# Bat Cave Volunteer Fire & Rescue Dept. 2023/24 Budget Summary

#### **History of Department**

Bat Cave Fire & Rescue was started in 1974 by a small group of concerned citizens who recognized the need for improved protection from fire and other emergencies. It began as an all-volunteer operation, and for the past 49 years has remained as such. It is, today, the only fire/rescue department in Henderson County that remains totally staffed with only volunteers. But this has rapidly become unworkable and must change.

#### Goals and Accomplishments

Since inception Bat Cave Fire & Rescue has provided cost effective and affordable fire and rescue response to the Bat Cave community. Beginning as a 9S rated operation equipped with a couple of essentially hand built fire trucks, we have matured into a fully staffed and equipped Class 4 rated department with one fire station and only \$40,000. debt for one truck. This has been accomplished by consistent conservative management, and many, many hours of dedicated volunteer training and toil. All done in a locale with topography that severely limits growth which has resulted in a slowly-declining tax base as unusable properties continue to enter various land conservancies, and an aging population of mostly retirees and part-time residents that is having significant effect on volunteer availability. And now, after almost 50 years, the Bat Cave Fire & Rescue must add a paid personnel supplement to continue to provide the protection that our neighbors expect and deserve.

Implementing this in the fire district with the smallest tax base in Henderson County, where the salary of one firefighter will consume about half of the annual revenue, is a challenge, and we have been discussing with Gerton Fire & Rescue a plan for the mutual sharing of responses and a paid firefighter to achieve an affordable solution that will be mutually beneficial in both performance and cost. The performance part of this has been in action since last summer and is working well.

#### **Present and Future Needs**

Personnel – The addition of subsidizing a paid firefighter position to Gerton roster will cost approximately \$50,000 in salary and benefits annually. Our plan is to minimize additional administrative expenses for this by sharing these expenses with Gerton Fire & Rescue who has established payroll, benefit, etc. systems in place and functioning. The additional paid firefighter will serve both Bat Cave and Gerton Fire & Rescue Department's for the ever-ongoing readiness surveillance/maintenance functions as well as emergency responses. More details of this will be contained in the upcoming 2023 FRAC Budget Review.

<u>Equipment</u> – Bat Cave Fire & Rescue currently owns one fire station and ten response vehicles, ranging in age from 12 to 61 years. We are currently planning to replace our Rescue Truck that is 23 years old and has ever increasing maintenance costs. We also plan to add a TAC vehicle to our response vehicles this year. It will enhance our response time to calls and is much needed for transportation to meetings and training. We have the funds to purchase both vehicles with our savings reserve. This reserve took almost 50 years to accumulate through very conservative spending with the expectation of building a substation on Middlefork. After that plan was abandoned last year, we will use those funds for more immediate needs such as the two trucks this year for \$175,000. We plan to replace our tanker that is 25 years old at a cost of \$400,000. in year 2 (purchase), and the engine that is 28 years old in year 4 at a cost of \$500,000. (with financing after our current loan is paid off) on engine 21-1. By utilizing grants with great success we have been able to double our purchasing power and we need some reserve money to assure that we have the matching funds. We have had great success with our air bottles replacement over the past years and are now implementing the same strategy for turnout gear and communication equipment.

<u>Training</u>- We are increasing our training with Gerton (multi department) as we are working more closely running calls together and training.

### **2023-2024 REVENUES**

	A	В	С	D	Е
1	ITEM DESCRIPTION	2022-2023 BUDGET	YEAR-TO-DATE	2023-2024 BUDGET	INCREASE/DECREASE
2	REVENUE				
3	PRESENT/REQUESTED TAX RATE				
4	ACTUAL HENDERSON COUNTY: REVENUE RECEIVED:				
5	Henderson County Ad Valorem Taxes	\$108,743.06	\$129,104.49	\$185,830.63	\$77,087.57
6	Donations	\$500.00	\$1,529.79	\$500.00	\$0.00
7	Fundraising	\$500.00	\$0.00	\$500.00	\$0.00
8	Grants	\$2,500.00	\$16,150.00	\$2,500.00	\$0.00
9	HazMat Charges				\$0.00
10	Interest Income				\$0.00
11	Miscellaneous		\$36,244.76		\$0.00
12	NC County Sales Tax Refund				\$0.00
13	NC Fuel Tax Refund				\$0.00
14	Other Income (City, Other Counties, Town)				\$0.00
15	Rental Income				\$0.00
16	Sales of Assets				\$0.00
17	Total Revenues	\$112,243.06	\$183,029.04	\$189,330.63	\$77,087.57
18					,
19	FOOTNOTES				
20	FOOTNOTES				<b>#2.22</b>
21	Bonds, Certificates of Deposit, Stocks				\$0.00
22	Contingency Fund				\$0.00

### 2023-2024 EXPENDITURES

	A	В	С	D	E
1	ITEM DESCRIPTION	2022-2023 BUDGET	YEAR-TO-DATE	2023-2024 BUDGET	INCREASE/DECREASE
2	EXPENDITURES	January J			
3	Annual Payment - Apparatus	\$13,024.65	\$13,024.65	\$13,024.65	\$0.00
4	Annual Payment - Building	\$0.00	\$0.00		\$0.00
5	Annual Payment - Other Equipment	\$0.00	\$0.00		\$0.00
6	Appreciation and Award Banquets	\$0.00	\$0.00		\$0.00
7	Bank Charges	\$0.00	\$0.00		\$0.00
8	Breathing Apparatus	\$5,000.00	\$14,156.83	\$5,000.00	\$0.00
9	Building Fund	\$1,800.00	\$0.00	\$1,800.00	\$0.00
10	Chaplain	\$0.00	\$0.00		\$0.00
11	Communications (radios, pagers, cell phone)	\$7,500.00	\$1,566.00	\$7,500.00	\$0.00
12	Computer	\$1,500.00		\$1,500.00	\$0.00
13	Contingency Funds				\$0.00
14	Contract Labor (Part-Time Clerk)				\$0.00
15					\$0.00
16	Discretionary Fund				\$0.00
17	Deposits/Down Payment				\$0.00
18	Dues/Subscriptions	\$3,000.00	\$1,993.98	\$3,000.00	\$0.00
19	EMT Supplies & Equipment	\$2,500.00	\$269.91	\$2,500.00	\$0.00
20	Expendable Supplies				\$0.00
21	Firefighting Supplies & Equipment	\$7,500.00	\$6,052.51	\$10,000.00	\$2,500.00
22	Firefighting Equipment Maintenance	\$5,000.00		\$5,000.00	\$0.00
23	Flowers/Gifts	\$300.00	\$400.00	\$300.00	\$0.00
24	Food	\$2,000.00	\$2,919.40	\$3,000.00	\$1,000.00
25		\$2,500.00	\$2,975.75	\$5,000.00	\$2,500.00
26	Hazardous Materials Supplies				\$0.00
27	Infection Control				\$0.00
	Insurance - Building, Business Umbrella, Error				
28	Omission, Vehicle	\$15,000.00	\$17,948.00	\$19,000.00	\$4,000.00

### 2023-2024 EXPENDITURES

	А	В	С	D	Е
29	ITEM DESCRIPTION	2022-2023 BUDGET	YEAR-TO-DATE	2023-2024 BUDGET	INCREASE/DECREASE
30	Insurance - General				\$0.00
31	Insurance - Life				\$0.00
32	Legal and Professional Fees	\$700.00	\$7,596.00	\$8,000.00	\$7,300.00
33	Licenses and Permits				\$0.00
34	Maintenance/Repair of Apparatus	\$10,000.00	\$7,860.58	\$10,000.00	\$0.00
35	Miscellaneous	\$44,721.14		\$5,485.98	(\$39,235.16)
	Office Supplies	\$1,000.00	\$673.15	\$1,000.00	\$0.00
37	PAYROLL:				
38	Gross Salaries			\$50,000.00	\$50,000.00
39	Gross Part-Time Pay				\$0.00
40	Gross Overtime Pay				\$0.00
41	Gross Holiday Pay				\$0.00
	Employer's Payroll Taxes				\$0.00
43	(6.2 % Social Securiyt, 1.45% Medicaid)				
44	Health Insurance (Inlclude dental)				\$0.00
45	Empoyer's Retirement Contribution				\$0.00
46	TOTAL PAYROLL				\$50,000.00
47	Physical Fitness				\$0.00
	Public Relations				\$0.00
	Rehabilitation				\$0.00
	Rent				\$0.00
	Rescue Equipment	\$4,000.00		\$4,000.00	\$0.00
52	State Firemen's Pension Fund	\$720.00	\$600.00	\$720.00	\$0.00
	Training	\$1,000.00		\$1,000.00	\$0.00
54	Turn Out Gear	\$4,000.00		\$14,000.00	\$10,000.00
55	Uniforms	\$0.00	\$4,516.98		\$0.00
56					
	STATIONS:				
	MAIN STATION				
	Building Maint	2500	3746.64	3000	\$500.00
	Cable	2000	3215.02	4000	\$2,000.00
61	Electric	3000	2685.44	3500	\$500.00
	Garbage				\$0.00
	Grounds Upkeep		1695		\$0.00
	Heating Fuel	6000	5171.68	7000	\$1,000.00
65	Station Supplies	1000	674.54	1000	\$0.00
	Telephone				\$0.00
67	Water				\$0.00

### 2023-2024 EXPENDITURES

A	В	С	D	E
68 STATION #2				
69 Building Maint		338.93		\$0.00
70 Cable				\$0.00
71 Electric				\$0.00
72 Garbage				\$0.00
73 Grounds Upkeep				\$0.00
74 Heating Fuel				\$0.00
75 Station Supplies				\$0.00
76 Telephone				\$0.00
77 Water				\$0.00
78				1
79 STATION #3				
80 Building Maint				\$0.00
81 Cable				\$0.00
82 Electric				\$0.00
83 Garbage				\$0.00
84 Grounds Upkeep				\$0.00
85 Heating Fuel				\$0.00
86 Station Supplies				\$0.00
87 Telephone				\$0.00
88 Water				\$0.00
89				ψ0.00
90 STATION #4				
91 Building Maint				\$0.00
92 Cable				\$0.00
93 Electric				\$0.00
94 Garbage				\$0.00
95 Grounds Upkeep				\$0.00
96 Heating Fuel				\$0.00
97 Station Supplies				\$0.00
98 Telephone				\$0.00
99 Water				\$0.00
100				Ψ0.00
101 TOTAL EXPENDITURES	\$147,265.79	\$100,080.99	\$189,330.63	\$42,064.84
TOTAL EXI ENDITORES	Ψ147,200.70	\$100,000.99	\$109,550.05	\$42,004.84

# Bat Cave Volunteer Fire & Rescue Department Capital Projects Roster

FY 24 Request:

Purchase 2024 Truck to Replace Rescue Truck that is 23 years old.

Cost: \$87,500.

Funding source: Savings Reserve (No Financing)

FY 24 Request:

Purchase 2024 Truck to add as TAC vehicle to enhance our response times to calls and is

much needed for transportation to meetings and training.

Cost: \$87,500.

Funding source: Savings Reserve (No Financing)

FY 25 Request:

Purchase 2025 Tanker to replace Tanker 21-1 that is 25 years old

Cost: \$400,000.

Funding source : Savings Reserve (No Financing)

FY 27 Request:

Purchase 2027 Engine to replace Engine 21-2 that is 28 years old.

Cost: \$500,000.

Funding source: We will have to finance this purchase. We have money in the Savings reserve for down payment to allow for reasonable yearly payments. Our current truck loan will be paid off before we purchase this truck.

Bat Cave Volunteer Fire & Rescue Dept.	Project Year	Project Name	Category	Quantity	Per	Unit	Pro	ject Cost	Purchase or Finance	Budget Line Item # (if applicable)
Bat Cave Volunteer Fire & Rescue Dept.	FY23	Rescue Truck Replacement	Truck	1	\$	87,500.00		87,500.00		_
Bat Cave Volunteer Fire	FY23	Add TAC Truck	Truck	1	\$	87,500.00		87,500.00		
Bat Cave Volunteer Fire	FY25	Replace Tanker 21-1	Truck	1	\$	400,000.00	\$	400,000.00	Purchase	
Bat Cave Volunteer Fire	FY27	Replace Engine 21-2	Truck	1	\$	500,000.00	\$	500,000.00	Finance	
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### 2023/2024 TAX RATE WORKSHEET FOR

TOTAL DISTRICT TAX ASSESSMENT 2023-2024	\$159,648,305.00	159, 648,
Divided by 100		
TOTAL	\$1,596,483.05	
Multiplied by requested tax rate	0.12	
TOTAL	\$191,577.97	
*Multiplied by tax collection percentage (97%)		
TOTAL	\$185,830.63	
Subtract Training Center Assessment	272	
Add Projected Payments in Lieu of Taxes		
**TOTAL PROJECTED REVENUE	\$185,830.63	185,55
** Revenue is projected because it does not reflect tax discove	ries, releases or refunds.	
* Collection percentage based on last complete year of collect	ions.	

## FINANCIAL STATEMENT (BALANCE SHEET)

AS OF	(BALANCE SHEET)	
	ASSETS	
ASSETS: Cash in Bank Certificates of Deposit Accounts Receivable-Taxes Notes Receivable	600585	
Land Buildings Leasehold Improvements Furniture & Fixtures	297500 10813	
Vehicles Firefighting Equipment Rescue Equipment Other Equipment	975000 214272 4609	
Transfers Proceeds from Borrowing TOTAL ASSETS	2102779	\$
TOTAL ASSETS	2102110	\$2,102,779.00
LIABILITIES:	\$	
Accounts Payable Due to Debt Service Accrued Interest Payable Accrued Payroll Payable		
Accrued Payroll Taxes Medicare Withholding Payable FICA Withholding Payable		
Federal Withholding Payable State Withholding Payable FUTA & SUI Payable Employee 401(k) Withholding		
Child Support Withholding Notes Payable TOTAL LIABILITIES	51122.54 51122.54	\$
TOTAL LIABILITIES		51122.54
FUND BALANCES Fund Balance Unrestricted Designated Debt Service Excess Revenues/Expenditures	21689.54	
TOTAL FUND BALANCES	21689.54	21689.54
TOTAL LIABILITIES & FUND EQUITY		2073346

# Bat Cave Volunteer Fire & Rescue Profit & Loss

July 2021 through June 2022

	Jul '21 - Jun 22
Ordinary Income/Expense	
Income	400 040 00
County Tax	133,943.38 2,304.61
Donations Fund Raiser	225.00
GRANT	8.446.86
	144,919.85
Total Income	
Gross Profit	144,919.85
Expense	10,525.52
Air System	359.96
Apperatus- Tools Auxillary	000.00
Food	1,198.13
Auxillary - Other	1,682.65
	2,880.78
Total Auxillary	2,000.70
Communications Radios	5,486.06
Total Communications	5,486.06
	-,
Contract Services Accountant	6,300.00
Outside Contract Services	1,740.89
Total Contract Services	8,040.89
Facilities and Equipment	440.00
Building 3 Middle Fork	149.82
Firehouse - main	11,781.88
SIGN	66.79
Total Facilities and Equipment	11,998.49
Fire Trucks	0.700.50
Fuel	2,728.52
Maintence	25,709.13 13,572.98
Safety Equipment	13,024.65
Truck payment	
Total Fire Trucks	55,035.28
Insurance	7,764.00
Building Trucks	8,668.00
Insurance - Other	889.00
Total Insurance	17,321.00
Medical	
Medical Equipment	1,004.99
Medical Supply	406.71
Total Medical	1,411.70
Miscellaneous expenses	
Flowers and Gifts	516.68
Food and Drinks	374.52
Total Miscellaneous expenses	891.20

5:30 PM 03/22/23 Accrual Basis

## Bat Cave Volunteer Fire & Rescue Profit & Loss

July 2021 through June 2022

	Jul '21 - Jun 22			
Operations				
Dues, Subscriptions	457.46			
Postage, Mailing Service	64.00			
Printing and Copying	595.50			
Supplies	70.50			
Total Operations	1,187.46			
Training Uniforms	70.00			
Firemens Uniforms	2,921.74			
Total Uniforms	2,921.74			
Utilities	****			
Electric	3,386.17			
Internet '	912.26			
Phone	1,045.97			
Propane	3,375.17			
Utilities - Other	1,003.07			
Total Utilities	9,722.64 —			
Total Expense	127,852.72			
Net Ordinary Income	17,067.13			
Net Income	17,067.13			

## Bat Cave Volunteer Fire & Rescue Profit & Loss

July 2022 through March 2023

	Jul '22 - Mar 23
Ordinary Income/Expense	
income County Tax Donations GRANT Income	129,104.49 1,529.79 16,150.00 36,244.76
Total Income	183,029.04
Gross Profit	183,029.04
Expense Air System Communications Radios	14,156.83 1,566.00
Total Communications	1,566.00
Contract Services Accountant Legal Fees Outside Contract Services	7,100.00 496.00 1,695.00
Total Contract Services	9,291.00
Facilities and Equipment Firehouse - main Firehouse Building 2	3,746.64 338.93
Total Facilities and Equipment	4,085.57
Fire Trucks Fuel Maintence Safety Equipment Truck payment	2,975.75 7,860.58 6,052.51 13,024.65
Total Fire Trucks	29,913.49
Insurance Building Trucks Insurance - Other	8,113.00 8,968.00 867.00
Total Insurance	17,948.00
Medical Medical Supply	269.91
Total Medical	269.91
Miscellaneous expenses Flowers and Gifts Food and Drinks	400.00 2,919.40
Total Miscellaneous expenses	3,319.40
Operations Dues, Subscriptions Penslon Fund Postage, Mailing Service Printing and Copying Supplies	1,993.98 600.00 74.00 213.15 386.10
Total Operations	3,267.23
Uniforms Firemens Uniforms	4,516.98
Total Uniforms	4,516.98

4:52 PM 04/02/23 Accrual Basis

#### Bat Cave Volunteer Fire & Rescue Profit & Loss

July 2022 through March 2023

	Jul '22 - Mar 23
Utilities	
Electric	1,440.98
Internet	3,215.02
Phone	674.54
Propane	5,171.68
Utilities - Other	1,241.46
Total Utilities	11,743.68
Total Expense	100,078.09
Net Ordinary Income	82,950.95
Net Income	82,950.95

We certify that the attached Fir	nancial Statement for
Bat Cave Vol	Fire and Rescue Department
is accurate to the best of our ki	nowledge.
,	
Board President	ref

Board Treasurer 2.023

### Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.trs.gov/Form990 for instructions and the latest information.

A For the 22ct calendary year, or tax year beginning 7/01 , 2021, and ending 6/33	Δ	F	r the	e 2021 ca	ieno	lar vear. o	r tax ye	ar begin	ning	7/0	1	, 20:	21, and	d endin	g (	<u>5/3</u>			20 2022		
Todaptions number   PO BOX 1   BAT CAVE VOLUNTEER FIRE DEPARTMENT INC   B28-625-9313   BAT CAVE, NC 28710-0011   BAT CAV																$\neg$	D Employs	er Identif	ication numbe	17	
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Part   Summary   Briefly describe the organization's mission or most significant activities: TO PROVIDE SUPERIOR FIREFIGHTING AND   EMERCENCY SERVICES TO THE RESIDENTS WITHIN THE BAT CAVE FIRE DISTRICT AND MUTUAL   AIDE THROUGHOUT HENDERSON COUNTY AS NEEDED.	J				_						T		Lvaa	al larma						NC	
Briefly describe the organization's mission or most significant activities; TO PROVIDE SUPERIOR TITLOS CHILLION.   EMERCENCY SERVICES TO THE RESIDERS WITHIN THE BAT CAVE FIRE DISTRICT AND MUTUAL.							tion	Trust	Ass	ociation	Other		L Year	or torma	tion: 1	911	4 1111 3	itate of it	gai domicilo.	110	
EMÉRGENCY SERVICES TO THE RESIDENTS WITHIN THE BAT CAVE FIRE DISTRICT AND 803.0AL  2 Check this box -   If the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a), 3 Number of independent voting members of the governing body (Part VI, line 1a), 5 Total number of independent voting members of the governing body (Part VI, line 1b), 5 Total number of voting members of the governing body (Part VI, line 1a), 6 Out of Number of voting members of the governing body (Part VI, line 1b), 7 Total number of voting members of the governing body (Part VI, line 1b), 7 Total number of voting members of the governing body (Part VI, line 1b), 7 Total number of voting members of the governing body (Part VI, line 1b), 7 Total number of voting members of the governing body (Part VI, line 1b), 7 Total number of voting members of the governing body (Part VI, line 1b), 7 Total number of voting members of the governing body (Part VI, line 1b), 7 Total number of voting members of the governing body (Part VI, line 1b), 7 Total number of voting members (Part VIII, line 1b), 10 Investment income (Part VIII, column (A), lines 3, 4, and 76), 11 Other revenue (Part VIII, column (A), lines 3, 4, and 76), 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1), 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3), 14 Benefits paid to or for fiventhers (Part IX, column (A), lines 1-3), 15 Saltires, other compondation, employee benefits (Part IX, column (A), lines 1-3), 16 Professional fundraising esses (Part IX, column (A), line 2B), 17 Other expenses (Part IX, column (A), line 2B), 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 2B), 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16), 21 Total liabilities (Part X, line 16), 22 Total liabilities (Part X, line 16), 23 Total liabilities (Part X, line 16), 24 Total liabilities (Part X, l	P	ar		Sum	mar	<u>y</u> :			1		-11/10	antivities:	PO DE	OUT	क ट्रा	DEI	DTOR E	TREE	TCHTTNG	ANT	1
ATICE THROUGHOUT HENDERSON COUNTY AS NEADED.  2 Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assats.  3   6    Number of volting members of the governing body (Part VI, line 1s)   3   6    Number of independent volting members of the governing body (Part VI, line 1s)   4   6    Number of independent volting members of the governing body (Part VI, line 1s)   5   0    The contribution of independent volting members of the governing body (Part VI, line 1s)   5   0    The contribution of independent volting members of the governing body (Part VI, line 1s)   6   0    The contribution of independent volting members of the governing body (Part VI, line 1s)   7   0   0    The contributions and grants (Part VIII, column (C), line 1s   1   1   1   1   1   1   1   1    The contributions and grants (Part VIII, line 1s)   1   1   1   1   1   1   1   1    The contributions and grants (Part VIII, line 1s)   1   1   1   1   1   1   1   1    The revenue (Part VIII, column (A), lines 3, 4, and 7d)   1   1   1   1   1   1   1   1   1    Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)   1   1   1   1   1   1   1    Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)   1   1   1   1   1   1   1    Total revenue (Part VIII, column (A), lines 1-3)   1   1   1   1   1   1   1    Total revenue (Part VIII, column (A), lines 1-3)   1   1   1   1   1   1   1    Total revenue (Part VIII, column (A), lines 1-3)   1   1   1   1   1   1   1   1    Total revenue (Part VIII, column (A), lines 1-3)   1   1   1   1   1   1   1   1   1    Total revenue (Part VIII, column (A), lines 1-3)   1   1   1   1   1   1   1   1   1		T	1	Briefly d	escri	be the org	anizatio	n's miss	ion c	or most :	significant	activities:	בים מו	증류	#-3U	뜶	VICAL VION E	TVDE	AND MIT	TIAT.	
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8   Contributions and grants (Part VIII, line 1h)   11, 432. 10,129.     9   Program service revenue (Part VIII, line 2g).   133,997.   132,613.     10   Investment income (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e).   656.   -8,984.     11   Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c, and 11e).   656.   -8,984.     12   Total revenue — add lines 3 through 11 (must equal Part VIII, column (A), line 12).   146,360.   133,866.     13   Grants and similar amounts paid (Part IX, column (A), lines 1-3).     14   Benefits paid to or for flumbers (Part IX, column (A), lines 1-3).     15   Saraires, other compensation, employee benefits (Part IX, column (A), lines 1-10).     15   Saraires, other compensation, employee benefits (Part IX, column (A), lines 1-10).     15   Saraires, other compensation, employee benefits (Part IX, column (A), lines 1-10).     16   Professional fundraising expenses (Part IX, column (A), lines 11e).     17   Other expenses (Part IX, column (A), lines 11e).     18   Total fundraising expenses (Part IX, column (A), lines 11e).     19   Revenue less expenses. Subtract line 18 from line 12.     19   Revenue less expenses. Subtract line 18 from line 12.     19   Revenue less expenses. Subtract line 18 from line 12.     19   Revenue less expenses. Subtract line 18 from line 12.     19   Revenue less expenses. Subtract line 19 from line 20.     19   Gold (Saraira)		٦	Ь	Net unre	elate	d business	taxable	income	fror	n Form ?	990∙T, Par	t I, line 11.			• • • • • •				O	-1 V	
1	-	1													l	P	rior year		Curre		
9 Program service reveruje (Part VIII, line 2g)			8	Contribu	ition	s and gran	ts (Part	VIII, line	9 1h)	)					├─						
10   Investment income (Prit VIII, column (A), lines 3, 4, and 70,	9	1	9	Draggan	n cor	orice reven	ue (Par	t VIII. lin	e 2a	1)					• • • • • •						
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for frembers (Part IX, column (A), line 4).  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).  16a Professional fundraising fees (Part IX, column (A), line 11e).  17 Other expenses (Part IX, column (A), line 11e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  32 Part II Signature Block  Under peralliss of perfury, I declare that I have examined this return, Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Doctaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature Block  Under peralliss of perfury, I declare that I have examined this return, Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Doctaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid  Print/Type preparer's nonine  WAYNE J. PARRIS, CPA  WAYNE J. PARRIS, CPA  Preparer's signature  Under peralliss of perfury. I declare than a dille  Print/Type preparer's nonine  WAYNE J. PARRIS, CPA  Firm's address  Prints address	å	2	11	Other re	NAC PI	ue (Part VI	III. colui	mn (A). I	ines	5. 6d. 8	ic, 9c, 10c,	and 11e).			· · L						
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Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)   17 Other expenses (Part IX, column (A), tines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Under pensities of polityry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complote. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II Signature Block  Under pensities of polityry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complote. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Part II Signature Block  Under pensities of polityry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complote. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Primit Type or pirk name and ille  Wayne J. Parris, CPA  Firm's aume  Wayne J. Parris, CPA  Firm's aume  Wayne J. Parris, CPA  Firm's aume  ARDEN, NC 28704  Phone no. (828) 687-8824		Т	13	Grants	and:	similar am	ounts p	aid (Part	IX,	column	(A), lines	-3)			∵⊢						
16a Professional fundraising fees (Part IX, column (A), line 11e).  b Total fundraising expenses (Part IX, column (D), line 25) b Total fundraising expenses (Part IX, column (D), line 25) b Total fundraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e).  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 from line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Net assets or fund balances. Subtract line 21 from line 20.  24 Under penalties of portury, I declare that I have examined this return, including accompanying schedules and ctalements, and to the best of my knowledge and belief, it is true, correct, and complote. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Paid  Print   Pr			14	Benefits	s pai	id to or for	membe	rs (Part	!X, ¢	:olumn (	(A), line 4)			100	··						
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Beginning of Current Year   Firm's address   Part X, line 16   Property   Part II   Print   Part II   Part II   Print   Part II   Part II   Print   Part II   Pa				Poveni	וזטיקא ומו מו	ee avnanse	s Subt	ract line	18 f	rom line	12				]						
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21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20		2 5	20	Total a	ssels	s (Part X. I	ine 16).								□		762,	356.			
Part II   Signature Block  Under penalties of perjury, I declare that I have examined this return, Including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here   Signature of officer   Date		98	21	Total li	abilit	ties (Part X	(, line 2	6)							…	_	66,	<u>803.</u>		57,	<u> 211.</u>
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is besed on all information of which preparer has any knowledge.  Signature of officer  STEVE FREEMAN  Type or print name and title  Print/Type preparer's name  WAYNE J. PARRIS, CPA  Wayne J. PARRIS, CPA  Firm's name  Firm's address  Proparer's signature  Print/Type preparer's name  WAYNE J. PARRIS, CPA  Firm's EIN  Phone no. (828) 687-8824		33	22	Not se	eate	or fund ha	lances.	Subtract	line	21 from	line 20	,					695,	<u>553.</u>		703,	<u>669.</u>
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Signature of officer  STEVE FREEMAN  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN  Print/Type preparer's name  WAYNE J. PARRIS, CPA  Prim's name  WAYNE J. PARRIS, CPA  Firm's address  ARDEN, NC 28704  Phone no. (828) 687-8824	- 67	-	3.11	10:-		PIOC															
Sign Here  SIgnature of officer  STEVE FREEMAN Type or print name and title  Print/Type preparer's name  WAYNE J. PARRIS, CPA  Wayne J. PARRIS, CPA  Firm's name  WAYNE J. PARRIS, CPA  Print/Type preparer's name  WAYNE J. PARRIS, CPA  Firm's address  ARDEN, NC 28704  Phone no. (828) 687-8824	L	۲٤	irt ii	1319	nau	ure block	have ever	mland this r	eturn	Including	accompanying	schedules an	d stalem	ents, and	to the be	est af	my knowled	ge and b	eliet, it is true,	correct,	and
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Sign Here  STEVE FREEMAN Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  WAYNE J. PARRIS, CPA  Wayne J. PARRIS, CPA  Firm's address  MAYNE J. PARRIS, CPA  Firm's address  ARDEN, NC 28704  CHAIRMAN  CHAIRMAN  CHAIRMAN  CHAIRMAN  CHAIRMAN  CHAIRMAN  CHAIRMAN  PTIN PO1202486  Po1202486  Pirm's EIN Phone no. (828) 687-8824	-																				
Paid Print/Type preparer's name  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  WAYNE J. PARRIS, CPA  Pilin's name  WAYNE J. PARRIS, CPA  Pilin's name  WAYNE J. PARRIS, CPA  Firm's address  ARDEN, NC 28704  Phone no. (828) 687-8824		e1.	~~		Sign	ature of office	,						_			ı	Date				
Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  WAYNE J. PARRIS, CPA  Plant's name  WAYNE J. PARRIS, CPA  Firm's address  ARDEN, NC 28704  Proparer's signature  Print/Type preparer's name  Preparer's signature  Value Check X if print parts parts print parts parts print parts print parts print parts print parts parts print parts print parts parts print parts parts parts print parts parts print parts parts print parts part		H	yıı Pre		ST	EVE FRI	REMAN								C:	HA:	ERMAN				
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Paid Preparer Use Only Self-employed Park PL Park PL Prone no. (828) 687-8824	•			Pri	пИТур	oe preparer's r	ama		ŢĒ	reparer's :	signature			Date			Check	X			
Preparer Use Only Firm's address MAYNE J. PARRIS, CPA  - 21 HYDE PARK PL  ARDEN, NC 28704 Phone no. (828) 687-8824		D-	ادن	ı				. CPA		Wave	41000	15, CAA	<u>.                                    </u>	12-1	6.23		self-empl	oyed	P01202	486	
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ARDEN, NC 28704 Phone no. (828) 687-8824		Ű.	se O	nly   E													Firm's El	N >			
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# **BAT CAVE**

## VOLUNTEER FIRE & RESCUE DEPARTMENT, INC.

### Independent Auditor's Report

on the

**Financial Statements** 

for the years ended June 30, 2022 and 2021

WAYNE J. PARRIS, CPA

CERTIFIED PUBLIC ACCOUNTANT

MAILING ADDRESS: PO BOX 545, FLETCHER, NC 28732 STREET ADDRESS: 21 HYDE PARK PLACE, ARDEN, NC 28704

OFFICE AND RESIDENCE TELEPHONE: (828) 687-8824

e-mail: wparriscpa@hotmail.com

# **BAT CAVE**

### **VOLUNTEER FIRE & RESCUE DEPARTMENT, INC.**

### Independent Auditor's Report

on the

**Financial Statements** 

for the years ended June 30, 2022 and 2021

# BAT CAVE VOLUNTEER FIRE & RESCUE DEPARTMENT, INC. Bat Cave, North Carolina

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## WAYNE J. PARRIS, CPA

#### CERTIFIED PUBLIC ACCOUNTANT

MAILING ADDRESS: PO Box 545, FLETCHER, NC 28732 STREET ADDRESS: 21 HYDE PARK PLACE, ARDEN, NC 28704 HOME/OFFICE: (828) 687-8824 CELLULAR: (828) 778-8824

e-mail: wparriscpa@hotmail.com

#### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Bat Cave Volunteer Fire & Rescue Department, Inc.

I have audited the accompanying financial statements of Bat Cave Volunteer Fire & Rescue Department, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

#### Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risk of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing and opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

#### Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Bat Cave Volunteer Fire & Rescue Department, Inc. as of June 30, 2022 and 2021, and the changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

warmel farris, cpa

Wayne J. Parris, CPA

Arden, North Carolina December 19, 2022

# BAT CAVE VOLUNTEER FIRE & RESCUE DEPARTMENT, INC. STATEMENTS OF FINANCIAL POSITION June 30, 2022 and 2021

ASSETS	6-30-2022	6-30-2021
CURRENT ASSETS Cash and cash equivalents Taxes receivable Cash restricted for relief fund TOTAL CURRENT ASSETS	\$ 510,247.66 1,388.00 20,884.72 \$ 532,520.38	2,718.76 20,089.86
FIXED ASSETS Property and equipment Less: Accumulated depreciation TOTAL FIXED ASSETS	\$ 1,502,195.51 (1,273,836.32) \$ 228,359.19	\$ 1,494,845.65 (1,247,715.19) \$ 247,130.46
TOTAL ASSETS	\$ 760,879.57	\$ 762,355.58
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES Accrued expenses payable Current portion of long-term debt TOTAL CURRENT LIABILITIES	\$ 2,285.09 9,755.76 \$ 12,040.85	\$ 2,668.07 9,207.89 \$ 11,875.96
LONG-TERM LIABILITIES  Long-term debt  TOTAL LONG-TERM LIABILITIES  TOTAL LIABILITIES	\$ 45,169.96 \$ 45,169.96 \$ 57,210.81	\$ 54,926.49 \$ 54,926.49 \$ 66,802.45
NET ASSETS Without donor restrictions With donor restrictions TOTAL NET ASSETS TOTAL LIABILITIES AND NET ASSETS	\$ 682,784.04 20,884.72 \$ 703,668.76 \$ 760,879.57	

## BAT CAVE VOLUNTEER FIRE & RESCUE DEPARTMENT, INC. STATEMENTS OF ACTIVITIES

#### For the Years Ended June 30, 2022 and 2021

	{	5-30-2022		6-30-2021
CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS:				
Revenues and gains Henderson County Donations Grants	\$	132,612.62 1,681.61 8,446.86	\$	133,996.52 2,187.46 9,245.00 255.43
Interest income Land returned to donor Miscellaneous income TOTAL REVENUES AND GAINS WITHOUT DONOR	(	103.56 10,000.00) 225.00		0.00 0.00
RESTRICTIONS	\$	133,069.65	\$	145,684.41
NET ASSETS RELEASED FROM RESTRICTIONS Restrictions satisfied by payments TOTAL NET ASSETS RELEASED FROM	\$	0.00	\$	0.00
RESTRICTIONS	\$	0.00	\$	0.00
TOTAL REVENUES, GAINS, AND OTHER SUPPORT WITHOUT DONOR RESTRICTIONS	\$	133,069.65	\$	145,684.41
Expenses Program Services Supporting Services Fund-raising	\$	112,709.75 13,039.13 0.00	\$	114,609.27 5,022.84 0.00
TOTAL EXPENSES	\$	125,748.88	\$	119,632.11
INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS	\$	7,320.77	\$	26,052.30
CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS Relief Fund supplement Interest income on relief fund	\$	790.72 4.14	\$	665.52 9.43
Net assets released from restrictions INCREASE (DECREASE) IN NET ASSETS WITH		0.00)	(	0.00)
DONOR RESTRICTIONS	\$	794.86	\$	674.95
INCREASE (DECREASE) IN NET ASSETS NET ASSETS AT BEGINNING OF YEAR	\$	8,115.63 695,553.13	\$	26,727.25 668,825.88
NET ASSETS AT END OF YEAR	\$	703,668.76	\$	695,553.13

#### BAT CAVE VOLUNTEER FIRE & RESCUE DEPARTMENT, INC. STATEMENTS OF FUNCTIONAL EXPENSES For the Years Ended June 30, 2022 and 2021

		6-30-	2022		6-30-2021					
	Program				Program					
	Services	Supporting Services			Services	5	Supporting Services			
		Management				Management				
	Fire & Rescue	and General	Fund-raising	Total	Fire & Rescue	and General	Fund-raising	Total		
Apparatus tools	\$ 359.96	\$ 0.00	\$ 0.00	\$ 359.96	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Auxiliary expenses	0.00	2,880.78	0.00	2,880.78	0,00	0.00	0.00	0.00		
Buildings and grounds	11,914.25	1,323.81	0.00	13,238.06	14,221.38	1,580.15	0.00	15,801.53		
Communications	730.35	0.00	0.00	730.35	11,728.90	0.00	0.00	11,728.90		
Contract services	1,740.89	0.00	0.00	1,740.89	979.58	0.00	0.00	979.58		
Depreciation	26,121.13	0.00	0.00	26,121.13	32,767.42	0.00	0.00	32,767.42		
Dues and subscriptions	457.46	0.00	0.00	457.46	4,510.48	0.00	0.00	4,510.48		
Flowers and gifts	516.68	0.00	0.00	516.68	0.00	0.00	0.00	0.00		
Food	374.52	0.00	0.00	374.52	222,89	0.00	0.00	222.89		
Insurance	17,321.00	0.00	0.00	17,321.00	16,858.00	0.00	0.00	16,858.00		
Interest expense	2,149.54	0.00	0.00	2,149.54	2,858.69	0.00	0.00	2,858.69		
Medical equipment and supplies	744.39	0.00	0.00	744.39	1,880.27	0.00	0.00	1,880.27		
Operational supplies	70.50	0.00	0.00	70.50	814.71	0.00	0.00	814.71		
Pension fund contributions	0.00	0.00	0.00	0.00	0.00	240.00	0.00	240.00		
Postage and stamps	0.00	64.00	0.00	64.00	0.00	64.00	0.00	64.00		
Printing and copying	0.00	595.50	0.00	595.50	0.00	368.88	0.00	368.88		
Professional fees	0.00	6,300.00	0.00	6,300.00	0.00	1,091.00	0.00	1,091.00		
Training and schools	70.00	0.00	0.00	70.00	0.00	0.00	0.00	0.00		
Uniforms	2,921.74	0.00	0.00	2,921.74	0.00	0.00	0.00	0.00		
Utilities										
Electricity	3,047.55	338.62	0.00	3,386.17	3,020.13	335.57	0.00	3,355.70		
Internet	821.03	91.23	0.00	912.26	665.37	73.93	0.00	739.30		
Propane	3,037.65	337.52	0.00	3,375.17	3,922.69	435.86	0.00	4,358.55		
hone	941.37	104.60	0.00	1,045.97	425.66	47.30	0.00	472,96		
/ision	0.00	1,003.07	0.00	1,003.07	0.00	786.15	0.00	786.15		
Vehicles										
Fuel	2,728.52	0.00	0.00	2,728.52	1,100.76	0.00	0.00	1,100.76		
Maintenance and safety equipment	36,641.22	0.00	0.00	36,641.22	18,632.34	0.00	0.00	18,632.34		
Total Expenses	\$ 112,709.75	\$ 13,039.13	\$ 0.00	\$ 125,748.88	\$ 114,609.27	\$ 5,022.84	\$ 0.00	119,632.11		

## BAT CAVE VOLUNTEER FIRE & RESCUE DEPARTMENT, INC. STATEMENTS OF CASH FLOWS

#### For the Years Ended June 30, 2022 and 2021

		6-30-2022	_	6-30-2021
CASH FLOWS FROM OPERATING ACTIVITIES Cash received from governments Cash received from contributors Interest received Cash received from other revenue sources Cash paid to employees and suppliers Interest paid NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ ( ( )	133,943.38 1,681.61 107.70 9,462.58 97,861.19) 2,149.54) 45,184.54	\$ ( ( \$	132,740.33 2,187.46 264.86 9,910.52 84,367.48) 2,858.69) 57,877.00
CASH FLOWS FROM INVESTING ACTIVITIES Payments for property and equipment NET CASH USED BY INVESTING ACTIVITIES	<u>\$(</u> \$(	17,349.86) 17,349.86)	<u>\$(</u> \$(	10,909.49) 10,909.49)
CASH FLOWS FROM FINANCING ACTIVITIES Payments to Hometrust Bank NET CASH PROVIDED BY FINANCING ACTIVITIES	<u>\$(</u> \$(	9,208.66) 9,208.66)	<u>\$(</u> <u>\$(</u>	9,804.48) 9,804.48)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS BEGINNING CASH AND CASH EQUIVALENTS ENDING CASH AND CASH EQUIVALENTS	\$ <u>\$</u>	18,626.02 512,506.36 531,132.38	\$ \$	37,163.03 475,343.33 512,506.36
Reconciliation of Change in Net Assets to Net Cash Provided (Used) by Operating Activities				
Change in net assets Adjustments to reconcile change in net assets to net cash used by operating activities	\$	8,115.63	\$	26,727.25
Noncash revenues and expenses				
Depreciation Land returned to donor		26,121.13 10,000.00		32,767.42 0.00
Changes in current assets and liabilities (Increase) Decrease in taxes receivable Increase (Decrease) in accrued expenses payable	_(_	1,330.76 382.98)	(	1,256.19) 361.48)
Net cash provided by operations	\$	45,184.54	\$	57,877.00

#### NOTE A-NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

#### Organization and Nature of Activities

The Bat Cave Volunteer Fire Department was started in 1974 by a small group of concerned citizens of the Bat Cave community who, recognizing the need for improved protection from fire emergencies in this remote part of Henderson, came together to form an all-volunteer organization to meet this need. These folks, starting only with their own money, a few small donations, and a used chicken delivery truck that they converted into a primitive fire engine, established the organization, which became today's Bat Cave Volunteer Fire & Rescue Department. Membership grew and we became incorporated, added some used fire engines, some land, and built a building that is today debt free. By 1993 the increasing number of responses to non-fire emergencies caused the addition of the words "& Rescue" to our name and the acquisition of a dedicated rescue vehicle with EMT staff to man it. Over the years we have continually upgraded existing equipment and acquired new capability, so that today we have nine first line response vehicles, four of which are new equipment, and we are staffed by 24 adult volunteers ready to meet the needs of the Bat Cave community.

The operations of the department include fire, medical and rescue. We use a minimal budget and any donations, along with any grants we can get. Our department is totally staffed by volunteers of our community, that take multiple hours of training to be firefighters and EMT's. Most of our calls are medical, car accidents and public service (trees down and power lines). Along with a couple of house fires and multiple brush fires each year. With every year passing, it becomes increasing harder to keep volunteers, but we have a strong community involvement to keep operating under the original ideas laid out by the founding members.

The Fire Department is a North Carolina chartered not-for-profit organization incorporated as of 1974. There is no capital stock and all funds received are devoted exclusively to the purpose designated in the charter which primarily is fire protection for the community of Bat Cave, North Carolina.

#### Cash and Cash Equivalents

For purposes of the statement of cash flows, the Department considers all unrestricted highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

#### Promises to Give

Contributions are recognized when the donor makes a promise to give to the Department that is, in substance, unconditional. Contributions that are restricted by the donor are

reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

The Department uses the allowance method to determine uncollectible unconditional promises receivable. The allowance is based on prior years' experience and management's analysis of specific promises made.

#### **Property and Equipment**

It is the Department's policy to capitalize property and equipment over \$500.00. Lesser amounts are expensed. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as contributions without donor restrictions unless the donor has restricted the donated asset for a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as contributions with donor restrictions. Absent donor stipulations regarding how long those assets must be maintained, the Department reports expiration of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Department reclassifies net assets with donor restrictions to net assets without donor restrictions at that time. Property and equipment are depreciated using the straight-line method over their estimated useful lives.

#### **Contributed Services**

No amounts have been reflected in the financial statements for donated services. The Department generally pays for services requiring specific expertise. However, 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.

#### Contributions

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence or nature of any donor restrictions.

#### Income Tax Status

The Department is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation.

#### **Estimates**

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.

#### NOTE B-RESTRICTIONS ON NET ASSETS

#### Net assets with donor restrictions

All of the restrictions on net assets at June 30, 2022 and 2021 are related to the Firemen's Local Relief Fund. The North Carolina Law requires the Relief Fund Monies may be used ONLY for the purpose of caring for firemen who are hurt in the line of duty or their dependents. These monies may be spent for no other purpose unless approval is received for the North Carolina Firemen's Association, Secretary's Office, or the North Carolina Legislature. Net assets with donor restrictions on net assets for the Firemen's Local Relief Fund as of June 30, 2022 and 2021 amounts to \$20,884.72 and \$20,089.86, respectively.

#### NOTE C-LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The following reflects the Department's financial assets as of the balance sheet date, reduced by amounts not available for general use because of contractual or donor-imposed restrictions within one year of the balance sheet date.

		6-30-2022	6-30-2021			
Financial assets at year-end	\$	532,520.38	\$	515,225.12		
Less those unavailable for general expenditures within one year, due to:						
Donor-restricted for relief fund		20,884.72		20,089.86		
Financial assets available to meet cash needs for general expenditure within one year	<u>\$</u>	511,635.66	<u>\$</u>	495,135.26		

#### NOTE D-TAXES RECEIVABLE

Taxes receivable represents amounts collected on behalf of the Bat Cave Fire District by Henderson County but not remitted to the Fire Department as of June 30, 2022 and 2021. The dollars shown represent amounts which could be quantified by the Henderson County Tax Offices. It is recognized that uncollected fire district taxes exist in Henderson County,

but none could be quantified by the County's tax office. As of June 30, 2022 and 2021, there are property taxes receivable from Henderson County of \$1,388.00 and \$2,718.76, respectively.

#### NOTE E-PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

		Beginning		Additions		Disposals		Ending
Land and buildings	\$	307,500.00	\$	0.00	\$	10,000.00	\$	297,500.00
Furniture and fixtures		2,550.00		8,263.28		0.00		10,813.28
Firefighting and rescue equipment		205,186.16		9,086.58		0.00		214,272.74
Office equipment		4,609.49		0.00		0.00		4,609.49
Vehicles		975,000.00		0.00		0.00		975,000.00
Total property and equipment	\$	1,494,845.65	\$	17,349.86	\$	10,000.00	\$	1,512,195.51
Accumulated depreciation	_(	1,247,715.19)	_(	26,121.13)		0.00	_(	1,273,836.32
Net property and equipment	\$	247,130.46	\$(	8,771.27)	\$	10,000.00	\$	228,359.19
	_		_		_			

#### NOTE F-LONG TERM NOTES

#### Notes Payable

On October 30, 2006 the Fire Department obtained a loan from HomeTrust Bank in the amount of \$200,000.00. The loan is to be repaid in twenty-one annual principal and interest payments. The first payment of \$50,000.00 was due at inception on October 30, 2006, and the remaining twenty of \$13,024.65 each subsequent year. The interest rate on the principal outstanding is 5.95%. The loan proceeds were used to purchase an Emergency-One fire apparatus mounted on a 2006 4WD International chassis, which also serves as collateral on the loan. The loan balance as of June 30, 2022 is \$54,925.72.

Long-term debt is scheduled to mature over the next five years as follows:

6-30-2023	\$ 9,755.76
6-30-2024	\$ 10,336.23
6-30-2025	\$ 10,951.24
6-30-2026	\$ 11,602.84
6-30-2027	\$ 12,279.65

#### NOTE G-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 volunteers; and natural disasters.

The Department carries commercial coverage for all risks of loss, including property and

general liability insurance, and worker's 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 fiscal years.

#### NOTE H-ECONOMIC DEPENDENCE

Approximately 99% of total revenues of the general fund for the year ended June 30, 2022 came from special fire district ad valorem taxes levied by Henderson County.

#### NOTE I-EVALUATION OF SUBSEQUENT EVENTS

The Department has evaluated subsequent events through December 19, 2022, the date which the financial statements were available to be issued.

### Form **990**

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2021

epartment of the Treasury ternal Revenue Service

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

20 2022

Α	For th	ie 2021 calen	dar year, or tax year beginning //01 , 2021, and	enging	0/			20 2022	
В	Check if	f applicable:	C			D Employ	er ident	ification numbe	r
		dress change	BAT CAVE VOLUNTEER FIRE DEPARTMENT INC						
	$\vdash$	•	PO BOX 11			E Telepho	ne num	ber	
	$\vdash$	me change	BAT CAVE, NC 28710-0011			828.	-625	-9313	
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<u>J</u>		bsite: ► N/							N/C
K	Form	of organization:	X Corporation Trust Association Other LYear of	of formation:	197	4 M S	itale of	legal domicile:	NC
Pa	rt l	Summai	v						
2.77	1	Briefly descr	be the organization's mission or most significant activities: TO PRO	OVIDE	SUPE	RIOR F	IREF	IGHTING	AND
		EMERGENC	Y SERVICES TO THE RESIDENTS WITHIN THE BAT	CAVE	FIRE	DIST	RICT	AND MUI	'UAL
<b>Governance</b>		A TINE THE	ROUGHOUT HENDERSON COUNTY AS NEEDED.						
듄		TINE TIME	0000001 HHUDDINON 000011						
늘	_	5-75-5	ox F if the organization discontinued its operations or disposed	of more	than 2	5% of its	net as	sets.	
ō	2	Check this b	oting members of the governing body (Part VI, line 1a)	, 01 111010			l 3 l		_6
9	3	Number of V	dependent voting members of the governing body (Part VI, line 1b).	L			4		- 6
ŝ	4	Number of it	r of individuals employed in calendar year 2021 (Part V, line 2a)		. ,		5		<u>6</u> 0
₽	5	Total numbe	r of volunteers (estimate if necessary)				6		0
Activities &	6	Total numbe	r of volunteers (estimate if necessary)				7a		0.
ğ	7 a	Total unrelat	ed business revenue from Part VIII, column (C), line 12				76		<del></del>
	b	Net unrelate	d business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		_ /0	Çurren	
			-			rior Year			
	8	Contributions	s and grants (Part VIII, line 1h)	.,,,,,,,,		11,4			10,129.
Revenue	9	Program ser	vice revenue (Part VIII, line 2g)	[		133,9		1.	32,613.
힏	10	Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)				<u> 265.</u>		108.
ē	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	[			566.		-8 <u>,984.</u>
_	12	Total revenu	e add lines 8 through 11 (must equal Part VIII, column (A), line 1	2) [	-	146,3	360.	1	33,866 <u>.</u>
_	1	Create and	similar amounts paid (Part IX, column (A), lines 1-3)			-			
	13	Granis and	d to or for members (Part IX, column (A), line 4)						
	14	Benefits par	to or for members (Part IX, Column (A), line 4)	^/					
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10						
Še	16a	Professional	fundraising fees (Part IX, column (A), line 11e)						
Expenses			ising expenses (Part IX, column (D), line 25) -	1					
.8	0	i i otal iulidia	Ising expenses (i art ix, column (e); into 20)	<del></del>	***********	119,			25,750.
	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)						25,750.
	18	Total expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)			119,		<u></u>	
	19	Revenue les	s expenses. Subtract line 18 from line 12.			26,			8,116.
ъ	<u>.                                      </u>			- 1	Beginni	ng of Curre	nt Year	End of	
ŧ	20	Total assets	(Part X, line 16)			762,	356.	7	60,880.
8	21		es (Part X, Jine 26)			66,1			57,211.
Net Assets	밑 ~ '			1		695,		7	03,669.
ž,	22		or fund balances. Subtract line 21 from line 20			093,			00,000.
P	art II	<ul><li>Signatu</li></ul>	re Block						
Une	der pena	alties of perjury, I	declare that I have examined this return, including accompanying schedules and statement parer (other than officer) is based on all information of which preparer has any knowledge.	ts, and to the	e best of	my knowledg	e and b	elief, it is true, c	orrect, and
COL	npiete. D	Declaration of prep	parer (other than officer) is based on all information of which preparer has any knowledge.						***
			\$ TO 1						
S	gn	Signa	lure of officer		D	ate			
Н	ere	L crrt	EVE FREEMAN		CHAI	RMAN			
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	se Or					Firm's EIN	<b>•</b>		
	- •		ARDEN, NC 28704			Phone no.	(82	8) 687-	8824
_		IDC discuss	this return with the preparer shown above? See instructions			1		. X Yes	No
		ICCS DISCUSS	uns return with the preparer shown above; see instructions						

Form	990 (2021) BAT CAVE VOLUNT	EER FIRE DEPARTMENT INC		Page 2
	t III Statement of Program Se	rvice Accomplishments		
4 (41)	Check if Schedule O contains a	response or note to any line in this Pa	rt III	
1	Briefly describe the organization's miss			
•	TO PROVIDE SUPERIOR FIRE	FIGHTING AND EMERGENCY S	ERVICES TO THE RESIDENTS	WITHIN THE
	DAM CAME PIDE DISTRICT A	ND MUTUAL AIDE THROUGHOU	T HENDERSON COUNTY AS NE	EDED.
	BAI CAAF LIKE DISIKICI A	MD MOTORE ATDE THEOREMS	7 TITLE TO SEE TO SEE THE TITLE TO SEE	
_	Did the organization undertake any signifi	cant program services during the year wh	ich were not listed on the prior	
2	Form 990 or 990-EZ?	Cart program services during the year mi		Yes X No
	If "Yes," describe these new services on \$	scredule O.	conducts any program services?	Yes X No
3	Did the organization cease conducting		conducts, any program services	
	If "Yes," describe these changes on Sche	aule O.	the state of program continue as mos	eurad by avaances
4	Describe the organization's program so Section 501(c)(3) and 501(c)(4) organi	ervice accomplishments for each of its	int of grants and allocations to others.	the total expenses,
	and revenue, if any, for each program	service reported.		
	;			
	(Code: ) (Expenses \$	112,710. including grants of	\$ ) (Revenue \$	)
46	DROWTDED CHREDTON FIRE	PROTECTION AND EMERGENCY	SERVICES TO THE CITIZENS	IN THE BAT
	CAVE AND SURROUNDING COM	MUNITIES IN ALL EMERGENC	Y STTUATIONS AND STORMS.	
	CAVE AND SURROUNDING COM		7_0717717717717777	
4	b (Code: ) (Expenses \$	including grants of	\$) (Revenue \$_	)
	c (Code: ) (Expenses \$	including grants of	\$) (Revenue \$	)
4	c (Code:) (Expenses \$			
		<del> </del>		
				<del>_</del>
_				
4	d Other program services (Describe on	Schedule O.)		
	(Expenses \$	including grants of \$	) (Revenue \$	)
4	e Total program service expenses	112,710.		

Form 990 (2021) BAT CAVE VOLUNTEER FIRE DEPARTMENT INC Part V Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х 3 for public office? If 'Yes,' complete Schedule C, Part I..... 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . . . Х 5 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 'Yes,' complete Schedule D, Х 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 complete Schedule D, Part III . . . . . . . . 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. Х 9 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. Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D, Part VI..... 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 Х 11 b c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. Х 11 c Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . . 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... Х 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI and XII.... 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional..... 12 b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV..... Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV..... Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11c? If 'Yes,' complete Schedule G, Part I. See instructions..... Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 complete Schedule G, Part III..... Х 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H...... 20a

20b

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....

Ĺ

Pai	1V3 Checklist of Required Schedules (continuea)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	. 22	Yes	No X
	column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	.   22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	. 23		X
24 8	a 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		ļ	.,
	complete Schedule K. If 'No, 'go to line 25a	. 24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?			
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	. 25a		х
ı	b Is the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	. 25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 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		х
27	and the second or other popietones to any current or former officer director, trustee key	. 27		x
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 filling thresholds, conditions, and exceptions):			¥,
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  'Yes,' complete Schedule L, Part IV	. 28a		Х
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	. 28b		Х
	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.	. 280		х
29	the state on the same and contributions? If 'Ves' complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	. 31	_	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100 of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part !	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		x
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35t		_
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		<u></u>
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			х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, tines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	art 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		Yes	
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u></u> 0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	ersening C	( (BW 287.4)
ВА	755403041 00/00/01	For	n <b>990</b>	(2021

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.... 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3 a 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.. 3 b b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)?. 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). Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible? ..... 7 Organizations that may receive deductible contributions under section 170(c). 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?.... 7 a bilf 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c **\*** d If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?.... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring THE ROLL STATE 8 organization have excess business holdings at any time during the year?..... 武士 连建 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 9 a 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders ..... b Gross income from other sources. (Do not net amounts due or paid to other sources 116 against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a bilf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year..... | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?..... 13 a 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 the organization is licensed to issue qualified health plans ..... c Enter the amount of reserves on hand..... 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 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 Х 15 excess parachute payment(s) during the year?..... If 'Yes,' see the instructions and file Form 4720, Schedule N. Х 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... 16 iT. If 'Yes,' complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?...... If 'Yes,' complete Form 6069

Par	t VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b by a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	elow, ges d	and on	for
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. X
<u> </u>				
Sec	tion A. Governing Body and Management	· I	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a  15 there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent			
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	yd.	X
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		х
4	Did the organization make any significant changes to its governing documents	-		
-	since the prior Form 990 was filed?	4		X
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	X	
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a	Х	
	midmbels of the governing body:			
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body?	7 b	X	INGS
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		100	
á	The governing body?	8 a	X	├
1	b Each committee with authority to act on behalf of the governing body?	8 b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	event	ie C	ode.)
			Yes	NO
10:	a Did the organization have local chapters, branches, or affiliates?	10 a		X
1	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 ь		
11:	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	200		<b>F</b>
12:	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		X
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
,	c Did the organization regularly, and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done	12 c		
12	to the bound of the subject of the s	13	Х	
13	Did the organization have a written document retention and destruction policy?	14		Х
14 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?			
	a The organization's CEO, Executive Director, or top management official	15a		X
	b Other officers or key employees of the organization.	15b		X
	b Other officers or key employees of the organization.	100	11-7-11-2	FESTA
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	22 W	1,00	
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	100000	Х
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 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?	16 b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)	(3)s o	nly)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	the public during the tax year. SEE SCHEDULE O	lable to		
20				
	TOYCE FREEMAN PO BOX 41 BAT CAVE NC 28710 828-625-9313			

BAA

D	-

Form 990 (2021)

Form 990 (2021) BAT CAVE VOLUNTEER FIRE DEPARTMENT INC

## 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.

#### lection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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, 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.

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

BAA

X Check this box if neither the organization nor any rela				(C)	,					
(A) Name and title		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other
		or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) STEVE FREEMAN	11_									
CHAIRMAN	0	Х		Х	<u> </u>	$\vdash$		0.	0.	0.
(2) RICHARD BARNWELL CHIEF	$-\frac{1}{0}$	х						0.	0.	0.
(3) KENNY HARRILL	1	v						0.	0.	0.
MEMBER	0	X			-		├-		· · ·	
(4) JOYCE FREEMAN SEC/TREAS		x						0.	0.	0.
(5) JACKEY MORGAN MEMBER		Х						0.	0.	0.
(6) RON SOBIN MEMBER	1	Х						0.	0.	0.
(7)										
(8)	<b>_</b>	$\vdash$								
(9)				_						
(10)				_						
(11)		<del> </del>								
(12)					T			-		
(13)			T		T	1				
(14)		<del> </del>	T	$\vdash$	-	T	T			

TEEA0107L 09/22/21

Part VII Section A. Officers, Directors, Tru	istees, l	Key	Em	ıplo	ye	es,	anc	Highest Com	pensated Emp	loyees (continued)
	(B)			((						
(A) Name and titlo	Average hours per	box	, unie	ess pe	erson	than is bot or/trus	h an	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	i wante				*	g ,∓	ਨ	the organization (W-2/1099	related organizations (W-2/1099-	of other compensation from the organization
	hours for	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	me	MIŠC/1099-NEC)	MISC/1099-NEC)	and related organizations
	related organiza - tions	<b>5</b> €	8	`	횽	ee on				
	below	Ag	탏		8	pen				
	line)	8	ह			Sated				
	<u> </u>	<u> </u>			<u> </u>	$\vdash$	<u> </u>			
(15)	<del> </del>									
(16)				<u> </u>		$\vdash$				
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(17)										
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.24)	<b> </b>									
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(25)	┨ <u></u>									
1 b Subtotal							>	0.	0	. 0.
c Total from continuation sheets to Part VII, Secti	ion A						<b>&gt;</b>	0.	0	
d Total (add lines 1h and 1c)						<b></b>		0.	0.	
Total number of individuals (including but not limited	to those	listed	abo	ve)	who	rece	ived	more than \$100,00	of reportable corr	ipensation
from the organization • 0										Yes No
	alau tuunt			mn	lovo	^ ^r	hia	hest compensated	d employee	<b>医基基群 科特</b>
3 Did the organization list any former officer, direct on line la? If 'Yes,' complete Schedule J for suc	ch individ	ual	ey e		oye		, ing			3 Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	er than \$	150,0	100?	If '	Yes,	' cor	npie	ete Schedule J for		. 4 X
The second secon		ncati	on f	rom	anv	unre	elate	ed organization or	individual	FE 566 34
for services rendered to the organization? If Ye	s,' comple	ete S	che	dule	Jf	or su	ch p	person		5 X
Section B. Independent Contractors  1 Complete this table for your five highest compen	and ad inc	lanar	adar	at oc	ntra	ector	e the	at received more	than \$100 000 of	<del></del>
complete this table for your five highest comper compensation from the organization. Report comper	nsation for	the o	aler	ndar	yea	r end	ling	with or within the o	rganization's tax yea	ar.
(A) Name and business add								Description	)	(C) Compensation
Name and ousiness address Description of services Odifferioation										
								-		
2 Total number of independent contractors (including		nited	to th	ose	liste	d abo	ove)	who received more	e than	
\$100,000 of compensation from the organization	¹ ► 0								3	Form 990 (2021

Part	VI	Check if Schedule	rev • ∩ /	contains a r	esnoi	nse or note to an	v line in this Part V	III		
		CHECK II SCHEOLI		CONTRAINS & I	<del>c sp</del> oi	ise of flote to dri	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512-514
ห้ห	1 a	Federated campaig	ns.,		i a			18 S. S. S. S.		
Contributions, Gifts, Grams, and Other Similar Amounts	b	Membership dues			l b					
ا ق ق	c	Fundraising events.			l c					
養罰		Related organizatio			1 d					
S, [E]		Government grants (cont			l e	8,447.	19 S. MARK	Mark Market		
N S	f	All other contributions, g similar amounts not include:	ifts,'g udad s	rants, and	1 f	1,682.	ar the same of	ere e Compris		
复製		Noncash contributions in	cluded	din ├─	-	1,002.			91	
통험	-	lines 1a-1f			1 g					
	_ h	Total. Add lines 1a-	lf		·····	Business Code	10,129.	TOTAL PROPERTY.		
Program Service Revenue	2.	. WENDERCON CO	מוצד זא	rv	-	Busiliess cone	132,613.	132,613.	17.6	CANADA CONTROL A SCALAR STATE OF THE STATE O
\$	28	HENDERSON_CO	ΜÑ				152,015	132,010.		
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Ξį	,	<u></u>			-					
ૐ	,	'								
眶	f	All other program s	ervio	e revenue						
ξ	ç	Total. Add lines 2a					132,613.		機能的表面的	
<del>-</del>	3	Investment income (	inclu	ding divident	ls, int	erest, and	100	100		
		other similar amou	nts).				108.	108.		
	4	Income from invest								
Į	5	Royalties		(i) Rea		(ii) Personal	us <i>orale</i> si element	Programme States		
	_	0	6a	(I) rear	—-	(ii) Farabilai		tell'interior		
		Gross rents	6b	<u></u>		<del> </del>			in the state of	
		b Less; rental expenses c Rental income or (loss)	_							
		d Net rental income o				<u> </u>	And the state of t	Section and the section of the secti		
			(1)	(i) Securit		(ii) Other		Services Constitution		
	7:	a Gross amount from sales of assets	_						100000000000000000000000000000000000000	. Wat he detailed
	١.	other than inventory b Less: cost or other basis	7a	<u> </u>						
	'	and sales expenses	7bi							Constant Cons
	,	c Gain or (loss)	7с				<b>建设工业企业</b>	1307 A	<b>新聞的時期間的</b>	<b>《新</b> 》(新年)
	١,	d Net gain or (loss).								TOTAL STREET
ø	8	a Gross income from fund	lraisin	g events						
Š		(not including \$	1 1	1	-	}				
ě		of contributions reported			8 a	205				
تر عد		See Part IV, line 18			8 b				State of the	Herrita in the late
Other Revenue		<ul> <li>b Less: direct expense</li> <li>c Net income or (los</li> </ul>					225.			7,04.00. 24.24.20.40.
Ф	ı				,			\$1965 To 17 15 15 15 15		
	9	a Gross income from gam See Part IV, line 19	ing ac	ctivities.	9 a					
		b Less: direct expen			9 b				A IT TO STORM	经数据的数据
		c Net income or (los			activi	ties			TANA A TA	The company of the co
	1						ALT	THE RESERVE OF THE PERSON NAMED IN	Mary Control	
		<ul> <li>a Gross sales of inventory returns and allowances</li> </ul>			10 a	1				A TANKS
	b Less: cost of goods sold 10b						MAN THE STREET			
	<u> </u>	c Net income or (los	s) fr	om sales of	inve				Upraera Saliteratemen	 
9	<u>_</u>				_	Business Code	WAS MINISTER	791.	A Marie Control of the Control	· · · · · · · · · · · · · · · · · · ·
8 3	Į T	a RELIEF FUND					791. -10,000.	-10,000.	-	
2 2		b RETURN OF L	ΨŇΠ	TO DON	OK.		-10,000.	-10,000.		
Scellaneo		d All other revenue.					<del>                                     </del>			
Miscenaneous Revenue	1	e Total. Add lines 11				······	-9,209.		National Application	
	12	Total revenue. See					133,866.		0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) o ganizations must com				
	Check if Schedule O contains a re	esponse or note to any	line in this Part IX		
ეი n 6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
•	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
•	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
-	Other employee benefits				
10	Payroll taxes				
	Fees for services (nonemployees):			ļ	
	Management				
b	Legal		-A		
С	Accounting	6,300.	- w	6,300.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			or books and only	<del> </del>
	Investment management fees				
_	Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	21,914.	18,820.	3,094.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				ļ
20	Interest	2,150.	2,150.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,121.	26,121.		
23	Insurance	17,321.	17,321.		
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses				
	on line 24e. If line 24e amount exceeds 10%		0.7		
	of line 25, column (A), amount, list line 24e expenses on Schedule O.)	Factor Destroy			
	L <sup>2</sup>	36,641.	36,641.		
	VEHICLE MAINTENANCE	2,922.	2,922.	-	
	UNIFORMS	2,881.	2,322.	2,881.	
	AUXILIARY EXPENSES	2,729.	2,729.	2,001,	
	VEHICLE FUEL	6,771.	6,006.	765.	
	Total functional expenses. Add lines 1 through 24e	125,750.	112,710.	13,040.	0.
26		123,730.	222,120.		
BAA		TEEA0110L 0	9/22/21		Form 990 (2021)

Page 11 Form 990 (2021) BAT CAVE VOLUNTEER FIRE DEPARTMENT INC Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (B) Beginning of year End of year 185,861 Cash - non-interest-bearing..... 167,765 1 2 Savings and temporary cash investments ..... 344,741 345,272 2 Pledges and grants receivable, net ..... 3 3 2,719 4 388 Accounts receivable, net ..... Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons....... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 7 Notes and loans receivable, net ..... 8 Inventories for sale or use..... 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D...... 10 a 1,502,195 10 c 228,359 b Less: accumulated depreciation..... 10 b 1,273,836. 247,131 11 Investments - publicly traded securities..... 11 12 Investments - other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 13 14 14 15 Other assets. See Part IV, line 11..... 15 760,880. 762,356. 16 Total assets. Add lines 1 through 15 (must equal line 33)..... 16 2,668 17 2.285 Accounts payable and accrued expenses..... 17 Grants payable..... 18 18 Deferred revenue ..... 19 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payab'es to any current or former officer, director, trustee, 22 key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 22 Secured mortgages and notes payable to unrelated third parties..... 23 54,926 64,134 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 66.803 26 57,211 Total liabilities. Add lines 17 through 25..... Organizations that follow FASB ASC 958, check here Fund Balances and complete lines 27, 28, 32, and 33. 27 682,784 675,463 Net assets without donor restrictions..... 28 20,885 20,090 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

λēt 762,356. 33 760,880 Form 990 (2021) BAA

Capital stock or trust principal, or current funds.....

Paid in or capital surplus, or land, building, or equipment fund ......

Retained earnings, endowment, accumulated income, or other funds.....

Total net assets or fund balances.....

29

30

31

32

703,669

695,553.

b

Assets 30

31

32

orr	m 990 (2021) BAT CAVE VOLUNTEER FIRE DEPARTMENT INC		Pa	ge 12
	rt XI Reconciliation of Net Assets	•		
	Check if Schedule O contains a response or note to any line in this Part XI			
1		1	33,8	66.
2	Total expenses (must equal Part IX, column (A), line 25)	1	25 <i>,</i> 7	50.
3	Revenue less expenses. Subtract line 2 from line 1		8,1	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	6	95,5	53.
5				
6	Donated services and use of facilities			
7				
8				
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	7	03,6	69.
Da	irt XIII Financial Statements and Reporting			
га	Check if Schedule O contains a response or note to any line in this Part XII.			П
	Check if Schedule O contains a response of note to any line in this fact All.	1	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain			
	on Schedule O.			X
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	467878	
	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  Both consolidated and separate basis	ii.L.S.		
	b Were the organization's financial statements audited by an independent accountant?	2 b	Х	
	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:  X Separate basis  Consolidated basis  Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	X	area ann a
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			ja,
3	Ba As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		X
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3 b		

TEEA0112L 09/22/21

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Form 990 (2021)

#### SCHEDULE D (Form 990)

epartment of the Treasury ternal 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

Open to Public Inspection Employer identification number

name of the organization

BAT CAVE VOLUNTEER FIRE DEPARTMENT INC 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..... Aggregate value of contributions to (during year) . . . . . Aggregate value of grants from (during year) . . . . . . . . . Aggregate value at end of year..... 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?.... No Yes 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 conferring Yes Nο impermissible private benefit?.... 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a a Total number of conservation easements...... 2ь b Total acreage restricted by conservation easements ..... c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2 d structure listed in the National Register ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.... 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)?.... 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. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a 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. **b** 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..... (ii) Assets included in Form 990, Part X..... 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: a Revenue included on Form 390, Part VIII, line 1..... 

Part III Organizations Maintair						unue	<i>30)</i>
3 Using the organization's acquisition, items (check all that apply):	accession, and oth	ner records, check an	y of the following that m	ake significant use of its o	collection		
a Public exhibition		d Loan o	r exchange program				
b Scholarly research		e Other	• , -				
c Preservation for future genera	tions						
4 Provide a description of the organiza		and explain how they	further the organization:	s exempt purpose in			
Part XIII.							
5 During the year, did the organizati to be sold to raise funds rather that	an to be maintain	en as barr of the or	danization 5 conceitori		Yes	Dor	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangement mount on For	s. Complete if thm 990, Part X, I	ne organization an ine 21.	swered Yes on For	m 990,	Pari	. IV,
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian or	other intermediary f	or contributions or oth	er assets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement i	n Part XIII and co	omplete the following	g table:				
On roa, oxplan are the same		,			Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e		_	
f Ending balance				1f	¬		7
2 a Did the organization include an an	nount on Form 99	90, Part X, line 21, i	for escrow or custodial	account liability? [	Yes	-	No
b If 'Yes,' explain the arrangement i	in Part XIII. Chec	k here if the explan	ation has been provide	ed on Part XIII		٠. ا_	ا
				000 D-4 IV II-	- 10		
Part V Endowment Funds. Co			swered Yes on Fo	orm 990, Part IV, III	(e) Four		haalı
	(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) Four	years	Dauk
1 a Beginning of year balance :					<del>                                     </del>		
b Contributions							
c Net investment earnings, gains, and losses					ļ		
d Grants or scholarships					<del> </del>		
e Other expenditures for facilities and programs							
f Administrative expenses					<del> </del>		
g End of year balance							
2 Provide the estimated percentage		ear end balance (lin	e 1g, column (a)) held	as:			
a Board designated or quasi-endowme							
b Permanent endowment ►							
c Term endowment	*	1000					
The percentages on lines 2a, 2b, an							
3 a Are there endowment funds not in the	ne possession of th	ne organization that a	re held and administered	d for the	Y	'es	No
organization by:  (i) Unrelated organizations					. 3a(i)		
(ii) Related organizations		• • • • • • • • • • • • • • • • • • • •					
b If 'Yes' on line 3a(ii), are the rela	tad arganizations	listed as required o	n Schedule R?		. 3b		
4 Describe in Part XIII the intended	teu organizations Luces of the orga	nization's endowme	ent funds.				
Part VI Land, Buildings, and I		THE COUNTY OF TH					
Complete if the ofgani	zation answer	ed 'Yes' on Forr	n 990, Part IV, line	e 11a. See Form 99			
Description of property	(a) (	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo		
1 a Land			51,500.				<u>,500.</u>
b Buildings			246,000.		:	<u> 246</u>	<u>,000.</u>
c Leasehold improvements	.,.,						
d Equipment			1,193,882.				<u>,882.</u>
e Other	.,		10,813.	1,273,836.			<u>,023.</u>
Total. Add lines 1a through 1e. (Column	n (d) must equal	Form 990, Part X, o	column (B), line 10c.)				<u>, 359.</u>
BAA				Sched	lule D (For	m 990	ı) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Sookvalue (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of valuation: Cost or and of year market value (c) (c) Method of va	Part VII Investments - Other Securities.	1V1 F 004	N/A	00 Part V line 12
Translated devivatives.			J, Mart IV, line I D. See Form 9	your market value
(2) Closely held equity interests		(b) Book value	(c) Method of Valuation: Cost or elid-of	-year market value
(3) Other (A) (5) (6) (7) (8) (9) (9) (10) (11) (12) (13) (14) (14) (15) (15) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18				<del></del>
(A) (Column (t) must equal from 90, Part X, column (8) time 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book value (c) Book value (c) Method of valuation: Cost or end of year market value (c) Book va				
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)				
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)				
(5) (7) (8) (9) (9) (10) (10) (10) (11) (11) (11) (12) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10			-	
(F) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			-	
(5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(G) Prod. (Column (b) must squal Form \$90, Part X, column (b) line 12)  Part VIIII   Investments — Program Related. Corriplete if the "organization answered "Yes" on Form 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  (d)  (e) Method of valuation: Cost or end-of-year market value  (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
Total. (Column (b) must squal Form 990, Part X, column (c) lines 12).  Part VIIII Investments - Program Related. Complete if the organization answered (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation:				
Total. (Column (b) must equal Form 990, Part X, column (c) line 13. * N/A  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Description of investment (e) Description (e) Method of valuation: Cost or end-of-year market value (e) Method of va	(H)			
Part VIII   Investments - Program Related   Yes' on Form 990, Part IV,   Ine 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   (d) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (f) Method of valuatio				
Complete if the 'organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 15:  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (d) (d) (d) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) >			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-on-year market value (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Part VIII Investments — Program Related.	'Yes' on Form 990	0. Part IV. line 11c. See Form 9	90, Part X, line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (2) (2) (3) (4) (5) (6) (7) (a) (b) Book value  (b) Book value  (c) Institution (b) must equal from 990, Part X, column (b) line 13).  (a) Description  (b) Book value  (c) Googlete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value  (c) Googlete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.  (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(4) (5) (6) (7) (8) (9) (10) otal. (Column (a) must equal Form 993, Part X, column (9) fine 13.).  (a) Description  (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (a) must equal Form 930, Part X, column (B) line 13.)				
(4) (5) (6) (7) (8) (9) (10) Tatal. (Column (b) must equal Form 990, Part X, column (B) line 13).  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15).  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (b) Book value (c) (d) (d) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h				
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Schedule D (Form 990) 2021 P	₹Δሞ	CAVE	VOLUNTEER	FIRE	DEPARTMENT	INC
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Schedule D (Form 990) 2021 BAT CAVE VOLUNTEER FIRE DEPARTMENT I		1 090 4
Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
	2 b	
c Recoveries of prior year grants	2 c	A CONTROL OF THE CONT
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d	,	2 e
3 Subtract line 2e from line 1	, , , , , , , , , , , , , , , , , , ,	3
4 Amounts included on Form 990, Part VIII, fine 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u>.</u>	5
Part XII Reconciliation of Expenses per Audited Financial Statement	s With Expenses per l	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, line 12a.	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
	2b	
c Other losses	2 c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		012457 - 2227 - 24747
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		

Part XIII | Supplemental Information.

Provide 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; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2021

BAA

#### 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.

Attach to Form 990 or Form 990-EZ.

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

2021

OMB No. 1545-0047

'epartment of the Treasury iternal Revenue Service Name of the organization

BAT CAVE VOLUNTEER FIRE DEPARTMENT INC

Employer identification number

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

BYLAWS, PURCHASE OF FIREFIGHTING TRUCKS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

CPA MEETS WITH MEMBERS OF THE BOARD BEFORE SUBMITTING THE TAX RETURNS TO AUTHORITIES.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

IMMEDIATELY AVAILABLE FOR INSPECTION BY PUBLIC UPON REQUEST

## **FEDERAL WORKSHEETS**

## BAT CAVE VOLUNTEER FIRE DEPARTMENT INC

#### FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	112,710.	· 0.	PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	0.		PART VIII, LINE 2, COL. A

# FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
APPARATUS TOOLS COMMUNICATIONS CONTRACT SERVICES DUES/SUBSCRIPTIONS FLOWERS AND GIFTS FOOD/DRINKS MEDICAL SUPPLIES AND EQUIPMENT OPERATIONAL SUPPLIES POSTAGE AND SHIPPING PRINTING AND PUBLICATIONS TELEPHONE TRAINING	360. 730. 1,741. 457. 517. 375. 744. 71. 64. 596. 1,046.	360. 730. 1,741. 457. 517. 375. 744. 71. 941. 70. \$ 6,006.	64. 596. 105. \$ 765.	\$ 0.

2021

# FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

PAGE 1

#### BAT CAVE VOLUNTEER FIRE DEPARTMENT INC

	2021	2020	DIFF
REVENUE CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE INVESTMENT INCOME OTHER REVENUE	10,129 132,613 108 -8,984	11,432 133,997 265 666	-1,303 -1,384 -157 -9,650
TOTAL REVENUE	133,866	146,360	-12,494
EXPENSES OTHER EXPENSES	125,750	119,632	6,118
TOTAL EXPENSES	125,750	119,632	6,118
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR NET ASSETS/FUND BALANCES AT END OF YEAR.	8,116 760,880 57,211 703,669	26,728 762,356 66,803 695,553	-18,612 -1,476 -9,592 8,116

**202**1

## **GENERAL INFORMATION**

PAGE 1

## BAT CAVE VOLUNTEER FIRE DEPARTMENT INC

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH D, SCH O, 8868

**CARRYOVERS TO 2022** 

NONE

#### PREPARER E-FILE INSTRUCTIONS - FEDERAL

#### BAT CAVE VOLUNTEER FIRE DEPARTMENT INC

THE ORGANIZATION'S FEDERAL TAX RETURN IS NOT FINISHED UNTIL YOU COMPLETE THE FOLLOWING INSTRUCTIONS.

#### PRIOR TO TRANSMISSION OF THE RETURN

FORM 8868 NO SIGNATURE IS REQUIRED WITH FORM 8868.

EVEN RETURN NO PAYMENT IS REQUIRED.

#### AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.
WITHIN SEVERAL HOURS, CONNECT WITH LACERTE AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT LACERTE HAS RECEIVED YOUR TRANSMISSION FILE.

CONNECT WITH LACERTE AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.