

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

2009

Open to Public Inspection

Form 990-EZ

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 \$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 JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: ARIZONA EMERGENCY MEDICAL SYSTEMS INC. D Employer identification number: 86-0297727. E Telephone number: 623-847-4100. 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).

G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Schedule B.

I Website: WWW.AEMS.ORG

J Tax-exempt status (check only one): 501(c)(3), 4947(a)(1), 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 155,142.

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes columns for line number, description, and amount. Total revenue is 155,142 and total expenses is 165,018, resulting in a deficit of 9,876.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 27 rows for Balance Sheets. Columns for (A) Beginning of year and (B) End of year. Total assets at end of year: 184,797.

18

Part V 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T		
35a	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?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 39a N/A		
39b	b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.		
40b	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		X
40c	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 ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	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		X
41	List the states with which a copy of this return is filed ▶ AZ		
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ 623-847-4100 Located at ▶ PO BOX 28442, SCOTTSDALE, AZ ZIP + 4 ▶ 85255		
42b	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.		X
42c	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 ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 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 **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47 48 49a 49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **X X X X X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b 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 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				

- f Total number of other employees paid over \$100,000 ▶ _____
- 51 Complete this table for the organization's 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

- d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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

Sign Here
 Signature of officer: Margaret Baker Date: 10/4/2010
 Type or print name and title: Margaret Baker / Executive Director

Paid Preparer's Use Only
 Preparer's signature: DUANE ECKELBERG Date: 9/24/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: ECKELBERG & WIENSHIENK, P.C., 5843 E ORANGE BLOSSOM LANE, PHOENIX, AZ 85018-6730
 Preparer's identifying number (See instr): _____ EIN: _____ Phone no: 480-423-1888

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

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) 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.")	80,411.	205,763.	308,417.	275,231.	154,881.	1024703.
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	80,411.	205,763.	308,417.	275,231.	154,881.	1024703.
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						1024703.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	80,411.	205,763.	308,417.	275,231.	154,881.	1024703.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,353.	1,714.	1,296.	605.	261.	5,229.
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.)	107.					107.
11 Total support. Add lines 7 through 10						1030039.

12 Gross receipts from related activities, etc. (see instructions) 12

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** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.48 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.06 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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) 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.")						
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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 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						
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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
INSURANCE		5,303.	
OTHER EXPENSES		613.	
TRAVEL & MILEAGE		6,609.	
TELEPHONE AND COMMUNICATIONS		2,066.	
WEBSITE		2,564.	
EXPENSES FOR STATE OF ARIZONA BEMS CONTRACT		150.	
ODYSSEY EDUCATIONAL CONFERENCE EXPENSES		40,660.	
OFFICE EXPENSE		2,780.	
PAYROLL TAXES/EXPENSES		5,893.	
TOTAL TO FORM 990-EZ, LINE 16		66,638.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES	2,204.	2,360.	
RECEIVABLE - CONTRACTS	16,339.	0.	
RECEIVABLE - OTHER	3,405.	1,660.	
OTHER DEPRECIABLE ASSETS	3,916.	2,646.	
TOTAL TO FORM 990-EZ, LINE 24	25,864.	6,666.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	13,757.	0.	
DEFERRED REVENUE	5,325.	9,100.	
ACCRUED PROGRAM AND OTHER EXPENSES	2,859.	1,293.	
ACCRUED PAYROLL TAXES	2,730.	2,876.	
ACCRUED ACCOUNTING FEES	5,760.	5,321.	
ACCRUED EMPLOYEE SICK AND VACATION TIME	6,715.	6,973.	
ACCOUNTS PAYABLE	0.	5,321.	
TOTAL TO FORM 990-EZ, LINE 26	37,146.	30,884.	

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 4

DESCRIPTION	AMOUNT
DEPRECIATION	1,269.
OTHER EXPENSES	1,360.
TOTAL TO FORM 990-EZ, LINE 14	2,629.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
EDUCATION, PREVENTION & TRAINING	NONE	4,920.
TOTAL OF DISTRIBUTIONS LESS THAN \$5000		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		4,920.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

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

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PEGGY BAKER PO BOX 28442, SCOTTSDALE, AZ 85255	EXECUTIVE DIRECTOR 40.00	66,843.	10,948.	0.
JOE GIBSON PO BOX 28442, SCOTTSDALE, AZ 85255	VICE CHAIRMAN 0.00	0.	0.	0.
ROY RYALS PO BOX 28442, SCOTTSDALE, AZ 85255	TREASURER 0.00	0.	0.	0.
ROBERT LONDEREE, MD PO BOX 28442, SCOTTSDALE, AZ 85255	CHAIRMAN 0.00	0.	0.	0.
MARCIA BARRY, RN PO BOX 28442, SCOTTSDALE, AZ 85255	SECRETARY 0.00	0.	0.	0.
COY AMERSON PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
RICHARD BESSERMAN, MD PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
TOM COLE PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
JOE BRACAMONTE PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
DAN BRAMBLE PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
SALLY DIMOND PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
MARTIN DEMASI PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
ROBERT FRENCH, MD PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
JOHN GALLAGHER, MD PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.

AL GAMEROS PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
GARTH GEMAR, MD PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
DEBBIE JOHNSTON PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
NANCY HICKS-ARSENAULT, RN PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
TRACEY SCHLOSSER, RN PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
LORENA RUST, RN PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
CHARLANN STAAB, RN PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
THOMAS WACHTEL, MD PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.
LAURIE WOOD, RN PO BOX 28442, SCOTTSDALE, AZ 85255	BOARD MEMBER 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990-EZ, PART IV

66,843.

10,948.

0.

COMMUNITY OUTREACH & RESOURCES - ACTIVITIES THAT SUPPORT THE PROCUREMENT AND DISTRIBUTION OF ADDITIONAL RESOURCES FOR AEMS PROVIDERS. DESPITE STATE BUDGET CUTS, AEMS CONTINUES TO PURSUE IDENTIFYING RESOURCES (FINANCIAL, EQUIPMENT, AND TRAINING) THAT SUPPORT AEMS EMS AGENCIES AND HOSPITALS, WITH EMPHASIS ON MEETING SPECIFIC RURAL NEEDS. THROUGH OUR HOSTING OF VARIOUS FORMS, AEMS CONTINUES TO BE THE LEADER IN ADDRESSING TOPICAL ISSUES THAT AFFECT THE REGION AND STATE - INCLUDING STROKE CENTERS, TRANSFER OF CARE (AKA DIVERSION), DISASTER MANAGEMENT, AND CARDIAC ARREST AND AED USE. AEMS ALSO SERVES AS A VEHICLE WITHIN THE CENTRAL REGION TO DISCUSS CHANGES TO THE PARAMEDIC/EMT ACCREDITATION PROCESS.

EDUCATION, PREVENTION, & TRAINING - AEMS SUPPORTS, COORDINATES, AND IMPLEMENTS LEARNING OPPORTUNITIES, PROGRAM DEVELOPMENT, AND INFORMATION SHARING ACTIVITIES. THESE INCLUDE THE EMS ODYSSEY EDUCATIONAL CONFERENCE, WITH APPROXIMATELY 200 PARTICIPANTS ATTENDING. AEMS ALSO COORDINATES AND MAINTAINS THE REGIONAL EMS DIRECTORY (AKA RED BOOK), WHICH SETS FORTH VOLUNTARY GUIDELINES CONSISTING OF PROCEDURES AND PROTOCOLS DEEMED BY AEMS TO BE WITHIN THE ACCEPTABLE STANDARD OF MEDICAL CARE. THE FUNCTIONAL GROUP MEETING FORMAT HAS BEEN RESTRUCTURED TO INCLUDE EDUCATIONAL PRESENTATIONS THAT ARE TOPICAL AND APPLICABLE TO THE AEMS REGION. DURING THE FUNCTIONAL GROUP EDUCATIONAL PORTIONS OF THE MEETING, CE CREDITS ARE PROVIDED TO PARAMEDICS AND EMTS IN ATTENDANCE.

PLANNING - AEMS SUPPORTS THE VARIOUS PROCESSES THAT SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF ACTIVITIES PERTAINING TO EDUCATION, PREVENTION, TRAINING, COMMUNITY OUTREACH, RESOURCE DISTRIBUTION, AND ADVOCACY. ONGOING ACTIVITIES FOR THIS SERVICE INCLUDE: EMS & TRAUMA NEEDS ASSESSMENT, TRAUMA PLAN DEVELOPMENT, FUNCTIONAL GROUP MEETINGS COORDINATION, AND DISASTER PREPAREDNESS NETWORKING.

ARIZONA EMERGENCY MEDICAL SYSTEMS, INC. (AEMS), A 501(C)(3) NON-PROFIT, IS A COMMUNITY-BASED, VOLUNTEER ORGANIZATION DEDICATED TO IMPROVING EMERGENCY MEDICAL SERVICES (EMS) FOR THE CENTRAL REGION OF ARIZONA, INCLUDING MARICOPA, PINAL, AND GILA COUNTIES.

SINCE 1974, AEMS HAS BEEN BRINGING TOGETHER PHYSICIANS, NURSES, EMTS, PARAMEDICS, AND HOSPITAL ADMINISTRATORS TO ENSURE THAT EMERGENCY MEDICAL CARE IS DELIVERED IN A COORDINATED MANNER, AND MOREOVER, THAT IT IS MEETING THE NEEDS OF THE PUBLIC.

MISSION: AEMS SHALL FACILITATE CONTINUOUS IMPROVEMENT OF PRE-HOSPITAL AND EMERGENCY MEDICAL SERVICES, THROUGH AN INCLUSIVE, COLLABORATIVE, CUSTOMER-CENTERED, MULTI-DISCIPLINARY APPROACH, SO AS TO MEET THE CHANGING NEEDS OF THE SYSTEM AND THE COMMUNITY.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 12

DESCRIPTIONGRANTSEXPENSES

ADVOCACY - AEMS IS INVOLVED AND TAKES LEADERSHIP WITH ISSUES AFFECTING EMS THROUGH REPRESENTATION AND INVOLVEMENT WITH VARIOUS STATE COMMITTEES, AEMS BOARD OF GOVERNORS, FUNCTIONAL GROUPS AND TASK FORCES, AND PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS. SELECTED ADVOCACY ISSUES INCLUDE: TRANSFER OF PATIENT CARE, STROKE CENTERS, CATEGORIZATION, AND TRAUMA.

0. 10,056.

TOTAL TO FORM 990-EZ, LINE 31

10,056.

Depreciation and Amortization 990-EZ
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: _____ Business or activity to which this form relates: _____ Identifying number: **86-0297727**

ARIZONA EMERGENCY MEDICAL SYSTEMS INC FORM 990-EZ PAGE 1

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	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	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

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 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2010. 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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,269.

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 2009	17	
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 2009 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 2009 Tax Year Using the Alternative Depreciation System

	(a) Class life	(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
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	1,269.
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	

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 Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44