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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

**2009**

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

Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning **Jul 1**, 2009, and ending **Dec 31**, 2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ALLEN PEARSON EMERGENCY SERVICES FOUNDATION</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>1500 SMITH GRADY ROAD</b> City or town, state or country, and ZIP + 4 <b>DEEP RUN NC 28525</b>	<b>D</b> Employer identification number <b>27-0554541</b>
		<b>E</b> Telephone number <b>(252) 560-4195</b>
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

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

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

Website: ▶ **N/A**

Tax-exempt status (check only one) —  501(c) ( **3** ) ◀ (insert no)  4947(a)(1) or  527

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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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. ▶ \$ **35,831.**

SCANNED BY 05 2010

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>3,863.</b>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	<b>33.</b>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ <b>3,863.</b> of contributions reported on line 1)	<b>6a</b>	<b>31,935.</b>
<b>6b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	<b>13,650.</b>
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	<b>18,285.</b>
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less: cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe ▶ )	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>22,181.</b>
<b>10</b>	Grants and similar amounts received (attach schedule)	<b>10</b>	<b>4,202.</b>
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b>	Other expenses (describe ▶ See Other Expenses Statement)	<b>16</b>	<b>1,945.</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>6,147.</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>16,034.</b>
<b>19</b>	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)	<b>19</b>	<b>0.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>16,034.</b>

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### 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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	<b>0. 22 9,192.</b>
<b>23</b>	Land and buildings	<b>0. 23 0.</b>
<b>24</b>	Other assets (describe ▶ <b>See L-24 Stmt</b> )	<b>0. 24 6,842.</b>
<b>25</b>	<b>Total assets</b>	<b>0. 25 16,034.</b>
<b>26</b>	<b>Total liabilities</b> (describe ▶ )	<b>0. 26 0.</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>0. 27 16,034.</b>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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**Part V Other Information** (Note the statement requirements in the instrs 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.		
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
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u> 0.		
b	Did the organization file <b>Form 1120-POL</b> 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
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<u>38b</u>	
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	<u>39a</u>	
b	Gross receipts, included on line 9, for public use of club facilities	<u>39b</u>	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> _____, section 4912 <b>▶</b> _____; section 4955 <b>▶</b> _____		
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	<u>40b</u>	X
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 <b>▶</b> _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
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	<u>40e</u>	X
41	List the states with which a copy of this return is filed <b>▶</b> _____		

42a The organization's books are in care of **▶** LOU ELLEN SMITH Telephone no **▶** (252) 523-1303  
 Located at **▶** 2423 FRED EVERETT ROAD KINSTON NC ZIP + 4 **▶** 28504

		Yes	No
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. <b>▶</b> _____	<u>42b</u>	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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: <b>▶</b> _____	<u>42c</u>	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **▶** 43

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<u>44</u>	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	<u>45</u>	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.

	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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
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 and 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
NONE		

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: Samuel E. McLawhorn Date: 7/9/2010

Type or print name and title: Samuel E. McLawhorn

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**Paid Preparer's Use Only**

Preparer's signature: David B. Quinn Date: 07/02/10 Check if self-employed:  Preparer's Identifying Number (See instructions): 200124899

Firm's name (or yours if self-employed), address, and ZIP + 4: Smith & Quinn Accountants  
2501 Fred Everett Road  
Kinston NC 28504 EIN: 56-2067063 Phone no: (252) 523-1303

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

BAA Form 990-EZ (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization <b>ALLEN PEARSON EMERGENCY SERVICES FOUNDATION</b>	Employer identification number <b>27-0554541</b>
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**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: (For lines 1 through 11, check only one box.)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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
<b>11 g (i)</b>		
<b>11 g (ii)</b>		
<b>11 g (iii)</b>		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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 'unusual grants')					3,863.	3,863.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 <b>Total.</b> Add lines 1-through 3					3,863.	3,863.
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 <b>Public support.</b> Subtract line 5 from line 4						3,863.

**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					3,863.	3,863.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					33.	33.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						3,896.
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	99.15 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

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.

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.

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

**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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (add lns 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**

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

**Section D. Computation of Investment Income Percentage**

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

**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 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 II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	<u>SOFTBALL TOURNAMENT</u> (event type)	_____ (event type)	_____ (total number)	(Add col (a) through col (c))
1	Gross receipts	31,935.		31,935.
2	Less: Charitable contributions			
3	Gross income (line 1 minus line 2)	31,935.		31,935.
DIRECT EXPENSES	4	Cash prizes		
	5	Noncash prizes		
	6	Rent/facility costs		
	7	Food and beverages	13,352.	13,352.
	8	Entertainment		
	9	Other direct expenses	298.	
10	Direct expense summary Add lines 4- through 9 in column (d)			13,650.
11	Net income summary Combine lines 3, column (d) and line 10			18,285.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	Yes _____ % No	Yes _____ % No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain. -----	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ... b If 'Yes,' explain: -----	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

**13** Indicate the percentage of gaming activity operated in:

<b>13a</b>		%
<b>13b</b>		%

	YES	NO
13		
14		
15a		
16		
17a		

- a The organization's facility
- b An outside facility

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ -----

Address ▶ -----

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?

	YES	NO
15a		
16		
17a		

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party \$\_\_\_\_\_.
- c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization  
(Including Information on Listed Property)**

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

OMB No 1545-0172

**2009**

Attachment  
Sequence No **67**

Name(s) shown on return

**ALLEN PEARSON EMERGENCY SERVICES FOUNDATION**

Identifying number

**27-0554541**

Business or activity to which this form relates

**Form 990 / Form 990EZ**

**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 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	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) (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 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		7,364.	7.0 yrs	MQ	200 DB	522.
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	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C – Assets Placed in Service During 2009 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 instructions	22	522.
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? 24b If 'Yes,' is the evidence written? 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 (see instructions) 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

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.

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 (see instructions).

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? (See instructions) 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 (see instructions) 43 Amortization of costs that began before your 2009 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

Name as Shown on Return

**ALLEN PEARSON EMERGENCY SERVICES FOUNDATION**

Employer Identification No

**27-0554541**

Line 24 - Other Assets:	Beginning of Year	End of Year
CARGO TRAILER	0.	4,809.
GAZEBO SHELTER	0.	205.
GOLF CART	0.	2,350.
DEP		-522.
Totals to Form 990-EZ, Part II, line 24	0.	6,842.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Totals to Form 990-EZ, Part II, line 26		

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)	
<b>BANK SERVICE CHARGE</b>	31.
<b>BANK SUPPLIES</b>	5.
<b>FUEL</b>	238.
<b>LICENSE FOR TRAILER</b>	255.
<b>WEBSITE</b>	150.
<b>TRAILER LOCK</b>	35.
<b>Depreciation</b>	522.
<b>ADVERTISING</b>	250.
<b>ORGINIZATION FEES</b>	300.
<b>SUPPLIES</b>	147.
<b>ROUNDING</b>	12.
<b>Total</b>	<u>1,945.</u>

Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment		<b>SCHOLARSHIP FOR BASIC LAW ENFORCEMENT</b>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>SCHOLARSHIPS</b>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <b>LENOIR COMMUNITY COLLEGE</b> <b>HWY 70 EAST</b> <b>KINSTON NC 28504</b>	<b>NONE</b>	<b>1,402.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment		<b>SEAT BELT LOCKS</b>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>SAFETY EQUIPMENT</b>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <b>LENOIR COUNTY SHERRIF'S DEPT</b> <b>QUEEN STREET</b> <b>KINSTON NC 28501</b>	<b>NONE</b>	<b>430.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**

Purpose of Payment WINDOW TINT METERS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>ENFORCEMENT EQUIPMENT</b>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <b>N C HIGHWAY PATROL</b> <b>VERNON AVE</b> <b>KINSTON NC 28501</b>	<b>NONE</b>	<b>1,510.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment OFFICERS KILLED IN LINE OF DUTY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>FINANCIAL SUPPORT</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>BETH HUTCHINS</b>	<b>NONE</b>	<b>250.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment OFFICERS KILLED IN LINE OF DUTY

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>FINACIAL SUPPORT</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>DANIEL CLARK</b>	<b>NONE</b>	<b>250.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

**Grants and Similar Amounts Paid**

Purpose of Payment **OFFICER INJURED IN LINE OF DUTY**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>FINANCIAL SUPPORT</b>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <b>EAST CAROLINA UNIVERSITY</b> <b>EAST 5TH ST</b> <b>GREENVILLE NC 27858</b>	<b>NONE</b>	<b>100.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **REMEMBRANCE PLAQUE (HUSBAND KILLED IN LINE OF DUTY)**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b>EMOTIONAL SUPPORT</b>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <b>BEVERLY PEARSON</b>	<b>NONE</b>	<b>260.</b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

# Allen Pearson

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## *Emergency Services Foundation*

27-0554541

The Allen Pearson Emergency Services Foundation was created by the family and friends of Rickie "Allen" Pearson, Jr. to highlight and promote the character and dedication of Allen Pearson to his community and to support the numerous emergency service providers in our state and community.

On April 8, 2009, Detective Allen Pearson of the Lenoir County Sheriff's Office was tragically killed in the line of duty while trying to apprehend a murder suspect. Through Allen's 8 years of service, he served in many capacities including detention officer, deputy, detective and instructor. Allen used his instructor certification to teach new law enforcement officers in the Lenoir Community College BLEET program. In addition to Allen's full time employment at the Lenoir County Sheriff's Office, he volunteered for many years with the Hugo Fire and Rescue Department. In what spare time he had, Allen enjoyed playing sports, most of all softball. He was a member of a local softball team, as well as a little league t-ball coach.

The current goals and future activities of this foundation are to:

- Educate and enlighten the community about the sacrifices that emergency responders make on a daily basis.
- Allow membership to this foundation to individuals and businesses to support the emergency services community.
- Develop an emergency services fund to purchase needed equipment for emergency service providers including fire departments, emergency medical service providers and law enforcement departments. It is our hopes that his fund will assist in not only purchasing equipment, but to also help with providing some financial support for training and for helping families of emergency service providers who may be in need of financial assistance due to tragic incidents.
- Create the "Allen Pearson Law Enforcement Officer of the Year Award" and award to a deserving trooper, officer or deputy who promotes the character and dedication to their community and employer that Allen showed.
- Hold an Annual Softball tournament as a fund raiser and to allow for organized and fun recreation for the community and emergency service providers to come together and honor Allen and his ultimate sacrifice.

This foundation intends to complete its goals financially through fundraising events and sponsorships from area community members and businesses. This foundations' intent is to become the premiere charitable organization of Lenoir County and the State of North Carolina that is known its overwhelming support of emergency services personnel and agencies.

All Donations are Greatly Appreciated and can be made to:  
Allen Pearson Emergency Services Foundation  
1500 Smith Grady Road, Deep Run, North Carolina 28525