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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

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

<input checked="" type="checkbox"/>	Check if applicable	Please use IRS label or print or type See Specific Instructions	C Name of organization BENSON EMS, INC. C/O KAY WOOD		D Employer identification number 56-1080106
<input type="checkbox"/>	Address change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number 919-868-2799
<input type="checkbox"/>	Name change		Room/suite P.O. BOX 601		F Group Exemption Number
<input type="checkbox"/>	Initial return		City or town, state or country, and ZIP + 4 BENSON NC 27504		
<input type="checkbox"/>	Termination				
<input type="checkbox"/>	Amended return				
<input type="checkbox"/>	Application pending				

• 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
Other (specify) ▶

I Website: ▶ N/A

J Organization type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **130,776**

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	70,000
	2 Program service revenue including government fees and contracts	2	60,748
	3 Membership dues and assessments	3	-
	4 Investment income	4	28
	5a Gross amount from sale of assets other than inventory	5a	-
	b Less: cost or other basis and sales expenses	5b	-
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	5c	-
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	-
b Less: direct expenses other than fundraising expenses	6b	-	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-	
7a Gross sales of inventory, less returns and allowances	7a	-	
b Less: cost of goods sold	7b	-	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-	
8 Other revenue (describe ▶ _____)	8	-	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	130,776	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	352,838
	11 Benefits paid to or for members	11	-
	12 Salaries, other compensation, and employee benefits	12	-
	13 Professional fees and other payments to independent contractors	13	-
	14 Occupancy, rent, utilities, and maintenance	14	273
	15 Printing, publications, postage, and shipping	15	194
	16 Other expenses (describe ▶ SEE STATEMENT 2)	16	664
	17 Total expenses. Add lines 10 through 16	17	353,969
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-223,193
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	297,103
	20 Other changes in net assets or fund balances (attach explanation)	20	-
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	73,910

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

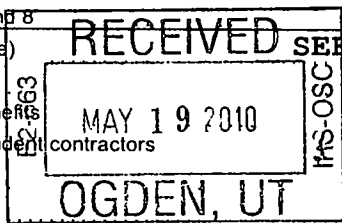
(See the instructions for Part II)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	2,875	4,183
23	Land and buildings	274,228	69,727
24	Other assets (describe ▶ SEE STATEMENT 3)	20,000	-
25	Total assets	297,103	73,910
26	Total liabilities (describe ▶ _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	297,103	73,910

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

Form 990-EZ (2008)

SCANNED JUL 10 2010



Handwritten initials/signature

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity N/A		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes N/A		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T SEE STATEMENT 4		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	<input checked="" type="checkbox"/>	
37a Enter amount of political expenditures, direct or indirect, as described in the instr -		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations Enter N/A		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 - , section 4912 - , section 4955 -		
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I N/A		<input checked="" type="checkbox"/>
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 -		
d Enter amount of tax on line 40c reimbursed by the organization -		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T N/A		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed NC		
42a The books are in care of HONEYCUTT & GRADY CPA'S Telephone no 919-894-2685 PO BOX 218 Located at BENSON, NC ZIP + 4 27504		
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.		<input checked="" type="checkbox"/>
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 _____		<input checked="" type="checkbox"/>
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 N/A		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ N/A		<input checked="" type="checkbox"/>
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 N/A		<input checked="" type="checkbox"/>

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I N/A		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II N/A		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E N/A		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization? N/A		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
NONE				

Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
NONE		

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: *Kay Wood* Date: *5-13-2010*

Type or print name and title: *KAY WOOD SEC*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *5/07/10* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **HONEYCUTT & GRADY, CPA'S
203 EAST MAIN STREET
BENSON, NC 27504**

Preparer's Identifying Number (See instr): **P00358279**

EIN: **56-1591753**

Phone no: **919-894-2685**

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public
Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BENSON EMS, INC.

Employer identification number
56-1080106

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally Integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
N/A									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	301,334	404,011	444,057	533,445	70,000	1,752,847
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	323,645	315,555	389,266	360,194	60,748	1,449,408
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	624,979	719,566	833,323	893,639	130,748	3,202,255
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)						1,688,792
6 Public support. Subtract line 5 from line 4						1,513,463

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	624,979	719,566	833,323	893,639	130,748	3,202,255
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	483	71	12	1,101	28	1,695
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)				-1,193		-1,193
11 Total support. Add lines 7 through 10						3,202,757
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	47.2550 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.9404 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <i>N/A</i> ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

N/A

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

N/A

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

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

PART II, LINE 10 - OTHER INCOME DETAIL

REFUNDS & MISCELLANEOUS	\$	0
GAIN ON SALE OF ASSET <i>LOSS</i>	\$	-1,193

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3 Did the organization distribute its assets in accordance with its governing instruments(s)? If "No," describe in Part III
- 4a Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated? (If "Yes," provide the date of the letter **▶** _____)
- b Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? If "Yes," did the organization provide such notice?
- 5a Did the organization discharge or pay all liabilities in accordance with state laws?
- b Did the organization have any tax-exempt bonds outstanding during the year?
- 6 Did the organization have any tax-exempt bonds outstanding during the year?
- 7a Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

3	Yes	No
4a		
5a		
5b		
6		
7a		
7b		

N/A

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
SEE ATTACHED LIST		7/01/08	274,228	TAX VALUE	56-6000311	JOHNSTON COUNTY EMS P.O. BOX 1049 SMITHFIELD NC 27577	GOV UNIT
NOTE RECEIVABLE		7/01/08	20,000	TAX VALUE	56-6000311	JOHNSTON COUNTY EMS P.O. BOX 1049 SMITHFIELD NC 27577	GOV UNIT

2	Did or will any officer, director, trustee, or key employee of the organization become a director or trustee of a successor or transferee organization?	Yes	No
a	Did or will any officer, director, trustee, or key employee of the organization become a director or trustee of a successor or transferee organization?		X
b	Become an employee of, or independent contractor for, a successor or transferee organization?		X
c	Become a direct or indirect owner of a successor or transferee organization?		X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.		N/A

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 2e, 7c; or Part II, line 2e; and any additional information. **N/A**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment
Sequence No **67**

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

Name(s) shown on return **BENSON EMS, INC.** Identifying number **56-1080106**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

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

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	5/01/09	60,000	27 5 yrs	MM	S/L	273
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	273
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

Federal Statements

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

Name and Address	Description of Property	Cash Contribution	Relationship to Organization	Noncash Contribution	Book Value	Class of Activity	Book Value Explanation	FMV Explanation	Date of Gift	Purpose
JOHNSTON COUNTY EMS CASH P.O. BOX 1049 SMITHFIELD, NC 27577		34,000	NONE		34,000	EMS PROGRAM SERVICES	ACTUAL BAL	N/A	9/16/08	TRANSFER OF SERVICES TO JOHNSTON CO, NC
JOHNSTON COUNTY EMS CASH P.O. BOX 1049 SMITHFIELD, NC 27577		24,610	NONE		24,610	EMS PROGRAM SERVICES	ACTUAL BAL	N/A	11/26/08	TRANSFER OF SERVICES TO JOHNSTON CO, NC
JOHNSTON COUNTY EMS EMS EQUIPMENT P.O. BOX 1049 SMITHFIELD, NC 27577			NONE	274,228	274,228	EMS PROGRAM SERVICES	NET OF DEPRE	N/A	7/01/08	TRANSFER OF SERVICES TO JOHNSTON CO, NC
JOHNSTON COUNTY EMS NOTE RECEIVABLE P.O. BOX 1049 SMITHFIELD, NC 27577			NONE	20,000	20,000	EMS PROGRAM SERVICES	ACTUAL BAL	N/A	7/01/08	TRANSFER OF SERVICES TO JOHNSTON CO, NC
TOTAL		58,610		294,228	352,838					

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

Description	Amount
EXPENSES	\$
UTILITIES	664
TOTAL	\$ 664

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
N/R-TOWN OF BENSON	\$ 20,000	\$ —
	20,000	

Federal Statements

**Statement 4 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported
on Form 990-T**

Description

RELATED OR EXEMPT FUNCTION REVENUE

BENSON EMS, INC.
56-1080106

FORM 990-EZ, PART II, LN 23 (B)
TAX YEAR ENDING 06/30/09

<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Period</u>	<u>Conv</u>	<u>Method</u>	<u>Current Deprec</u>
CHURCH STREET HOUSE	5/1/2009	60,000	27 MM		SL	273
HOUSE LOT	5/1/2009	10,000			Land	-
		<u>70,000</u>				<u>273</u>

BENSON EMS, INC.

56-1080106
FYE: 6/30/2009

SCHEDULE N ATTACHMENT

<u>DESCRIPTION - PART II, 1 (a)</u>	<u>Value-Part II, 1 (c)</u>
LOT	\$ 1,000.00
BUILDING	7,000.00
LOT & REMOVAL OF TREES	2,620.00
ADDITION & RENOVATION OF BLDG	29,258.24
RENOVATIONS TO BLDG	19,238.63
RENOVATIONS TO BLDG	10,015.52
RENOVATIONS TO BLDG	3,643.86
RELOCATE BASE TOWER	537.80
BUNK BEDS	100.00
TABLE	129.15
CHAIR	212.00
DESK	524.70
FILE CABINET	157.94
RADIOS	3,060.22
COMPUTER EQUIPMENT	5,816.60
PAGERS	843.16
TRUCK EQUIPMENT	4,000.00
FULLY DEPRECIATED ASSETS	53,683.09
TRANSMITTERS	453.39
FLOOR COVERING	200.00
RADIO	150.00
PED KEDS	674.88
KEDS	109.93
LAWNMOWER	113.35
RADIO FOR AMBULANCE	2,403.75
WALKIE TALKIE	646.70
2 COMPACT SUCTION UNITS	730.00
20 PAGERS & WALKIE TALKIES	8,675.58
3 PAGERS	1,240.84
3 PAGERS	1,243.84
2 PAGERS	822.56
5 800 MHZ RADIOS	5,572.10
COPIER	1,272.00
CARPET	1,168.58
BATHROOM REPAIRS/LH IMP	3,220.34
AWNING	1,044.10
LOUNGE FURNITURE	1,484.00
CONCRETE & PANELS	1,500.00

GE MONGRAM RADIO	300.00
MEDIC ROOM	3,325.00
LAP TOP COMPUTER	2,532.60
VHF PAGERS	1,458.00
COMPUTER EQUIPMENT	1,115.55
OVERSHOT BUILDING	218,468.75
OVERSHOT BUILDING-FLOORING	3,300.00
OVERSHOT BUILDING-APPLIANCES	1,200.00
OVERSHOT BUILDING-CABINETS	2,500.00
OVERSHOT BUILDING-SIGN	1,599.65
VACUUM CLEANER	133.75
OVERSHOT BUILDING-2 BEDS	963.00
OVERSHOT BUILDING-NIGHTSTAND & END TABLE	90.95
OVERSHOT BUILDING-SECTIONAL SOFA	1,605.00
OVERSHOT BUILDING-CORNER TV STAND	335.00
SECTIONAL SOFA	1,500.00
WASHING MACHINE	459.16
3 PAGERS	993.00
3 TELEPHONES	569.69
DESK	406.60
O-DRY EREASE BOARD	106.99
O-FILE CABINET	545.69
O-CHAIR	74.89
O-DESK	588.50
COMPUTER EQUIP	187.84
O-MOBILE RADIO FOR AMBULANCE	5,149.64
ICE MACHINE	963.00
KEYLESS ENTRY ON BENSON BLDG	1,725.00
RADIO	1,000.00
O-PHONE LINES & JACKS	680.00
O-CHRISTMAS TREE	211.86
O-VACUUM CLEANER	63.04
O-KITCHEN PANS,POTS,COFFEE MAKER, ETC.	98.81
O-PHONE	73.55
O-KITCHEN TABLE & CHAIRS	320.96
O-5 SHELVES	390.55
O-BLINDS	124.80
O-DVD/VCR COMBO	85.45
O-APPLAINCES	371.29
O-WASHER/DRYER	751.14
OVERSHOT LAND	15,500.00
O-DEDICATION PLAQUE FOR BLDG	1,551.50
36" 4 DRAWER LATERAL FILE CABINET	564.44
17" MONITOR	267.49
LAPTOP & DOCKING STATION-DANNY	1,948.03
2 VACCUM CLEANERS	494.28
COMPUTER	651.13

SHEETS/BEDDING	249.94
SOFTWARE	74.71
2002 FORD AMBULANCE#52	55,824.69
98 FORD E-450#53	15,108.60
2000 FORD E-450#54	15,108.60
O-2004 GMC 4500 AMBULANCE #55	98,000.00
STROBE LIGHT FOR EXPLORER	3,200.00
PAINT FOR 06 AMBUALNCE	3,500.00
LOGO ON AMBULANCE	1,214.75
LOGO ON EXPLORER	676.36
	<hr/>
TOTAL	644,870.07
LESS ACCUMULATED DEPRECIATION	(370,641.91)
	<hr/>
TOTAL	<u><u>\$ 274,228.16</u></u>

Form **8868**
(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization BENSON EMS, INC.	Employer identification number 56-1080106
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions P. O. BOX 530	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SMITHFIELD NC 27577	

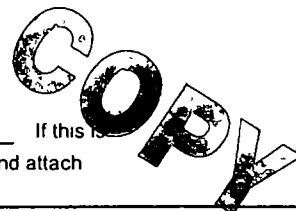
Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ **JOHNSTON COUNTY EMERGENCY SERVICES**

Telephone No ▶ _____ FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach _____



a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year or
 ▶ tax year beginning **7/01/08**, and ending **6/30/09**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	- 0 -
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	- 0 -
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	- 0 -

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)

