sation	
51(d Plea Sign	of com (a) Na) Tota	pensation from the organization	ontractors each receiving	None " Te than \$100,000 g over \$100,000 n, including accompanying si	(b) Type	e of service atements, and to the on of which prepare	(c) C	ompen	sation	
51(d Plea Sign Here	of com (a) Na) Tota	I number of other independent c Under penalties of perjury, I declare t and belief, it is true, correct, and com ****** Signature of officer TERRY COX TREASURER	ontractors each receiving hat I have examined this return plete Declaration of preparer (re than \$100,000 g over \$100,000 n, including accompanying soother than officer) is based te Ch	chedules and ston all information Date	e of service atements, and to the on of which prepare	(c) C	ompen of my knowle	sation	
	of com (a) Na) Tota se	I number of other independent of the company of the	ontractors each receiving hat I have examined this return plete Declaration of preparer (re than \$100,000 g over \$100,000 n, including accompanying soother than officer) is based te Ch	chedules and ston all information Date	atements, and to the on of which prepared op-09	he best of the has an arrival of the has an arrival of the has an arrival of the has a result of the has a	of my knowle	sation	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492264008010

TY 2009 Grants and Similar Amounts Paid Schedule

Name: SHELBY COUNTY AMBULANCE COMMISSION

EIN: 42-1259076

Item No.	1
Class of Activity	AMBULANCE
Donee's Name	MEDIVAC AMBULANCE SERVICE
Donee's Address	BOX 348 HARLAN, IA 51537
Amount (FMV)	78,000
Purpose of Payment to Affiliate	AMBULANCE SERVICE
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	MEDICAL
Donee's Name	SHELBY CO EMS
Donee's Address	1213 GARFIELD AVENUE HARLAN, IA 51537
Amount (FMV)	7,000
Purpose of Payment to Affiliate	MEDICAL SERVICES
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492264008010

TY 2009 Other Expenses Schedule

Name: SHELBY COUNTY AMBULANCE COMMISSION

EIN: 42-1259076

Description	Amount
INSURANCE	1,175
Depreciation	14,342

Additional Data

Software ID: Software Version:

EIN: 42-1259076

Name: SHELBY COUNTY AMBULANCE COMMISSION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
BARRY JACOBSEN 1213 GARFIELD AVE HARLAN,IA 51537	CHAIRPERSON 0 00	0		
TERRY COX 711 DURANT ST HARLAN,IA 51537	SEC/TREAS 0 00	0		
DR SCOTT MARKHAM 1213 GARFIELD AVE HARLAN,IA 51537	DIRECTOR 0 00	0		
LARRY MILLER 1213 GARFIELD AVE HARLAN,IA 51537	DIRECTOR 0 00	0		
RHONDA BROWN 1213 GARFIELD AVE HARLAN,IA 51537	DIRECTOR 0 00	0		

DLN: 93492264008010

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury

itemal Revenue Service	-	see separate instruction	51151 F Accu	cii co your cux rec	. 411111		Sequence No 67			
Name(s) shown on return SHELBY COUNTY AMBU	LANCE COMMIS	.	r activity to wh	ıch thıs form rela	dent if yiı	tifying number				
			Form 990EZ		4	2-1259	076			
Part I Election	To Expense (Certain Property (Jnder Section	on 179						
Note: If y	ou have any li	sted property, comp	olete Part V b	efore you com	olete Part I	<i>I.</i>				
1 Maximum amount See	e the instructions	for a higher limit for c	ertaın busıness	es		. 1	\$ 125,000			
2 Total cost of section 1	179 property plac	ed in service (see inst	tructions) .			. 2				
3 Threshold cost of sec	tion 179 property	before reduction in lir	nıtatıon (see ın	structions) .		3	\$ 500,000			
4 Reduction in limitation	n Subtract line 3	from line 2 If zero or l	ess.enter-O-			. 4				
5 Dollar limitation for ta			•	r - O - If married f	ilina					
separately, see instru	•		,		9	. 5				
Separatery, see mistra			· · ·		• • •	. -				
<i>c</i> (a)	Description of pr	onerty	(b) Co	st (business use	(2) [122	ted cost				
•				only)	(C) Elec	teu cost				
6							_			
							ᆛ			
7 Listed property Enter	the amount from	line 29		7			_			
8 Total elected cost of s	section 179 prop	erty Add amounts in c	olumn (c), lines	6 and 7 .		. 8				
9 Tentative deduction	Enter the smaller	of line 5 or line 8 .				. 9				
10 Carryover of disallowe	d deduction from	line 13 of your 2008 i	Form 4562			. 10				
11 Business income limitation	Enter the smaller of	business income (not less t	han zero) or line 5	(see instructions)		11				
12 Section 179 expense	deduction Add I	nes 9 and 10 hut do r	ot enter more i	han line 11		12				
13 Carryover of disallowe		•		. 13			<u> </u>			
·										
Note: Do not use Part Part II Special D					ınclude liete	d proper	ty) (See instructions)			
14 Special depreciation a							(See Instructions)			
tax year (see instruct		mod property (other th	iaii iiotaa prope	,, p.a.coa co.	vice dailing	14				
15 Property subject to se	ection 168(f)(1) e	election				15				
16 Other depreciation (in						. 16				
		Oo not include listed		See instruction	· · ·	. 10				
MACKS DO	spieciation (L		Section A	See man action	13.)					
17 MACRS deductions fo	r assets placed ii			e 2009		. 17	14,342			
18 If you are electing	·	·	-		one or mo	-				
general asset accor		•	_	•	T	_				
		Service During 2					ation System			
Section b-Ass		(c) Basis for		ar osing the v		ергесп	ation System			
(-) Cl((b) Month and	depreciation	(1) 5				()			
(a) Classification of property	year placed in	(business/investmen	t (d) Recove	(e) Conventi	on (f) M	ethod	(g)Depreciation deduction			
рторенту	service	use	· '				deddetion			
10-2		only—see instructions	5)							
L9a 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/I					
			27 5 yrs	мм	S/I					
h Residential rental property			27 5 yrs	MM	S/I					
				MM						
i Nonresıdentıal real property			39 yrs	MM	S/I S/I					
	on C—Assets Diag	l ced in Service During 20	nng Tay Vear II				- em			
20a Class life	C Assets Flat	led in Service During 20	Jos Tax Teal o	sing the Alternat	S/					
b 12-year	1		12 yrs		S/					
c 40-year			40 yrs	мм	S/					
•	ry (see ınstruc	tions)	1 .5 ,15	1 1111			I			
21 Listed property Enter						21				
22 Total. Add amounts fr			9 and 20 in co	lumn (a) and line	21 Entarh		+			
		urn Partnerships and S				ere 22	14,342			
23 For assets shown abored portion of the basis at		_		the 23						

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation	and Other Info	ormat	ion (C	aution	: See t	the in	structi	ons for I	limits	for pa	sseng	er au	tomol	biles.)
24a Do you have evidence to supp	ort the business/invest	tment us	e claimed	d? ┌ Yes	Гио		24	b If "Yes,"	is the e	v idence	written?	Гүе	s Γ_N	0
(a) Type of property (list vehicles first) (b) Date place service		(d) Cost or o	other	(busines	(e) deprecia s/investn e only)	nent 🏲	(f) Recovery period	(g) Method/ Conventio		(h Deprec dedua	iation/		(i) Electe section cost	179
25Special depreciation allowance for 6		placed in	service	during the	tax y ear	and us	sed more	than 25						
· · · · · · · · · · · · · · · · · · ·								23	<u>' </u>					
26 Property used more than 50	% in a qualified bus	siness t	ıse											
	%								+					
	%													
27 Property used 50% or less		ess use												
	%							S/L - S/L -				_		
	%							S/L - S/L -				-		
28 Add amounts in column (h)		7 Ente	r here :	and on lu	ne 21 i	nane i			.8					
, ,					110 21, 1	page.					70			
29 Add amounts in column (i),							- 				29			
Complete this section for vehic				mation					vr rolat	od nor	con			
If you provided vehicles to your emplo												e vehic	les	
20.7			(;	a)	(I	b)		(c)	(4	d)	(6)	((f)
30 Total business/investment year (do not include comm		·	Vehi	icle 1	Vehi	cle 2	Vel	hicle 3	Vehi	cle 4	Vehi	cle 5	Veh	ıcle 6
year (ab not merade comm	uting innes ;	. [
31 Total commuting miles driv	en during the year	.												
32 Total other personal(nonco	mmuting) miles driv	ven [
33 Total miles driven during the through 32	ne year Add lines 3	0												
34 Was the vehicle available for	or personal use	·	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours? .		. F			1	<u> </u>	1	+		1	1			+
35 Was the vehicle used prima owner or related person?	arıly by a more than	5%												
36 Is another vehicle available	e for nersonal use?													+
	'	·	\A/	ha Dua	·ida \	/a bis	loo fa	llaa b		l E	<u> </u>			
Answer these questions to dete 5% owners or related persons													not mo	re tha
37 Do you maintain a written p	,	•		•			•	_			•	Y	es	No
, ,														
38 Do you maintain a written p employees? See the instruc	,								-, ,	,				
39 Do you treat all use of vehi	cles by employees	as pers	onal us	e? .						•				
40 Do you provide more than f vehicles, and retain the info								mployees			e of the			
41 Do you meet the requireme											·			
Note: If your answer to 37,	38, 39, 40, or 41 ı	s "Yes,	" do no	t comple	te Sect	ion B	for the	covered v	ehicle	s				
Part VI Amortization		<u> </u>												
	(b)			_				(6	<u></u>					
(a) Description of costs	Date amortization		A mort	ızable		С	(d) ode	A morti	-			(f) rtızatı		
· · · · ·	begins	<u> </u>	amo	unt ———		se	ction		ntage	<u></u>	tI	nis ye	ar 	
42 A mortization of costs that	begins during your i	2009 ta	ax year	(see ins	truction	 ns)		<u></u>						
		1								<u> </u>				
43 A mortization of costs that	began before vour 2	.009 ta	x vear		_ _				43					
44 Total. Add amounts in colu				ere to re	port				44					