EDNEYVILLE FIRE RESCUE

Proposed Budget



2025 - 2026

Edneyville Budget Summary 2025 – 2026

Edneyville Fire Department was established in 1961. Over the past several years, the Edneyville community and its fire department have grown together. The community, which was once primarily farmland, has now been transformed into developments. The department has grown from one station with two trucks to three stations with sixteen trucks. Where we were once an all-volunteer department, we are now a combination department utilizing paid staff and volunteers with a Class 3 DOI rating. As our community grows, we continue to grow along with it in order to provide adequate protection.

Edneyville Fire Department is also the home of EMS Station 4. In 2006, Edneyville Fire Department and the county were able to reach an agreement to house an EMS unit. The citizens of Edneyville donated \$22,000 in order to create living quarters inside our main station for EMS personnel. Not only does this benefit Edneyville, but also Bat Cave, Gerton, portions of Dana and the Hooper's Creek Community.

In 2024, we responded to 1,695 calls of which 45% were medical calls. This was done with a membership base of 41 active members. Of this, 7 are full time firefighters providing 24-hour coverage. At our Station 1, we have 2 firefighters staffed per day and Station 2 has 1 firefighter staffed per day utilizing full time and part time personnel. We are fortunate to still have volunteers to help our paid staff respond to calls, but like all other departments across the United States, we recognize that as our community grows and call volume increases, adding additional paid staff in the future will be a necessity.

Accomplishments in current year -

- Received 2024 F-350 brush truck that is now in service (This replaced a 1994 F-350 which we sold for \$20,000 which went towards the cost of the new truck)
- Received a 2009 Pierce Ladder Truck that is now in service (Acquired as a result of receiving a \$500,000 grant)
- Purchased a 2024 Can Am during Hurricane Helene to aid in response to areas heavily affected by storm damage (Sold 2010 Kubota for \$8000 which went towards the purchase of the Can Am)
- Ebenezer Baptist Church donated a 2024 Honda Pioneer during the aftermath of Hurricane Helene to aid in response to areas affected by Helene storm damage
- Purchased four thermal imaging cameras through donations from Jaymar Travel Park in the amount of \$4000

Budgetary Incidents –

- Still waiting on reimbursements from for the Poplar Fire in 2023 for \$64,000
- Still working on submitting claims to FEMA for Hurricane Helene. Payroll alone
 was over \$40,000 and other costs including but not limited to the Can-Am,
 Rehab, equipment repairs, apparatus servicing costs after the storm, and

- generator for Station 3 that was damaged for a total cost thus far of over \$87,000.
- Major Structure Fire response January 31 with out of pocket expenses that totaled \$7300.00 over and above what was reimbursed by insurance for damages.
- Due to flood damage at all three stations during Helene, we are still in the process of doing station repairs as a result of flood damages that amounted to \$97,000. We have received insurance money to cover these damages.

Budget High Lights -

Some minor changes in the budget over the previous year however we did figure in a 2% projected increase. The changes are in the following line items:

Accountant Fees - Decreased \$2,300 to cover increases in utilities

Communications - Decreased \$2,289.87

I.T. - Increased \$1,000.00

Firefighting Equipment – Decreased \$1,950.00

Insurance – Increased by \$4,500 which is an additional 8% as estimated by Morrow Insurance

Payroll – Largest increase of \$46,782.71 due to figuring a cost of living raise at 2.8% for full time employees and a \$.50 pay increase for part time employees

Station 2 Building Maintenance – Decreased \$12,700 due to finished improvements Station 2 Garbage Pickup– New Line Item of \$2400

Training decreased \$5000 to cover increases in other areas such as IT & Station 2 Garbage

Future Needs -

Apparatus - The only financed payment Edneyville has is for a 2015 Engine with a balance owed of \$162,769.84 that is due to be paid off in 2027. We currently have 4 trucks that are over 30 years old. One of these is a 1994 Tanker that needs replaced and with that comes a cost of approximately \$500,000. This year we will need to start the process of ordering a replacement tanker. In the next 5 years, we also know that we will need to purchase an engine to rotate out one of the other engines that is over 30 years old once the tanker debt is retired.

Staffing – In 2026/2027, we foresee needing to add one full time person per shift. As population growth continues in our area, this in turn means an increase in calls.

EDNEYVILLE FIRE & RESCUE						
ITEM DESCRIPTION	2024-2025 BUDGET	YEAR-TO-DATE	2025-2026 BUDGET	INCREASE/DECREASE		
		AS OF 3-17-25				
REVENUE						
PRESENT/REQUESTED TAX RATE						
ACTUAL HENDERSON COUNTY REVENUE RECEIVED						
Henderson County Ad Valorem Taxes	\$1,627,507.55	\$1,630,663.82	\$1,671,023.02	\$43,515.47		
Donations		\$17,670.10		\$0.00		
Fundraising				\$0.00		
Grants				\$0.00		
HazMat Charges				\$0.00		
Interest Income	\$76.83		\$0.00			
Miscellaneous				\$0.00		
NC County Sales Tax Refund		\$27,296.99		\$0.00		
NC Fuel Tax Refund		\$907.83		\$0.00		
Other Income (City, Other Counties, Town)	\$11,219.00	\$9,135.46	\$11,700.00	\$481.00		
Rental Income				\$0.00		
Sales of Assets		\$28,000.00		\$0.00		
Total Revenues	\$1,638,726.55	\$1,713,751.03	\$1,682,723.02	\$43,996.47		
FOOTNOTES						
Sale of Assets: \$ 8,000 Kubota						
\$20,000 Rush Truck						
Ψ20,000 Dia311 Huck						

EDNEYVILLE FIRE & RESCUE							
ITEM DESCRIPTION	2024-2025 BUDGET	YEAR-TO-DATE	2025-2026 BUDGET	INCREASE/DECREASE			
		AS OF					
EXPENDITURES		3/17/2025					
Administrative Cost							
Annual Payment - Apparatus	\$75,000.00	\$47,030.76	\$75,000.00	\$0.00			
Annual Payment - Building				\$0.00			
Annual Payment - Other Equipment				\$0.00			
Appreciation and Award Banquets	\$13,800.00	\$8,936.77	\$13,800.00	\$0.00			
Bank Charges	\$500.00	\$29.26	\$500.00	\$0.00			
Building Fund				\$0.00			
Chaplain				\$0.00			
Computers & Software	\$22,600.00	\$10,660.59	\$23,600.00	\$1,000.00			
Contingency Funds			\$10,565.32	\$10,565.32			
Contract Labor (Part-Time Clerk)				\$0.00			
County/State Tax				\$0.00			
Discretionary Fund	\$2,500.00	\$231.50	\$2,500.00	\$0.00			
Deposits/Down Payment				\$0.00			
Dues/Subscriptions	\$10,000.00	\$6,195.00	\$10,000.00	\$0.00			
Expendable Supplies				\$0.00			
Flowers/Gifts	\$1,500.00	\$285.00	\$1,500.00	\$0.00			
-ood	\$4,500.00	\$2,545.18	\$4,500.00	\$0.00			
nsurance - Building, Business Umbrella, Error	\$47,100.00	\$49,118.96	\$51,600.00	\$4,500.00			
∟egal and Professional Fees	\$18,500.00	\$2,250.00	\$16,200.00	(\$2,300.00)			
icenses and Permits				\$0.00			
Miscellaneous				\$0.00			
Office Supplies & Copier Lease	\$8,500.00	\$4,047.77	\$8,500.00	\$0.00			
Public Relations				\$0.00			
Rent				\$0.00			
Optional Line Item)				\$0.00			
Optional Line Item)				\$0.00			
Optional Line Item)				\$0.00			
Optional Line Item)				\$0.00			
otal Administrative Cost	\$204,500.00	\$131,330.79	\$218,265.32	\$13,765.32			

	2024-2025 BUDGET	YEAR-TO-DATE	2025-2026 BUDGET	INCREASE/DECREASE
Operational Cost				
Breathing Apparatus	\$4,290.00	\$565.65	\$4,290.00	\$0.00
Communications (radios, pagers, cell phone)	\$19,850.00	\$10,024.09	\$17,560.13	(\$2,289.87)
EMT Supplies & Equipment	\$9,250.00	\$565.76	\$8,925.00	(\$325.00)
Firefighting Supplies & Equipment	\$14,094.48	\$1,170.59	\$12,644.48	(\$1,450.00)
Firefighting Equipment Maintenance	\$3,150.00		\$4,300.00	\$1,150.00
Fuel	\$25,000.00	\$14,182.20	\$25,000.00	\$0.00
Hazardous Materials Supplies	\$2,110.00	\$260.82	\$460.00	(\$1,650.00)
Infection Control				\$0.00
Maintenance/Repair of Apparatus	\$47,500.00	\$23,029.26	\$47,500.00	\$0.00
DOI				\$0.00
Physical Fitness	\$20,350.00	\$39.06	\$20,350.00	\$0.00
Public Education and Fire Prevention	\$12,000.00	\$1,491.10	\$12,000.00	\$0.00
Rehabilitation	\$2,100.00	\$1,073.64	\$2,100.00	\$0.00
Rescue Equipment	\$2,000.00	\$306.73	\$2,000.00	\$0.00
Training	\$20,500.00	\$7,223.13	\$15,500.00	(\$5,000.00)
Turn Out Gear	\$27,264.63	\$365.27	\$27,265.94	\$1.31
Uniforms	\$13,300.00	\$2,843.60	\$13,300.00	\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
Total Operational Cost	\$222,759.11	\$63,140.90	\$213,195.55	(\$9,563.56)
PERSONNEL COST				
Payroll				
Gross Full-Time Pay	\$598,336.00	\$433,553.22	\$623,526.95	\$25,190.95
Gross Part-Time Pay	\$93,440.00	\$63,145.58	\$96,000.00	\$2,560.00
Gross Overtime Pay	\$57,200.00	\$27,139.62	\$57,200.00	\$0.00
Gross Holiday Pay				\$0.00
Employer's Payroll Taxes (6.2% Soc. Sec. 1.45		\$46,794.57	\$66,678.16	\$3,360.08
Bonus	28,000.00	20,901.56		\$0.00
Vol./FF Reimbursement/Stipend	41,800.00	21,488.00	41,800.00	
Hurricane Helene Overtime		36,564.71		\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
Total Payroll Cost	\$882,094.08	\$649,587.26	\$913,205.11	\$31,111.03
Benefits				
Employer's Retirement Contribution				\$0.00
Supplemental Retirement 401k/457	\$75,933.12	\$58,128.80		\$3,694.92
Health Insurance	\$113,040.24	\$78,104.01	\$126,329.00	\$13,288.76

Dental Insurance				\$0.00
Vision Insurance				\$0.00
Life Insurance				\$0.00
Supplemental Insurance Plan-Aflac	\$16,800.00	\$7,166.91	\$16,800.00	\$0.00
State Firemen's Pension Fund	\$10,000.00	ψ1,100.01	ψ10,000.00	\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
Total Benefits Cost	\$205,773.36	\$143,399.72	\$222,757.04	\$16,983.68
Total Beliefits 603t	Ψ200,110.00	Ψ140,000.72	ΨΖΖΖ,131.04	Ψ10,303.00
STATIONS:				
MAIN STATION				
Building Maint	\$35,000.00	\$14,692.46	\$35,000.00	\$0.00
Cable	, , , , , , , , , , , , , , , , , , ,	+ 11,00=110	7 - 3, 3 - 3 - 3	\$0.00
Internet	\$7,200.00	\$4,365.58	\$7,200.00	\$0.00
Electric	\$10,000.00	\$7,880.45	\$12,000.00	\$2,000.00
Garbage	\$3,000.00	\$1,540.00	\$3,000.00	\$0.00
Grounds Upkeep	\$4,500.00	\$1,846.94	\$4,500.00	\$0.00
Heating Fuel	\$4,000.00	\$3,463.20	\$4,000.00	\$0.00
Station Supplies	\$5,500.00	\$2,917.46	\$5,500.00	\$0.00
Telephone	\$2,700.00	\$1,382.39	\$2,700.00	\$0.00
Water	\$1,000.00	\$968.22	\$1,000.00	\$0.00
STATION #2	¥ 1,000.00	Ψ000:22	V 1,000.00	Ψ0.00
Building Maint	\$18,500.00	\$23,224.77	\$5,500.00	(\$13,000.00)
Cable	, , , , , , , , , , , , , , , , , , ,	+,	73,03333	\$0.00
Internet	\$1,500.00	\$1,216.55	\$1,800.00	\$300.00
Electric	\$5,000.00	\$2,550.03	\$5,000.00	\$0.00
Garbage	* - 7	\$1,180.00	\$2,400.00	\$2,400.00
Grounds Upkeep	\$2,500.00	\$18.00	\$2,500.00	\$0.00
Heating Fuel	\$2,500.00	\$646.10	\$2,500.00	\$0.00
Station Supplies	\$500.00	\$223.89	\$500.00	\$0.00
Telephone	,			\$0.00
Water				\$0.00
				·
STATION #3				
Building Maint	\$3,500.00	\$6,934.07	\$3,500.00	\$0.00
Cable		. ,		\$0.00
Internet	\$1,200.00	\$601.88	\$1,200.00	\$0.00
Electric	\$4,500.00	\$1,520.02	\$4,500.00	\$0.00

Garbage				\$0.00
Grounds Upkeep	\$2,000.00		\$2,000.00	\$0.00
Heating Fuel	\$2,500.00	\$872.80	\$2,500.00	\$0.00
Station Supplies	\$1,000.00		\$1,000.00	\$0.00
Telephone				\$0.00
Water				\$0.00
STATION #4				
Building Maint	\$500.00		\$500.00	\$0.00
Cable				\$0.00
Internet				\$0.00
Electric	\$2,500.00	\$961.07	\$2,500.00	\$0.00
Garbage				\$0.00
Grounds Upkeep				\$0.00
Heating Fuel	\$2,500.00	\$1,708.91	\$2,500.00	\$0.00
Station Supplies				\$0.00
Telephone				\$0.00
Water				\$0.00
Total Station Cost	\$123,600.00	\$80,714.79	\$115,300.00	(\$8,300.00)
TOTAL EXPENDITURES	\$1,638,726.55	\$1,068,173.46	\$1,682,723.02	\$43,996.47
Footnotes:				

YVILLE	FIRE & RESCUE	Capital Pr	ojects R	loster			
ject Year	Project Name	Category	Quantity	Per Unit	Project Cost	Purchase or Finance	Budget Line Item # (if applicable)
2026 2027	Replacement Tanker Additional Personnel	Truck	1 3	\$500,000.00 \$120,000.00	\$ 500,000.00 \$ 360,000.00 \$ -	Finance Purchase	Apparatus Payment Payroll - Full Time
					\$ \$		
					\$ - \$ -		
					\$ -		
					\$ -		
					\$ - \$ -		
					\$ \$		
					\$ \$		
					\$ -		
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					\$ - \$ -		
					\$ - \$ -		
					\$ - \$ -		

EDNEYVILLE FIRE & RESCUE

CURRENT ASSETS

AS OF 3-17-25

Item Description	Current Balance
Bonds, Certificates of Deposit, Stock	
General Checking	\$247,510.11
Savings	\$1,277,430.03
Truck Fund	\$98,523.22
Building Fund	
Future Needs	
Contingency Fund	\$32,536.87

Total assets \$1,656,000.23

Notes:

EDNEYVILLE FIRE & RESCUE	
DESCRIPTION	AMOUNT
TOTAL DISTRICT TAX ASSESSMENT 2025-2026	\$1,498,003,604.00
D: :1 11 100	
Divided by 100	
TOTAL	\$14,980,036.04
Multiplied by requested tax rate	0.115
TOTAL	\$1,722,704.14
	7).)
*Multiplied by tax collection percentage (97%)	
TOTAL	\$1,671,023.02
Subtract Training Center Assessment	
Add Projected Payments in Lieu of Taxes	
**TOTAL PROJECTED REVENUE	\$1,671,023.02
** Revenue is projected because it does not reflect tax discoveri	ies, releases or refunds.
* Collection percentage based on last complete year of collection	ons.



EDNEYVILLE FIRE AND RESCUE

We certify that the attached Financial Statement for Edneyville Volunteer Fire & Rescue Dept. Inc. is accurate to the best of our knowledge.

Bryan Melton, Board President

Sharon Waldrup, Board Treasurer

EDNEYVILLE VOLUNTEER FIRE AND RESCUE DEPARTMENT, INC.

Financial Statements

Years Ended June 30, 2024 and 2023

Edneyville Volunteer Fire and Rescue Department, Inc.

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To the Board of Directors

Edneyville Volunteer Fire and Rescue Department, Inc.

Opinion

We have audited the accompanying financial statements of Edneyville Volunteer Fire and Rescue Department, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Edneyville Volunteer Fire and Rescue Department, Inc. as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Edneyville Volunteer Fire and Rescue Department, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Edneyville

Volunteer Fire and Rescue Department, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore it is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether
 due to fraud or error, and design and perform audit procedures responsive to those risks.
 Such procedures include examining, on a test basis, evidence regarding the amounts and
 disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
 procedures that are appropriate in the circumstances, but not for the purpose of
 expressing an opinion on the effectiveness of Edneyville Volunteer Fire and Rescue
 Department, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the
 aggregate, that raise substantial doubt about Edneyville Volunteer Fire and Rescue
 Department, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Bradley Accounting and Tax, LLC

Julie B. Bradley, MBA, CPA, EA
Hendersonville, NC

Edneyville Volunteer Fire and Rescue Department, Inc. Statements of Financial Position June 30

Assets

	2024	2023
Current Assets		
Cash and Cash Equivalents	\$ 1,043,484	\$ 1,013,380
Taxes Receivable	4,945	3,998
Prepaid Lease		
Restricted Cash - State Grant Funds	413,418	428,553
Total Current Assets	1,461,847	1,445,931
Noncurrent Assets		
Property, Plant, and Equipment		
Vehicles	3,095,082	3,055,582
Buildings	1,475,745	1,475,745
Equipment and Furnishings	1,479,306	1,444,487
Land	94,500	<u>94,500</u>
	6,144,633	6,070,314
Less: Accumulated Depreciation	4,421,731	4,372,303
Total Property, Plant and Equipment, Net	1,722,902	1,698.011
Total Assets	<u>\$ 3,184,749</u>	\$ 3,143,942

Liabilities and Net Assets

	2024	2023
Current Liabilities Accrued Expenses Notes Payable, Current Portion	\$ 23,019 121,831	\$ 23,341 121,831
Total Current Liabilities	144,850	145,172
Long-term Debt Notes Payable, Exclusive of Current Portion Total Liabilities	<u>426.627</u> <u>571,477</u>	548,136 693,308
Net Assets With Donor Restriction Without Donor Restriction Total Net Assets	413,418 2,199,854 2,613,272	428,553 2,022,081 2,450,634
Total Liabilities and Net Assets	\$ 3,184,749	\$ 3,143,942

Edneyville Volunteer Fire and Rescue Department, Inc. Statement of Activities Year Ended June 30, 2024

	Without Donor Restrictions With Donor Restrictions		Compiled Total		
Revenues and Grants					
Henderson County	\$ 1,539,792	\$	-	\$	1,539,792
State Grants	5,439		500,000		505,439
Polk County	6,156		-		6,156
Rutherford County	3,610		-		3,610
Other Income	5,498		-		5,498
Satisfaction of Usage/Time Restrictions	 86,582		(86,582)	_	
Total Revenues and Grants	 1,647,077_	_	413,418		2,060 <u>,495</u>
Expenses					
Program Services	1,394,878		-		1,394,878
Administrative	 104,754		-		104,754
Total Expenses	 1,499,632		- -		1,499,632
Nonoperating Activities					
Gain/Loss on Sale of Assets	-		-		-
Interest Income	24,982				24,982
Total Nonoperating Activities	 24,982				24,982
Change in Net Assets	172,427		413,418		585,845
Net Assets					
Beginning of Year	 1,901,343				1,901,343
End of Year	\$ 2,073,770	\$	413,418	\$	2,487,188

Edneyville Volunteer Fire and Rescue Department, Inc. Statement of Activities Year Ended June 30, 2024

Revenues and Grants	
Henderson County	\$ 1,539,792
State Grants	5,439
Polk County	6,156
Rutherford County	3,610
Other Income	5,498
Total Revenues and Grants	<u>1,560,495</u>
Expenses	
Program Services	1,394,878
Administrative	<u> </u>
Total Expenses	1,499,632
Nonoperating Activities	
Gain/Loss on Sale of Assets	-
Interest Income	<u>24,982</u>
Total Nonoperating Activities	<u>24,982</u>
Change in Net Assets	85,845
Net Assets	
Beginning of Year	1,901,343
End of Year	<u>\$ 1,987,188</u>

Edneyville Volunteer Fire and Rescue Department, Inc. Statement of Functional Expenses Year Ended June 30, 2024

		rogram ervices	Admi	nistrative		Total
Compensation and Related Expenses:						
Salaries and wages	\$	652,437	\$	58,291	\$	710,728
Health and dental insurance		104,623		1,200		105.823
Payroll taxes		53,556		4,459		58,015
Retirement contributions		65,577		7,713		73,290
Volunteer compensation		22,875				22,875
Subtotal		899,068		71,663		970,731
Depreciation		136,107		1,376		137,483
Lease Expense		8,000		-		8,000
Small equipment and maintenance		46,063		-		46,063
Insurance		44,859		-		44,859
Firefighting equipment and supplies		45,186		-		45,186
Vehicle maintenance		38,087		-		38,087
Utilities		30,787		2,158		32,945
Vehicle fuel		18,965		2,107		21,072
Interest		24,982		-		24,982
Training and education		25,771		-		25,771
Information Technology		20,537				20,537
Professional fees		-		10,700		10,700
Public relations		10,966		-		10,966
Rescue equipment and supplies		7,309		-		7,309
Office Supplies		-		6,504		6,504
Dues and subscriptions		7,939		-		7,939
Physicals		13,977		-		13,977
Copier maintenance		-		2,881		2,881
Uniforms		16,016		-		16,016
Communications		-		7,151		7,151
Expendable supplies		259		-		259
Bank Charges				214_		214
Total expenses	_\$	1,394,878	\$	104,754	\$_	1,499,632

Edneyville Volunteer Fire and Rescue Department, Inc. Statement of Functional Expenses Year Ended June 30, 2023

	P	rogram					
	Services			nistrative	Total		
Compensation and Related Expenses:							
Salaries and wages	\$	510,057	\$	49,259	\$	509,693	
Health and dental insurance		34,630		25,848		60,478	
Payroll taxes		37,027		3,768		40,795	
Retirement contributions		18,194		4,691		22,885	
Volunteer compensation		7,951				7,951	
Subtotal		558,236		83,566		641,802	
Depreciation		121,407		1,209		122,616	
Lease Expense		38,335		-		38,335	
Firefighting equipment and supplies		36,456		-		36,456	
Insurance		25,334		-		25,334	
Utilities		22,155		-		22,155	
Vehicle maintenance		19,366		1,719		21,085	
Small equipment and maintenance		15,790		1,732		17,522	
Interest		16,356		-	16,356		
Training and education		16,212		-		16,212	
Information Technology		15,305		-		15,305	
Professional fees	13,924		-			13,924	
Public relations		-	12,400			12,400	
Rescue equipment and supplies		11,489		-		11,489	
Vehicle fuel		6,529		3,354		9,883	
Dues and subscriptions		-		7,443		7,443	
Office Supplies		5,184		-		5,184	
Uniforms		4,681		-		4,681	
Physicals		3,831		-		3,831	
Communications		3,579		-		3,579	
Copier maintenance		-		2,781		2,781	
Contract labor		-		1,474		1,474	
Chief's Discretionary Fund		700		-		700	
Expendable Supplies		524		-		524	
Bank Charges				206_		206	
Total expenses	_\$	935,393_		115,884	\$	1,051,277	

Edneyville Volunteer Fire and Rescue Department, Inc. Statements of Cash Flows Years Ended June 30

		2024	2023
Cash Flows from Operating Activities			
Change in Net Assets	\$	585,845	\$ 549,291
Adjustments to Reconcile Change in Net Assets to			
Net Assets Provided by Operating Activities			
Depreciation and Amortization		137,483	122,616
Gain on Sale of Assets		-	(85,774)
Less: State Grant for Purchase of Apparatus		(500,000)	(500,000)
Changes in Assets and Liabilities:			
Taxes Receivable		22,455	6,506
Prepaid Lease		-	3,982
Accrued Expenses		1,203	 532
Net Cash Provided by Operating Activities	_	199,670	 97,153
Cash Flows from Investing Activities			
State Grant for Purchase of Apparatus		-	-
Proceeds from Sale of Equipment		500	89,274
Purchase of Property, Plant and Equipment		40,500	 (38,848)
Net Cash Flows Used by Investing Activities	_	40,500	50,426
Cash Flows from Financing Activities			
Proceeds from Long-term Financing		-	290,000
Payments on Notes Payable		(102,442)	 (155,194)
Net Cash Flows Provided (Used) by Financing Activities		(102,442)	134,806
Change in Cash and Cash Equivalents		15,916	517,720
Cash and Cash Equivalents - Beginning of Year		1,445,931	928,211
Cash and Cash Equivalents - End of Year	\$	1,461,847	\$ 1,445,931

Edneyville Volunteer Fire and Rescue Department, Inc. Notes to the Financial Statements June 30, 2024 and 2023

Note 1 – Organization and Summary of Significant Accounting Policies:

The purpose of the Edneyville Volunteer Fire and Rescue Department, Inc. (the Department) is the preservation of life and property from loss, injury, or damage from fire, accident, or other perils of danger in the community of Edneyville and surrounding areas of Henderson County, North Carolina.

This summary of significant accounting policies is presented to assist in understanding the Department's financial statements. The financial statements and notes are representations of the Department's management, who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

The Department considers all unrestricted liquid investments with an initial maturity of three months or less to be cash equivalents.

Taxes receivable is stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and credit to accounts receivable.

Property, plant and equipment are carried at cost. Major renewals and improvements are charged to the property accounts while replacements, maintenance and repairs, which do not improve or extend the life of the assets, are expensed currently. Depreciation is provided by charges to operations using methods designed to amortize the cost of the assets over their estimated useful lives.

The Department is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. As of June 30, 2024, the Department has net assets with and without donor restrictions.

Amounts received that are designated for future periods or restricted by the donor for specific purposes (e.g., grant revenues) are reported as donor restricted support that increases that net asset class. However, if a restriction is fulfilled in the same time period in which the contribution or grant is received, the Department reports the support as without restrictions.

In its statement of activities, the Department includes in its definition of operations all revenues and expenses that are an integral part of its program and supporting activities. Investment income and gains (losses) on sale of assets are shown as nonoperating activities.

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Noncash donations are recorded on date of gift at estimated fair value.

During the years ended June 30, 2024 and 2023, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Department, but these services do not meet the criteria for recognition as contributed services.

The Department is a publicly supported organization exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and applicable state statutes. It is classified as an organization that is not a private foundation under Section 509(a)(2) of the Internal Revenue Code, and contributions to the Department are tax deductible by donors.

While the Department is exempt from income tax under IRC section 501(c)(3), it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The Department has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it has nexus; and to identify and evaluate other matters that may be considered tax positions. The Department has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.

Additionally, the Department had no interest and penalties related to income taxes. Tax years ended June 30, 2022 through June 30, 2024 are open for examination by taxing authorities.

Certain accounts in the 2023 financial statements have been reclassified for comparative purposes to conform to the presentation in the June 30, 2024 financial statements.

Management has evaluated subsequent events through the report date, which represents the date on which the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

Note 2 – Availability and Liquidity:

The Department's financial assets available within one year of the date of the statement of financial position for general expenditures are as follows as of June 30:

	2024		2023
Cash	\$ 1,043,484	\$	1,013,380
Taxes Receivable	3,998		26,453
Prepaid Lease	-		3,982
Restricted Cash	 413,418		428,553
Total Financial Assets	1,460,900		1,472,368
Less: Amounts not available to be used within one year:			
Net Assets with Donor Restrictions	413,418		428,553
Less: Net Assets with Purpose Restrictions to be met in less than a year	(413,418)		(428,553)
Restrictions Established by the Board: Future Retirement of Eligible Employees	73,778		73,778
Future Purchase of Apparatus	 96,724	_	67,009
Amounts not available to meet general expenditures over the next twelve months	170,502		140,787
Financial assets available to meet general expenditures over the next twelve months	\$ 1,290,398	\$	1,331,581

Note 3 – Supplemental Cash Flow Disclosures:

Interest expense paid in cash totaled \$22,196 and \$20,137 for the years ended June 30, 2024 and 2023, respectively.

Note 4 – Taxes Receivable:

Taxes Receivable consists of the following as of June 30:

	<u> 2024</u>			
Henderson County	\$	-	\$	22,455
NC Sales and Use Taxes		3,998		3,998
	\$	3,998	\$	26,453

Note 5 – Pension Plan and Postemployment Obligations:

a. Firefighters' and Rescue Squad Workers' Pension Fund

Plan Description. The State of North Carolina contributes, on behalf of the Department, to the Firefighters' and Rescue Squad Workers' Pension Fund (FRSWPF), a cost-sharing multiple-employer defined benefit plan with a special funding situation administered by the State of North Carolina. The Fund provides pension benefits for eligible fire and rescue squad workers who have elected to become members of the fund. Article 86 of G.S. Chapter 58 assigns the authority to establish and amend benefit provisions to the North Carolina General Assembly. The Firefighters' and Rescue Squad Workers' Pension Fund is included in the Comprehensive Annual Financial Report (CAFR) for the State of North Carolina. The State's CAFR includes financial statements and required supplementary information for the Firefighters' and Rescue Squad Workers' Pension Fund. That report may be obtained by writing to the Office of the State Controller, 1410 Mail Service Center, Raleigh, North Carolina, 27699-1410, or by calling (919)981-5454.

Benefits Provided. FRSWPF provides retirement and survivor benefits. The present retirement benefit is \$170 per month. Plan members are eligible to receive the monthly benefit at age 55 with 20 years of creditable service as a firefighter or rescue squad worker and have terminated duties as a firefighter or rescue squad worker. Eligible beneficiaries of members who die before beginning to receive the benefit will receive the amount paid by the member and contributions paid on the member's behalf into the plan. Eligible beneficiaries of members who die after beginning to receive benefits will be paid the amount the member contributed minus the benefits collected.

Contributions. The Department pays the Fund \$10 per month for each member with five or more years of service. If a member joins the Department and wishes to pay \$10 per month during his/her first year of membership, the Department will begin paying the \$10 per month after the first year of membership is complete. Should the member leave the Department prior to achieving five years of service, the amounts paid by the Department are to be refunded to the member. The State, a non-employer contributor, funds the plan through appropriations. Contribution requirements of plan members and the State of North Carolina are established and may be amended by the North Carolina General Assembly.

Refunds of Contributions. Plan members who are no longer eligible or choose not to participate in the plan may file an application for a refund of their contributions. Refunds include the member's contributions and contributions paid by others on the member's behalf. No interest will be paid on the amount of the refund. The acceptance of a refund payment cancels the individual's right to employer contributions, or any other benefit provided by FRSWPF.

Funding. The Department used unrestricted funds to pay a total of \$980 and \$1,050 for eligible department members in the North Carolina Firefighters' and Rescue Squad Workers' Pension Fund for the years ended June 30, 2024 and 2023, respectively.

b. North Carolina State Firemen's Association Defined Contribution Retirement Plan

Plan Description. The North Carolina State Firemen's Association maintains the North Carolina State Firemen's Association Defined Contribution Retirement plan for the benefit of the Department.

Funding Policy. The Department contributes eight percent of all eligible employees' salaries if the employee contributes at least six percent to the Plan.

Funding. The Department used unrestricted funds to pay a total of \$22,806 and \$22,806 for eligible department members into the Plan for the years ended June 30, 2024 and 2023, respectively.

Note 6 - Concentration of Credit Risk:

The amount of cash held in demand accounts at local banks sometimes exceeds the amount insured by the FDIC.

Note 7 – Notes Payable:

Building Loan

In September 2020, the Department borrowed \$630,541 from a local bank to liquidate the previous mortgage on the building. The loan bears interest at an annual rate of 2.89%. Monthly principal and interest payments of \$6,492 are required. This loan is scheduled to mature in 2029.

Pumper Loan

In November 2022, the Department borrowed \$290,000 from a local bank to purchase a used pumper truck. The loan bears interest at an annual rate of 3.1%. Monthly principal and interest payments of \$5,226 are required. This loan is scheduled to mature in 2027.

The long-term debt balance owed as of June 30 is as follows:

Interest Rate	Terms	Collateral		2024		2023
2.89%	\$6,492/mo	Building	\$	351,468	\$	411,468
3.10%	\$5,226/mo	Pumper		197,499		258,499
				548,136		669,967
Less: Current M	laturities			121,831		121,831
Total Exclusive of Current Maturities				426,627	_\$_	548,136

Future principal payments that are required are summarized below:

Years Ending June 30	P	Estimated Principal Payments			
2024	\$	121,831			
2025		125,519			
2026		129,319			
2027		133,233			
2028		105,803			
Thereafter		54,263			
Total	_\$	669,967			

Note 8 - State Grant Revenues:

During the fiscal year ended June 30, 2023, the Department received a \$500,000 grant from the North Carolina Office of State Budget and Management. This grant is to be used to purchase apparatus for the Department.

This apparatus had not been purchased as of June 30, 2024. The unspent portion of the grant proceeds is reflected as restricted cash on the Statement of Financial Position. As the donor has prescribed the grant's purpose, a portion of the net assets is also reflected as restricted.

Note 9 – Operating Leases:

For the years presented, the Department entered into twelve-month operating lease agreements with Enterprise FM Trust to lease three new trucks each year.

Lease expense for the fiscal year ended June 30, 2024 and 2023 equaled \$8,000 and \$44,418, respectively.

Note 10 – Risk Management:

The Department is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees and volunteers; and natural disasters.

The Department carries commercial coverage for all risks of loss, including property and general liability insurance, and workers' compensation coverage up to statutory limits. There have been no significant reductions in insurance coverage in the prior year and settled claims have not exceeded coverage in any of the past three years.

Note 11 – Economic Dependence:

Approximately 74% and 69% of total revenues for the years ended June 30, 2024 and 2023, respectively were derived from fire district property taxes levied by Henderson County. The contract with Henderson County continues to be in effect from year to year until either the Department or the County gives to the other written notice of intention to terminate the contract. The County provides workers' compensation insurance for the active members of the Department from funds other than fire district levies.

Note 12 – Net Assets:

Net asset with donor restrictions as of June 30, 2024 and 2023 are as follows:

	 2024	2023		
Purpose Restrictions	\$ 413,418	\$	428,553	

Net assets without donor restrictions as of June 30, 2023 and 2022 are as follows:

	2024	2023		
Investment in Property & Equipment,				
Net of Related Debt	\$ 1,028,044	\$ 968,833		
Designated:	<u> </u>			
Future Retirement for Eligible Employees	73,778	73,778		
Future Purchase of Apparatus	96,724	67,009		
Total Designated	170,502	140,787		
Undesignated	823,535	791,723		
Total	\$ 2,022,081	\$ 1,901,343		

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning	Internal I	never	06.25	etvice		vear healani		07-	-01 , 2023,	and endi	ng	06-	-30 ,2024	
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Henderson Country, NC. Check this box. ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of independent voting members of the governing body (Part VI, line 1b) Total unrelated business taxable income from Part VIII, column (I), line 12 To Total unrelated business taxable income from Form 990 T, Part I, line 11 Prior Year Contributions and grants (Part VIII, column (A), line 12) Total unrelated business taxable income from Form 990 T, Part I, line 11 Prior Year Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) Total unrelated business taxable income from Form 990 T, Part I, line 11 Prior Year Contributions and grants (Part VIII, column (A), lines 3, 4, and 7d) Total unrelated business taxable income (Part VIII, column (A), lines 3, 4, and 7d) Total revenue (Part VIII, column (A), lines 3, 4, and 7d) Total revenue (Part VIII, column (A), lines 5, 48, 68, 95 (I)G, and 119 Total revenue (Part VIII, column (A), lines 5, 48, 68, 95 (I)G, and 119 Total revenue (Part VIII, column (A), lines 5, 48, 68, 95 (I)G, and 119 Total revenue (Part VIII, column (A), lines 5, 48, 95 (I)G, and 119 Total revenue (Part VIII, column (A), lines 13) Total revenue (Part VIII, column (A), lines 13) Total revenue (Part VIII, column (A), lines 5, 48, 95 (I)G, and 119 Total revenue (Part VIII, column (A), lines 13) Total revenue (Part VIII, line 1b) Tota	වු		i	njury,	or other	damage II	il of dange	er to the con	munity	Edney	ville a	nd su	rrounding	areas of
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8 Contributions and grants (Part VIII, line 10) 9 Program service revenue (Part VIII, line 10) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 119) 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 119) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee bage(fits (Part IX, column (A), lines 1-3) 16 Professional fundraising less (Part IX, column (A), lines 1-16) 17 Other expenses (Part IX, column (A), lines 1-16) 18 Total expenses. Add lines 13 17 (must equal Part IX) 19 Revenue less expenses. Subtract line 18 from line 12 20 Other expenses (Part IX, column (A), lines 1-11, 111-24e) 21 Total assets (Part IX, line 16) 21 Total assets (Part IX, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets (Part X, line 16) 23 Total assets (Part X, line 16) 24 Total liabilities (Part X, line 26) 25 Net assets of fund balances. Subtract line 21 from line 20 26 Signature Block 26 Under ponalize of penjor, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and balef, it is fund, correct, and complete. Declaration of preparer (when then ethicar) is based on all information of which preparer has any knowledge. 27 Fart II Signature Block 28 Sharon Waldrup, Secretary/Treasurer 29 Type or print name and tile 29 Preparer 29 Firm's name 20 Preparer's signature 20 Date 20 Preparer share 24 Sharon Saldes 20 Preparer Firms name 20 Preparer's signature 20 Preparer Firms name 20 Preparer's signature 20 Preparer Sharon Waldrup, Secretary/Treasurer 20 Preparer Firms name 20 Preparer's signature 20 Preparer's sig		+-	או ם	et unrelate	en Dusilless ter	Cable Incomo inc	<u></u>		Ŋ		Prior Year		Current	Year
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Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge. Sign Signature of officer Sharon Waldrup Date Sharon Waldrup Date Frint/Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Luke Bradley Luke Bradley Date Check March Proparer's self-employed P02157664 Preparer Firm's name Bradley Accounting and Tax Firm's EIN Phone no. Hendersonville NC 28792 Self-employed Post No Yes No No Preparer Yes No Proparer Sharon Waldrup Date Check March Print/Type preparer's signature Print/Type preparer's name Preparer's signature Date Check March Print/Type preparer's self-employed P02157664 Preparer Firm's name Bradley Accounting and Tax Firm's EIN Phone no. Yes No Yes No	100			C	iura Diaak	1 2-2					no pulodao and	halief it is		
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For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Page 2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
'	complete Schedule A	_ 1	x	
12	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		х
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ļ		i
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	_5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		i	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_ X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ĺ		
	complete Schedule D, Part VI	11a	X	. .
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D; Part VII/	11b	-	Х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44.		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		X
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		Х
f	Did the organization's separate or consolidated tinancial statements for the tax year include a footnote that addresses	11f		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
12a		12a	x	
	Schedule D, Parts XI and XII		^-	
b	Was the organization included in consolidated, independent additional characteristics for the tax year. " "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
	"Yes," and if the organization answered "No to line 12a, then completing Schedule B, Farts XI and XI is optional." Is the organization a school described in Section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_^_	х
13	Is the Organization a sorbio destributed and the United States?	14a		x
14a	and the state of t		ļ	
b	fundraising, business investment, and program service activities outside the United States, or aggregate			
	fundraising, business investment, and program service activities obtaine the child distance, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ļ	+ · · · · ·	!
15	for any foreign organization?, If "Yes," complete Schedule F, Parts II and IV	15		x
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	[
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
15	If "Yes " complete Schedule G. Part III	19		_ x
20a	and the second second and the second	20a	<u> </u>	X
20a	and the state of t	20b	L	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c 24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	234		X
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	ff "Yes," complete Schedule L, Part I	25b		x
06	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		-^-
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26	į	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If yes, "complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of artihistorical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30 31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	30		,
	complete Schedule N, Part II	32		Х
33	sections 301.7701-2 and 301.7701-33-If. "Yes," complete Schedule R, Part I	33		x
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	00		^
34	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
ээа b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
••	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_ x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	! 		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		_x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х_	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · ·		<u> </u>
	;		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1_		}
	reportable gaming (gambling) winnings to prize winners?	1c Forn	X n 990 ((5053)
CEA		1 0111		

	990 (2023) Edneyville Volunteer Fire and Rescue Department			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		i	١.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	5		
, b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	<u> </u>	
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<u> </u>
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5	_^_	
·	required to file Form 8282?	7c		U
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	-	X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	- 7e	1	
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	·		X
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7g 7h	Х	
h	Sponsoring organizations maintaining donor advised funds. Did a donor-advised fund maintained by the			Х
8	sponsoring organization have excess business holdings at any time during the year?	8		
0	Sponsoring organizations maintaining donor advised funds.			
9	Did the sponsoring organization make any taxable distributions under section 4966?	00		
a	Did the sponsoring organization make a distribution to a donor, donor-advisor, or related person?	9a 9b		
- b	Section 501(c)(7) organizations. Enter:	20		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a				
ь			4	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
þ	Gross income from other sources. (Do not net amounts due or paid to other sources		i	ı
	against amounts due or received from them.)	40-	. 1	ı
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		ı
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		: 1	
	the organization is licensed to issue qualified health plans		,	
С	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		.	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>x</u> _
	If "Yes," complete Form 4720, Schedule O.		.	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

	n 990 (2023) Edneyville Volunteer Fire and Rescue Department	and f	~~ ~ "	No"
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	ana 10)га I	VO 41
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12	-		
	If there are material differences in voting rights among members of the governing body, or		İ	ľ
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10		- '	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	х	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	_	x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
1 a	one or more members of the governing body?	7a		x
L	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				
	the year by the following: The governing body?	8a	х	
a	The governing body?	8b	X	
b				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		v
`	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			_ X
bec	TION B. Policies (This Section B requests information about policies not required by the internal revenue codes)	·	Yes	No
	Di III a a residente la collectora branches er affiliates?	10a	,00	х
0a	Did the organization have local chapters, branches, or affiliates?	- 704		
b		10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	×	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	114	<u> </u>	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	v	
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	<u>x</u> _	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	100		
	describe on schedule O how this was dones.	12c	_X_	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14_		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4=-		
а	The organization's CEO, Executive Director, or top management official	15a	_ X	
b	Other officers or key employees of the organization	15b	<u>X</u>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
i6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	ĺ	Ì
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		ļ	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	L
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed North Carolina			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	The second control of Table 1 Fincheure Bond Hondongonville MC 29792-9373			

Form	990	(2023)

Edneyville Volunteer Fire and Rescue Department

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

<u> </u>					(C)					
					(U) sition					
(A)	(B)	(do i	not ch			han one		(D)	(E)	(F)
Name and title	Average	box	unles	ss pe	rson i	s both ar	n	Reportable	Reportable compensation	Estimated amount of other
	hours per week	offic	er and	of a di	recto	r/trustee)		compensation from the	from related	compensation
	(list any			_	-		_	organization (W-2/	organizations (W-2/	from the
	hours for	or div	nstiti	Officer	éy (mg di	Forme	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related	ecto	tion	e e	gme	oyee	œ.	,	, , , , , , , , , , , , , , , , , , , ,	
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	dotted line)	ee	stee			ensa				
			"	Ì		fe d				
	İ									
(1)Robert Griffin	40.00				-					
Director/Chief		Х		X					0	0
(2)Sharon Waldrup	34.00									
Secretary/Treasurer		Х		Х					0	0
(3) James Miller	1.00									
Director		Х						0	0	00_
_(4)Bob_Hicks	1.00									
Director		х						0	0	<u> </u>
(5)Trevor Lance	1.00									
Director		х						0	0	0
(6) Johnny Ward	1.00				Ì					
Director		х						0	0	0
(7)Fred Klumpp	1.00	İ								
Director		Х						0	0	0
(8)Danny Sherrill	1.00		· i	-			Ì		ì	
Director		Х						0	0	0
(9) Kevin Waldrup	1.00									
Director		X						0	0_	0
(10)Mark_Hendricks	1.00		.							
Director		х						0	0	0
(11)Bryan Melton	1.00					ı				
President		х	. [Х					0	0
(12)Bobby Garrett	1.00		-							
Vice President		х		Х				0	0	0
<u>(13)</u>	L									
<u>(14)</u>	L									

Companies of related or organic plants of related or organic plants of related or organic plants of related or organic plants of related or organic plants of related or organic plants of plants	F) d amount other ensation
(16) (17) (18) (20) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization isla any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual sited on line 1 a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization of the organization from any unrelated organization or Individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or Individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization.	ation and ganizations
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1	
(18) (29) (21) (22) (23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual for sendes in individual is to such or reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for sendes rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for sendes rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. (A) (8) (C)	
(29) (21) (22) (23) (24) (25) 1b Subtotal C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization from the organization. Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization.	
[20] [21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [21] [22] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [20] [20] [20] [20] [21] [22] [22] [23] [24] [25] [25] [26] [27] [28] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	
[21] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [21] [22] [22] [23] [24] [25] [25] [26] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	
(23) (24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization. (A) (B) (C)	
(24) (25) 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization. (A) (B) (C)	
[25] 1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A) (B) (C)	-
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization: (A) (B) (C)	
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization: (A) (B) (C)	
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization. (A) (B) (C)	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization: (A) (B) (C)	0
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	es No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	x
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	1
for services rendered to the organization? If "Yes," complete Schedule J for such person	X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization: (A) (B) (C)	х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's (A) (B) (C)	
	tax year
Name and business address Description of Contess	on
	75 8 5
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	

Part VIII

Page 9 Edneyville Volunteer Fire and Rescue Department Check if Schedule O contains a response or note to any line in this Part VIII Form 990 (2023) Revenue excluded (B) Unrelated from tax under sections 512-514 Related or exempt business revenue function revenue 1a Federated campaigns 1b 1a Membership dues • · 10 Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1d Related organizations 5,439 Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in 5,439 lines 1a-1f h Total. Add lines 1a-1f **Business Code** 1,539,792 1,539,792 6,156 00099 6,156 2a Henderson County 3,610 00099 Program Service Revenue 3,610 b Polk County 900099 c Rutherford County f All other program service revenue 1,549,558 g Total. Add lines 2a-2f 24,982 3 Investment income (including dividends, interest, and 24,982 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties · · · 6a Gross rents b Less: rental expenses . c Rental income or (loss) d Net rental income or (loss) (i) Securities 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) d Net gain or (loss) · · · 8a Gross income from fundraising events (not including \$ of contributions reported on line 8a 1c). See Part IV, line 18 8b **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming 9a activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances 10b b Less: cost of goods sold . . . c Net income or (loss) from sales of inventory **Business** Code 5,498 900099 11a Miscellaneaus Income iscellanous Revenue 5, 498 d All other revenue · · · 1,580,038 Form 990 (2023) 1,585,477 e Total. Add lines 11a-11d

Total revenue. See instructions

	2023) Edneyville Volunteer F.	ire and Rescue	Department		Page 10
orm 990 (2	Statement of Functional Expenses	وم طف بالله	ergonizations mus	st complete column	(A).
Section 50	O1(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response or no	ote to any line in this	Part IX	, , , , , , , , , ,	
	Chack if Schedule O contains a large and a	(A)	(B) Program service	Management and	Fundraising
o not inc	lude amounts reported on lines 65, 75,	Total expenses	expenses	general expenses	expenses
	a sob of Part VIII				
4 0	to and other assistance to domestic organizations				11 De la 12 (12 13 14 14 14 14 14 14 14 14 14 14 14 14 14
and i	domestic governments. See Part IV, line 21				
	-t- and other assistance to domestic			7 (1995) (1997) (1997) - 1997) (1997) (1997) (1997)	
indiv	iduals, See Part IV, line 22				
a Grai	nts and other assistance to foreign			arberak bereke	
	-pizations, foreign governments, and				
	- Individuale See Part IV. lines 15 and 10	118,443	118,443		3 7 (27) (10 (10 (10 (10 (10 (10 (10 (10 (10 (10
4 Ren	refits paid to or for members				
5 Cor	mpensation of current officers, directors,	135,000	135,000		
	was and key employees	133/000	<u> </u>		
- ^-					
ner	reons (as defined under section 4936(1)(1)) and				<u> </u>
ner	rooms described in section 4958(C)(3)(D)	561,115	561,115		
	lear addring and wages	501,115			
	and contributions (include	67,290	67,290		
	And (k) and 403(h) employer contributions)	54,524	54,524		
2 0	ther employee benefits		129,080	1	
9 Ot	ayroll taxes	129,080			
10 Pa	ees for services (nonemployees):	1			
11 F6	anagement				
a M	anagement		10,700)	
	ccounting	10,700			
			at saf victoria e Williams		
_	services, See Part IV, little 17				
			25,77	1	
g C	Other. (If line 11g amount oxocors) A), amount, list line 11g expenses on Schedule O.)	25,771			
(,	A), amount, list line trig objects Advertising and promotion	10,966			
12 /	Advertising and promotes. Office expenses	9,599			
13 (Office expenses Information technology	27,688	21,00	<u> </u>	
14 1	Royalties				
15	Royalties		<u> </u>		
	Occupancy				
17	Travel Payments of travel or entertainment expenses		ľ		
18	for any federal, state, or local public officials				
	for any federal, state, or total public	·			
19	Conferences, conventions, and meetings	•			
20	Interest				
21	Payments to affiliates			50	
22	Depreciation, depletion, and amortization	. 44,85	9 44,8		
23	Insurance Other expenses. Itemize expenses not covered				
24	Other expenses, itemize expenses on line 24e. If				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column			200	
	(A), amount, list line 24e expenses on Schedule O.)	8,00	00 8,0		
а	Lease Expense	45,6	30 45,	1	
b	Building and Grounds Expense	45,1	8645,		
c	Firefighting Equipment	32,5		529	
d	Repairs & Maintenance	21,0	7221,	072	0
е				452	
25	Total functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only in the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	from a combined education. Check here fundraising solicitation. Check here				Form 990 (2
	fundraising solicitation. Crieck field []	· ·			1 01111 000 (5

Form 990 (2023) Check if Schedule O contains a response or note to any line in this Part X Part X (B) (A) End of year Beginning of year 1 655,495 2 786,493 Cash - non-interest-bearing Savings and temporary cash investments 1 3 Pledges and grants receivable, net 2 4 3,998 Accounts receivable, net 3 Loans and other receivables from any current or former officer, director, 4 trustee, key employee, creator or founder, substantial contributor, or 35% 5 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 8 Notes and loans receivable, net 7 Inventories for sale or use 9 Assets 8 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other 6,070,315 1,696,323 basis. Complete Part VI of Schedule D 10a 10a 10c 4,373,992 11 12 Investments - other securities. See Part IV, line 11 11 13 Investments - program-related. See Part IV, line 11 12 14 10,202 13 15 Other assets. See Part IV, line 11 1,696,323 14 1,456,188 Total assets. Add lines 1 through 15 (must equal line 33) 15 17 23,342 16 18 17 19 18 20 Deferred revenue 19 21 Escrow or custodial account liability. Complete Part IV of Schedule D 20 Loans and other payables to any current or former officer, director, 21 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 680,168 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 23 Other liabilities (including federal income tax, payables to related third 24 parties, and other liabilities not included on lines 17-24). Complete Part X 25 25 of Schedule D 0 703,510 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 26 1,696,323 and complete lines 27, 28, 32, and 33. 27 752,678 Net Assets or Fund Balances 28 Net assets without donor restrictions 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here 29 and complete lines 29 through 33. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 29 31 Retained earnings, endowment, accumulated income, or other funds 1,696,323 30 32 752,678 1,696,323 31 1,456,188 Total liabilities and net assets/fund balances Form 990 (2023) 32 33

/	990 (2023) Edneyville Volunteer Fire and Rescue Department		Pag	<u>e 12</u>
orm s Parl	William of Not Accord			x
a 4 1.	Check if Schedule O contains a response or note to any line in this Part XI	· · · ·		
1	This was a fruetocular Part VIII column (A), line 12)	/	, , , , , , , , , , , , , , , , , , , 	
2	Table systems of (must equal Part IX column (A), line 25)	1,34	<u>* / , *</u> 38 , 0	
_	Business less evenence Subtract line 2 from line 1			
_	the district holonous at beginning of year (must equal Part X, line 32, column (A))		52,6	16
_	New year aging (losses) on investments			
6	Departed services and use of facilities			
7	Investment eventses			
				0
9	Other sharpes in not assets or fund balances (explain on Schedule U)			
10	Not except or fund balances at end of year. Combine lines 3 through 9 (must equal Part A, line	٩	90,7	703
•	22 column (B))		, , , ,	
Par	to Continue to Continue and Penortinue			П
111111111111111111111111111111111111111	Check if Schedule O contains a response or note to any line in this Part XII		/es	No
1	Accounting method used to prepare the Form 990:			
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	2a 2b		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis			* 1.
С	the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on	2c		
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a		_
ŧ	Uniform Guidance, 2 C.F.H. Fail 200, Guspater 1 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	Form	990 ((2023)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

instructions and the latest information. Inspe

		e organization				'	_mproyer identification :		
		lle Volunteer Fire and Reason for Public Charl	Rescue Depar	rtment	complet	e this pa	rt.) See mstruction	S.	
Part		Reason for Public Charl	ty Status. (All C	1 through 12 shock only	cone boy \	0 tio pa			
The or	gan	ization is not a private foundation beca	ause it is: (For lines	hee described in section	170(h)(1)	ΔΥί).			
1	닏	A church, convention of churches, or	ASSOCIATION OF CHURC	shadula E (Form 990))	170(0)(1)				
2	닏	A school described in section 170(b)	(T)(A)(II), (Altaeli St	scribed in section 170 (hY(1Y(A)(iii)) <u>.</u>			
3	닏	A hospital or a cooperative hospital se	rvice organization to	ith a hasnital described i	n section 1	(70(b)(1)(A	()(iii), Enter the		
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: An organization operated for the bene	fit of a college or us	aiversity owned or operat	ed by a go	ernmental	unit described in		
5	Ц			interacy officer or operar	,g.				
	_	section 170(b)(1)(A)(iv). (Complete A federal, state, or local government of	raitii.) vraavernmentaliinit	described in section 17)(b)(1)(A)(<i>t</i>).			
6	님	An organization that normally receive	e a substantial nart	of its support from a gov	ernmental	unit or from	the general public		
7	M	described in section 170(b)(1)(A)(vi)	. (Complete Part II.)						
^	П	A community trust described in section	on 170(b)(1)(A)(vi)	(Complete Part II.)					
8	H	An agricultural research organization	described in sectio	170(b)(1)(A)(ix) operat	ed in conju	nction with	a land-grant college		
9	ш	or university or a non-land-grant colle	ege of agriculture (se	ee instructions). Enter th	e name, cit	y, and state	e of the college or		
		university:							
10			s (1) more than 33	1/3% of its support from	contributio	ns, membe	rship fees, and gross		
10	_	receipts from activities related to its e support from gross investment incom							
		acquired by the organization after Jun	1e 30, 1975. See se :	ction sostalize (combin	to raiting				
11	Г	An organization organized and operat	ed exclusively to tes	t for public safety. See s e	ection 509	(a)(4).			
12	F	An examination organized and onera	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	ot .a.l.	
		one or more publicly supported organ	rizations described in	n section 509(a)(1) or se	ection 509	(a)(2). See	section bus(a)(a). One	CK	
		the box on lines 12a through 12d tha	t describes the type	of supporting organizati	on and con	nplete lines	12e, 12t, and 12g.		
а		Type I. A supporting organization	n operated, supervis	ed, or controlled by its su	pported or	janization(s	i), typically by giving		
		the supported organization(s) the	e power to regularly	appoint or elect a majori	ty of the dir	ectors or tr	ustees of the		
		supporting organization. You mu	ıst complete Part I	V, Sections A and B.	ite augnord	od organiza	ation(s) by having		
b		Type II. A supporting organization	on supervised or con	trolled in connection with	ns support	control or r	nanage the supported		
		control or management of the su	pporting organization	on vested in the same pe	rșuns mai	CONGOLOIT	nanago mo osppons		
		organization(s). You must com Type Ill functionally integrated	piete Part IV, Section	ons A and C.	ection with	and functi	onally integrated with.		
C		Type III functionally integrated	a. A supporting orga	must complete Part IV	Sections	A. D. and	E.		
		its supported organization(s) (se Type III non-functionally integ	e instructions). Tou	organization operated in	connection	with its su	pported organization(s)		
d		that is not functionally integrated	The examination	nonorally must satisfy a	distribution	requiremen	nt and an attentiveness		
		requirement (see instructions). Y	, The organization (Part IV. Sections A an	d D. and P	art V			
		Check this box if the organization	on received a written	determination from the	RS that it i	s a Type I,	Type II, Type III		
е	!	functionally integrated, or Type I	III non-functionally it	ntegrated supporting org	anization.	••			
		Enter the number of supported organic							
, T		Provide the following information about	it the supported orga	anization(s).	_				
	<u> </u>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o		(v) Amount of monetary		Amount of
		(i) Name or supported or gamma or	! !	(described on lines 1-10	listed in you docum	ur governing	support (see		support (see istructions)
				above (see instructions))	uocan	·-·	,		
					Yes	No_			
	_								
(A)						ļ <u> </u>			
		-							
(B)					 	<u> </u>			
(C)					 -	 -		 	
(D)									
(D)					+	 			
(E)									
Tota	. 1		1.375 (1.75) (1.75) (1.75)	 A. A. A. A. 1982. <u>A Material States of the Control o</u>					

	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	(*)(ד)(ט)טזד ג	(IV)
Part I	" (Complete only if you chacked th	ie box on line	: 5. 7. or 8 of	Рап гоги ш	e organizan	ni ianeu to qu	alify under
	Part III. If the organization fails to	o box on inc	er the tests li	sted below. p	ease comple	ete Part III.)	
	Part III. If the organization rails to	quality dilas	31 1110 10010 111				
Sectio	n A. Public Support	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Calend	lar year (or fiscal year beginning in)	(a) 2019	(D) 2020	(6) 2021	(4)	\	
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid		ı				
	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			er Sallen i i Alfa ett ud Stati	Property (SAR Little SAR)		
5	The portion of total contributions by		AUNISTEN				
-	each person (other than a						
	governmental unit or publicly				国际发展的		
	supported organization) included on						1
	line 1 that exceeds 2% of the amount			acies es su como			
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					<u> </u>	T
Calon	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
7 8	Gross income from interest, dividends,						
0	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources					<u> </u>	
	Net income from unrelated business		<u> </u>				
9	activities, whether or not the business				ł		
	is regularly carried on			İ			<u> </u>
	is regularly carried on						
10	Other income. Do not include gain or						1
	loss from the sale of capital assets			-			
	(Explain in Part VI.)						<u> </u>
11	Total support. Add lines 7 through 10 Gross receipts from related activities, et	o (coo instruc	tione)			12	
12	Gross receipts from related activities, et First 5 years. If the Form 990 is for the	organization's 1	irst second th	ird, fourth, or	iifth tax year a	s a section 501	(c)(3)
13	organization, check this box and stop he	organization s	1131, 0000114, 11			<i></i> .	
	organization, check this box and stop in	ort Bercents					
	ion C. Computation of Public Supp Public support percentage for 2023 (line	6 column (f)	divided by lin	e 11. column (0)	14	%
14	. , , , , , , , , , , , , , , , , , , ,	-6	t II lino 1/I			1 10 1	%
15	Public support percentage from 2022 States 33 1/3% support test - 2023. If the organization	chedule A, Fai	t check the bo	y on line 13. at	nd line 14 is 3	3 1/3% or more	e, check this
16a		alitica as a nur	NICIN CHANAITAE	i arazınızancı i			
	box and stop here. The organization que 33 1/3% support test - 2022. If the organization	aines as a pur	st check a box	on line 13 or 1	6a. and line 1	5 is 33 1/3% or	more, check
b	33 1/3% support test - 2022. If the organization	anization did no	nublish supp	orted organizal	ion		
	this box and stop here. The organization 10%-facts-and-circumstances test - 2	n quaiilles as a	publicly supply	of check a hox	on line 13, 16	a. or 16b, and	ine 14 is
17a	10%-facts-and-circumstances test - 2	U23. II the orga	ad sireumeten	one toet check	this hox and	stop here. Exp	lain in
	10% or more, and if the organization me	eets the facts-a	no-circumstan	t The organize	ation qualifies	as a nublicly s	upported
	Part VI how the organization meets the	tacts-and-circ	urnstances tes	i. The organiza	anon quannes	as a pasitory s	
	organization			- 4 - 5 - 4 - 4 - 4 - 4 - 4 - 4	on line 12 16	a 16h or 17a	and line
b	organization	022. If the orga	anization did n	ol check a dox	on mie 10, 10	and etan here	Explain
		an moste that	acte-and-circum	nstances test.	CHECK HIIS DOM	and Stop nere	· =vb····
		ha facta and-a	ircumetances	iest. The oroai	nzalion dualii	es as a publici	Juppolius
18	- I the organization	did not check a	a box on line 13	3. 16a, 160, 17	a, or 170, one	CK IIIS DOX airo	
. •	instructions	<u> </u>	<u></u>	<u> </u>		<u> </u>	
		•				Schedu	le A (Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support		γ····································		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		245 T-4-1
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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					ì	
	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						
С	Add lines 7a and 7b			<u> </u>			
8	Public support. (Subtract line 7c from						
	line 6.)			州自計學的主义 社			
Secti	on B. Total Support			<u> </u>			
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6		<u> </u>				
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less					l	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b					ļ	
11	Net income from unrelated business]	-		
	activities not included on line 10b, whether						
	or not the business is regularly carried on		<u></u>				
12	Other income. Do not include gain or						
	loss from the sale of capital assets]	
	(Explain in Part VI.)		<u> </u>	<u> </u>			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>	<u> </u>	Cital a series as a series	a acotion 501/	
14	First 5 years. If the Form 990 is for the o		irst, second, th	ira, tourin, or	littn tax year as	a section burg	C)(3)
	organization, check this box and stop her				· · · · · · · · · · · · · · · · · · ·		<u> L</u>
Sect	ion C. Computation of Public Suppo	ort Percenta	ge				%
15	Public support percentage for 2023 (line	8, column (f),	divided by line	e 13, column (())	15	<u>/</u> %
16	Public support percentage from 2022 Sci	hedule A, Par	III, line 15			16	
Sect	ion D. Computation of Investment Ir	come Perc	entage	nulima 40 ant	(f))	17	
17	Investment income percentage for 2023 (line 10c, colur	nn (1), divided l	by line 13, col	amn (1))	18	
18	Investment income percentage from 2022	Schedule A,	raπ III, line 17				
19a	33 1/3% support tests - 2023. If the orga	anization did n	ot check the bo	ox on line 14, a	and line 15 is m	ore man 33 1/3	o, anu iine anization □
	17 is not more than 33 1/3%, check this b	ox and stop l	nere. The organ	nization qualit	es as a publicly	v supported org	anization 📙
b	33 1/3% support tests - 2022. If the organization	n did not check a	box on line 14 or	line 19a, and lin	e 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 of	qualifies as a pub	iliciy supported org	ganization .	tions
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	CHECK HIS DOX 8	and see mstruc	uona . L

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

	on A. All Supporting Organizations	e e e e e e e e e e e e e e e e e e e	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
•	documents? If "No." describe in Part VI how the supported organizations are designated. If designated by	i kan		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	No. of Section	180 A
2	Did the organization have any supported organization that does not have an IRS determination of status			
-	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		ļ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ų.	lines 3h and 3c helow.	3a		1 1 1 1 1 1 1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	Ni		
	organization made the determination.	3b	L	<u></u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		High	40.00
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c_		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If			
4a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
la.	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	+99		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
	Did the organization support any foreign supported organization that does not have an IRS determination	. 1.4		1
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	.44	100	la garanti
		4c		
	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	134		#0.7. t
5a	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	1 1 1 1 1 1 1 1 1 1		
,	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	numbers of the supported organizations added, substituted, of removed, (ii) the reasons for each each action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		100	
	(iii) the authority under the organization's organizing document authorizing sport author, and (iii) new the area of the organizing document)	5a	. 1 27 } 1	
	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already			
þ	Type I or Type II only. Was any added or substituted supported organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair or a diagonal organization pair organization	5b	0.071000	in relativities 1
	designated in the organization's organizing document?	5c	†	\top
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?		1200	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	6		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		I.A.C	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			1
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	7	1	1.
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	•		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	8	1	N 2 N
	7? If "Yes," complete Part I of Schedule L. (Form 990).	-	 	+
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations	9a		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	30	-	+-
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	ما		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Marika
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			1 5.45
	from assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90	: *	+
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		4.55	i i i i i i i
	aumorting organizations)? If "Ves." answer line 10h helow.	108	1	-
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
_	determine whether the organization had excess business holdings.)	101)	Ш

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A lamily member of a person described on line 11a above? c A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization perate for the benefit of any supported organization of the than the supported organization operate for the benefit of any supported organization of the than the supported organization operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization(s) that operated, supervised, or controlled the supporting organization. 2 Did the organization operate organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations	Part I	Supporting Organizations (continued)		Yes	No
a A person who directly or indirectly controls, either alone or together with persons described on interest to the blow, the governing body of a supported organization of the Afamily member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers ading in their official capacity, or membership of one or more supported organizations have the gower to regularly appoint or elect at least a majority of the organizations derivate, and string that expert "I' No," describe a Part V I' No, "describe Part V I' No," describe a government and what contributes or restrictions," any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization? If "Yes," "explain in Part V I' No," describe organization of the tax year. 2 Did the organization operate for the benefit of any supported organization? If "Yes," "explain in Part V I' No, "except organization." If "Yes," "explain in Part V I' No, "except organization." If "Yes," "explain in Part V I' No, "except organization." If "Yes," "explain in Part V I' No, "except organization." If "Yes," "explain in Part V I' No, "except organization." If "Yes," "explain in Part V I' No, "except organization." If "Yes," "explain in Part V I' Now provided guardiation on the supporting organization." If "Yes," "explain in Part V I' Now provided organization organization." If "Yes," "explain in Part V I' Now provided organization organization in the supporting organization was vested in the same persons that controlled or managed the supported organization was vested organizations, by the supported organization in the expert of the organization is supported organizations, by the supported organization is any expert organization in the expert of the provided during the part V I how control or managed in the supported organization is any expert organization is any expert organizati	WLR.		A 188	162	NU
1 below, the governing body of a supported organization? A family member of a person described on line 11a above? A S5% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide details in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers adming in their official capacity, or membership of one or more supported organizations have the power to require appoint or elect at least a majority of the organization officers, directors, or trustees at all an all amplify of the organization officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, any, applied to each powers during the tax year. 2 Did the organization and what conditions or restrictions, any, applied to each powers during the tax year organization(s) that operated, supervised, or controlled the supported organization of the third to any supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of ach of the organization's understand was vested in the same persons fact controlled or managed the supported organization's live or trustees of ach of the organization's understand was vested in the same persons fact controlled or managed the supported organization's live organization's live organization's live organization was vested in the same persons fact controlled or managed in the supported organization's live organization's live organizat	11	Has the organization accepted a gift or contribution from any of the following persons?			
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b A family member of a person described on 11a or 11b above? If "Yes" to fine 11a, 11b, or 11c, 2 and 2 a person described on 11a or 11b above? If "Yes" to fine 11a, 11b, or 11c, 2 and 2		11c below, the governing body of a supported organization?	-		
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Section E. Type III Functionally Integrated Supporting Organizations 1		supported organizations played in this regard.	3_	<u> </u>	<u> </u>
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- ,, · · · · · · · · · · · · · · · · · ·	-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Sahadul	A(Form 990) 2023 Edneyville Volunteer Fire and Rescue De	par	tment	Page 6
Part		rgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (explair	in Part VI). See
٠,	Instructions. All other Type III non-functionally integrated supporting organi	zati	ons must complete Section	s A through E.
			i	(B) Current Year
Secti	on A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	-	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
_ 	Portion of operating expenses paid or incurred for production or collection			
Ū	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		-	(I) D (V	(B) Current Year
Secti	on B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	Γ		
•	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
·	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
- 3	Subtract line 2 from line 1d.	3		
- 4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount	_		
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
		1 -	· · · · · · · · · · · · · · · · · · ·	i

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emergency temporary reduction (see instructions).

(see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		Current Year			
1	Amounts paid to supported organizations to accomplish		1			
2	Amounts paid to perform activity that directly furthers exe	rted				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	<u> </u>	
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	h the organization is re	sponsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		//\	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution	าร	Distributable	
		Excess Distributions	Pre-2023		Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
С	From 2020					
d	From 2021				gried dy Seight en ide	
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years	128 (104 Let 10 357 cm)				
h	Applied to 2023 distributable amount		HE I always in the professionals		**************************************	
	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				Springer or variable St. Pl. (1246)	
4	Distributions for 2023 from					
	Section D, line 7:					
a	Applied to underdistributions of prior years		100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm			
b_	Applied to 2023 distributable amount				Tarabas TOURSE Comus recovers	
c	Remainder. Subtract lines 4a and 4b from line 4.	The second secon				
5	Remaining underdistributions for years prior to 2023, if			ı		
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h			- 1		
	and 4b from line 1. For result greater than zero, explain in			- 1		
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j	 			4.4	
	and 4c.			-	y ng nganata tabulah	
8	Breakdown of line 7:					
а	Excess from 2019			-		
b	Excess from 2020			-	<u>er i menerata (j. 18. gilbi). D</u>	
<u>c</u>	Excess from 2021					
<u>d</u>	Excess from 2022					
е	Excess from 2023					

Schedule A (F	rm 990) 2023					
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part B. lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, I						
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
<u> </u>						

SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Edneyville Volunteer Fire and Rescue Department Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c, acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1

	D (Form 990) 2023 Edneyville Volunte	er Fire an	d Rescu	ie Departme	nt ures o	r Öth	er Similar A	ssets (co	Page 2
Part	Using the organization's acquisition, accession, ar	ed other reports	chock any	of the following	that make	e signif	icant use of its		
3	-	id other records,	, check asiy	Of the following	liiai iliai	e algini	IOMIT 030 OF ITO		
	collection items (check all that apply):		аſ	Loan or excha	nae nroai	ram			
a	Public exhibition		ن ا آ	Other					
b	Scholarly research		e [1 Ome:					
C	Preservation for future generations Provide a description of the organization's collection	ana and avalain h	one thou fu	rther the organiz	ation's ev	remnt r	ournose in Part		
4		ons and explain i	low they to	ittlei tile organiz	allon's CA	CITIPI F	orpood in ruit		
_	XIII. During the year, did the organization solicit or rece	ive denetions of	art biotoria	sal trascurae or	other eim	ilar			
5	assets to be sold to raise funds rather than to be r	nve donadons or	d of the or	ranization's calle	etion?			. Tyes	☐ No
		mantaneo as pa	It of the ort	gariization a conc	-				
тац	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form								
	990, Part X, line 21.								
	Is the organization an agent, trustee, custodian or	other intermedia	ry for contr	ibutions or other	assets n	nt			
1a	included on Form 990, Part X?	Other intermedia						. Tyes	No
	If "Yes," explain the arrangement in Part XIII and c							ш	
b	II Tes, explain the arrangement in rait Am and o	oripiote ino rolle	mig (abio	•		Γ.	Ar	nount	
_	Beginning balance			. <i>.</i>		1c			
C	Additions during the year			<i>.</i>		1d			
đ	Distributions during the year					1e	-		
e	Ending balance					1f			
f On	Did the organization include an amount on Form 9	190 Part X line 2	21 for escr	ow or custodial a	account li			Yes	No No
2a	If "Yes," explain the arrangement in Part XIII. Chec							_	
Dor	V Endowment Funds	on more in the exp		<u> </u>				, _{1,-} ,	
F CALL	Complete if the organization ans	wered "Yes"	on Form	1 990. Part IV	/. line 1	0.			
) Current year	(b) Prio		wo years ba	- 1	(d) Three years back	(e) Four	years back
1-	Beginning of year balance	y durient year	(0) 1110	, , , , , , , , , , , , , , , , , , , ,					
1a _	Contributions						·		
b	Net investment earnings, gains, and								
С	losses								
	Grants or scholarships					7			
d	Other expenditures for facilities and			-					
e	programs			ĺ		1			
	Administrative expenses								
f	End of year balance								
g 2	Provide the estimated percentage of the current y	ear end balance	(line 1a. co	olumn (a)) held a	s:				·
a	Board designated or quasi-endowment		····						
	Permanent endowment%								
D C	Term endowment %								
·	The percentages on lines 2a, 2b, and 2c should e	egual 100%.							
3a	Are there endowment funds not in the possession	of the organizat	tion that are	e held and admin	istered fo	or the			_
36	organization by:								Yes No
	(i) Unrelated organizations?	<i></i>						. 3a(i)	
	(ii) Related organizations?							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	s listed as require	ed on Sche	dule R?				. 3b	
4	Describe in Part XIII the intended uses of the orga								
	t VI Land, Buildings, and Equipme	ent							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
_	Description of property	(a) Cost or other		(b) Cost or other b			Accumulated	(d) Boo	
	Description of property	(investme	i	(other)		de	preciation		
1a	Land			94,5	500				94,500
b	Buildings			1,475,			862,678		13,067
	Leasehold improvements								
d	Equipment			4,500,0	070	:	3,511,314		9 <u>88,75</u> 6_
e	Other								
	Add lines to through the (Column (d) must equal F	form 990 Part X	line 10c. c	column (B)				1.6	96,323

Part VII	Investments - Other Securities Complete if the organization answered "Yes" on F	orm 990 Part IV	line 11b. See Form 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial d			
	d equity interests		
(3) Other			
(A)			
(B)			
_(C)			
(D)			
(E)			
(F) 			
(H)			
	(b) must equal Form 990, Part X, line 12, col.(B))		
Part VIII	investments - Program Related Complete if the organization answered "Yes" on F	orm 990, Part IV	, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)		-	
(4)			
(5)			
(6) (7)			
(8)		-	
(9)			
Total. (Column	(b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets	000 5 10	Here 44 d. One France 2000 Bank V. Bank 4E
	Complete if the organization answered "Yes" on F	orm 990, Part IV	
	(a) Description		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)	n (b) must equal Form 990, Part X, line 15 col. (B))		
Part X	Other Liabilities		
1,431,74	Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV	, line 11e or 11f. See Form 990, Part X,
1.		ok value	
(1) Federal in	ncome taxes		
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote t	o the organization's fir	nancial statements that reports the
organization's	liability for uncertain tax positions under FASB ASC 740. Check her	e if the text of the foot	note has been provided in Part XIII

	_		
Schedul Part	e D (Form 990) 2023 Edneyville Volunteer Fire and Rescue Department **Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	Page 4
1 411	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Hetuin	
1	Total revenue, gains, and other support per audited financial statements	1	1,585,604
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	36:5N	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	San Con	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1 505 604
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,585,604
-	Investment expenses not included on Form 990, Part VIII, line 7b		
a			
b	Other (Describe in Part XIII.)	7 ' ?	
_ C	Add lines 4a and 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,585,604
ган	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	iei netuii	11
		T	
1	Total expenses and losses per audited financial statements	1	1,619,761
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	94.56	
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,619,761
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 .	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,619,761
Part			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	rt X, line	
<u>.</u>		-	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer Identification number

Edneyville Volunteer Fire and Rescue Department 01. Officer, directors, etc. family relationship (Part VI, line 2) Form 990, Part VI, Line 2 - Related Party Information Among Officers Robert Griffin Lowell Griffin Vice-President <u>Brothers</u> 02. Form 990 governing body review (Part VI, line 11) Form 990, Part VI, Line 11b - Organization's Process to Reivew form 990 Management and the Board receive a copy of the Form 990, review and approve it prior to its electronic filing with the IRS. 03. Conflict of interest policy compliance (Part VI, line 12c) Form 990, Part VI, Line 12c - Enforement of Conflicts Policy Each year all board members are asked to disclose any interests 04. CEO, executive director, top management comp (Part VI, line 15a) Compensation amounts are determined through certifications held by employees. Amlunts are compared to toher departments within Henderson County to assure comparability. 05. Other officer or key employee compensation (Part VI, line 15b COMPENSATION AMOUNTS ARE DETERMINED THROUGH CERTIFICATIONS HELD BY EMPLOYEES. AMOUNTS ARE COMPARED TO OTHER DEPARTMENTS WITHIN HENDERSON COUNTY TO ASSURE COMPARIABILITY. 06. Governing documents, etc, available to public (Part VI, line 19) These documents are available for public inspection upon written request.

Schedule O (Form 990) 2023			Page 2
Name of the organization		Employer iden	tification number
Edneyville Volunteer Fire and Rescue Depar	rtment	1	
07. Part XI, response or note to any line	in Part XI		
Other Changesin Net Assests Explanation			
Book/Tax Depreciation Difference	\$3,220		
BOOK/IUK Depidougui.			
			<u> </u>
			<u> </u>

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

07-01 , 2023, and ending 06-30 , 2024

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer Edneyville Volunteer Fire and Rescue Department Name and title of officer or person subject to tax Sharon Waldrup, Secretary/Treasurer Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b _____1,585,477 1a Form 990 check here X **b** Total revenue, if any (Form 990-EZ, line 9) Form 990-EZ check here 2a b Total tax (Form 1120-POL, line 22) Form 1120-POL check here . . b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here . . . Form 8868 check here 5a b Total tax (Form 990-T, Part III, line 4) 6b Form 990-T check here ба Form 4720 check here 7a b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5227 check here 8a **b** Tax due (Form 5330, Part II, line 19) 9b Form 5330 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10b Form 8038-CP check here . . . 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II I am a person subject to tax with respect to (name I am an officer of the above entity or Under penalties of perjury, I declare that and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only as my signature to enter my PIN I authorize Enter five numbers, but ERO firm name do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 28792 Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Luke Bradley **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So