

**MOUNTAIN HOME FIRE & RESCUE DEPARTMENT  
INCORPORATED  
POST OFFICE BOX 264  
MOUNTAIN HOME, NORTH CAROLINA 28758**

Phone 828-692-8014 • Fax 828-692-3797

Date: March 31, 2023

To: Henderson County Commissioners  
Henderson County Fire & Rescue Advisory Committee

From: Mountain Home Fire & Rescue

Subject: 2023/2024 Budget Summary

**History of Department**

In November of 1964 a group of residents in the Mountain Home/Grimesdale area met to discuss the need for fire protection in that section of the county. As a result, Mountain Home Volunteer Fire Department was established in 1965. This is our fifty-eighth year of service. Station-1 was built in 1967, Station-2 on Howard Gap Road was built in 1990 and Station-3 in Carriage Park was built in 1999. Mountain Home employs nineteen employees – one Chief, one Deputy Chief, one Assistant Chief and three full-time firefighters/EMTs per three 24-hour shift and an office administrator. We also have a permanent part-time employee that fills the fourth position at Station 1. Station 2 employs 2 full-time firefighters/EMTs.

**Goals**

- Provide adequate training and equipment for all volunteers and career personnel.
- Be proactive to expected growth in our response district
- Be prepared to recruit and retain needed volunteers
- Prepare for renovations and addition to Station 1
- We will continue through this budget year to replace utility vehicles on an as needed basis per our normal rotation.
- Hire 1 additional full-time personnel for each shift and maintain our current part-time
- Relocation of Station 3 to better serve the community
- Increasing salaries and maintaining benefits to improve employee retention rate
- Replace outdated Hurst equipment

**Insurance Rating**

Mountain Home Fire & Rescue was inspected by the NC D.O.I. in July of 2019 and received a Fire Protection Class 3 rating.

### **Challenges**

- Potential for growth of our district is limited because of city annexation
- Continue to meet ever increasing federal and state mandates
- Recruit and retain volunteers
- Maintain an appealing compensation package for employees based on surrounding departments – this lowers the possibility of losing valuable personnel to other departments due to pay and benefit differences
- Ensure that all personnel can perform their job functions in a safe environment with the equipment meeting all safety requirements per OSHA and NFPA
- Continue remodeling at Station-1
- Without increased revenue we could see a loss of employees and that coupled with the diminishing numbers of volunteers could affect response times and the ability to serve the community at the standard they deserve and expect

Mountain Home Fire & Rescue welcomes any questions and considerations you may have concerning our 2023/2024 budget.

# Mountain Home Fire & Rescue Budget

Increase involves a cost up front for taxpayers but would allow for increased staffing, faster response times, and hopefully a better insurance rating as we outfit and man an additional station and increase staffing.

## **2023/2024**

Increase starting pay to be competitive with surrounding departments

Increase of \$363,000 to payroll to bring all paid staff up and maintain for 4 years

Maintain benefits

Pay off Engine 17 Replacement

Light duty rescue remodel- sell squad 3 to help pay for the updated apparatus

## **2024/2025**

Annual cost of living raise

Look for land to move Station 3 to Hwy 191

Begin planning process for Station 1 Remodel and Build

## **2025/2026**

Annual cost of living raise

Move Station 3 to Hwy 191

Start expansion and remodel of station 1 in stages

## **2026/2027**

Annual cost of living raise

Adding 1 more person to each shift (3 new staff members) would allow 5 personnel at the main with 2 responding trucks (until station 3 is manned)

# Mountain Home Fire & Rescue Budget

Expansion and remodel of station 1 stages continue

## Station 1 Expansion and Remodel Plan

**Stage 1-** New bays

**Stage 2-** Remodel old bays for offices and training room

**Stage 3-** Expand upstairs for duty staff

### Reasons for Expansion and Remodel

- Current layout is not community friendly
  - No elevator
  - Public building
- Bays are small- need larger to accommodate trucks
- Larger ground level training room
  - Community Risk Reduction Programs (CPR, First Aid, Extinguisher classes)
- Bringing current building up to date (built in 80s)
- Storage areas in new facility will keep carcinogens down
  - Separate sleeping area from truck exhaust
  - Gear room- decon area (separate)

## Station 3- Move

Dependent on timing and the ability to acquire land on 191, we would like to move Station 3 from Carriage Park to 191 to better serve the Haywood Knolls community and the two school system in that district.

Station 3 inside Carriage Park is not beneficial for responding to calls

Response time would be improved

# Mountain Home Fire & Rescue Budget

## Staffing

Ultimately with updated and expanded station 1, updated station 2, and station 3 (moved to 191) we would have 7 duty crew on each shift (3 shifts)

Station 1 (Hwy 25)- 3 duty crew

Station 2 (Howard Gap)- 2 duty crew

Station 3 (Hwy 191)- 2 duty crew

Currently at 5 staff per shift plus 1 part time staff member, ultimate goal is 6 staff per shift with 1 part time staff member with 3 manned stations with the ability to expand station 1 as time allows

This plan would require Mountain Home to hire 3 new duty staff

## 2023-2024 REVENUES

	A	B	C	D	E
1	ITEM DESCRIPTION	2022-2023 BUDGET	YEAR-TO-DATE	2023-2024 BUDGET	INCREASE/DECREASE
2	<b>REVENUE</b>				
3	<b>PRESENT/REQUESTED TAX RATE</b>				
4	<b>ACTUAL HENDERSON COUNTY REVENUE RECEIVED</b>				
5	Henderson County Ad Valorem Taxes	\$1,915,295.04	\$1,961,889.15	\$2,439,621.59	\$524,326.55
6	Donations				\$0.00
7	Fundraising				\$0.00
8	Grants				\$0.00
9	HazMat Charges				\$0.00
10	Interest Income	\$2,000.00	\$1,222.71	\$2,000.00	\$0.00
11	Miscellaneous				\$0.00
12	NC County Sales Tax Refund	\$5,000.00	\$15,665.32	\$5,000.00	\$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	<b>Total Revenues</b>	<b>\$1,922,295.04</b>	<b>\$1,978,777.18</b>	<b>\$2,446,621.59</b>	<b>\$524,326.55</b>
18					
19					
20	<b><u>FOOTNOTES</u></b>				
21	Bonds, Certificates of Deposit, Stocks				\$0.00
22	Contingency Fund - \$769,597.57				\$0.00
23	Future Needs - \$78,011.64				
24	Truck Account - \$211,975.99				
25	Remodel Acct. - \$178,889.49				
26	General Checking - \$104,753.78				
27	Money Market - \$467,275.79				

## 2023-2024 EXPENDITURES

	A	B	C	D	E
1	<b>ITEM DESCRIPTION</b>	<b>2022-2023 BUDGET</b>	<b>YEAR-TO-DATE</b>	<b>2023-2024 BUDGET</b>	<b>INCREASE/DECREASE</b>
2	<b>EXPENDITURES</b>				
3	Annual Payment - Apparatus	\$100,000.00		\$120,000.00	\$20,000.00
4	Annual Payment - Building				\$0.00
5	Annual Payment - Other Equipment				\$0.00
6	Appreciation and Award Banquets	\$6,000.00	\$1,019.90	\$4,000.00	(\$2,000.00)
7	Bank Charges				\$0.00
8	Breathing Apparatus	\$10,000.00	\$10,680.51	\$10,000.00	\$0.00
9	Building Fund	\$60,000.00		\$100,000.00	\$40,000.00
10	Chaplain				\$0.00
11	Communications (radios, pagers, cell phone)	\$20,000.00	\$26,388.96	\$20,000.00	\$0.00
12	Computer	\$12,000.00	\$8,224.23	\$12,000.00	\$0.00
13	Contingency Funds	\$26,885.04		\$22,821.59	(\$4,063.45)
14	Contract Labor (Part-Time Clerk)				\$0.00
15	County/State Tax				\$0.00
16	Discretionary Fund				\$0.00
17	Deposits/Down Payment				\$0.00
18	Dues/Subscriptions	\$12,000.00	\$14,289.75	\$12,000.00	\$0.00
19	EMT Supplies & Equipment	\$6,000.00	\$3,886.86	\$6,000.00	\$0.00
20	Expendable Supplies	\$3,000.00	\$619.67	\$3,000.00	\$0.00
21	Firefighting Supplies & Equipment	\$10,000.00	\$4,988.51	\$10,000.00	\$0.00
22	Firefighting Equipment Maintenance	\$5,000.00	\$8,950.93	\$8,000.00	\$3,000.00
23	Flowers/Gifts				\$0.00
24	Food	\$4,000.00	\$4,988.51	\$4,000.00	\$0.00
25	Fuel	\$30,500.00	\$28,289.36	\$30,500.00	\$0.00
26	Hazardous Materials Supplies				\$0.00
27	Infection Control				\$0.00
28	Insurance - Building, Business Umbrella, Error Omission, Vehicle	\$54,000.00	\$60,795.00	\$60,000.00	\$6,000.00

## 2023-2024 EXPENDITURES

	A	B	C	D	E
29	<b>ITEM DESCRIPTION</b>	<b>2022-2023 BUDGET</b>	<b>YEAR-TO-DATE</b>	<b>2023-2024 BUDGET</b>	<b>INCREASE/DECREASE</b>
30	Insurance - General	\$11,000.00	\$2,494.14	\$11,000.00	\$0.00
31	Insurance - Life	\$25,000.00	\$13,051.21	\$25,000.00	\$0.00
32	Legal and Professional Fees	\$10,500.00	\$12,300.00	\$10,500.00	\$0.00
33	Licenses and Permits				\$0.00
34	Maintenance/Repair of Apparatus	\$50,000.00	\$35,807.35	\$50,000.00	\$0.00
35	Miscellaneous	\$2,000.00	\$500.00	\$2,000.00	\$0.00
36	Office Supplies	\$4,200.00	\$4,259.61	\$4,200.00	\$0.00
37	<b>PAYROLL:</b>				
38	Gross Salaries	\$837,000.00	\$625,597.51	\$1,200,000.00	\$363,000.00
39	Gross Part-Time Pay	\$125,000.00	\$83,652.70	\$132,000.00	\$7,000.00
40	Gross Overtime Pay	\$75,000.00	\$38,896.99	\$100,000.00	\$25,000.00
41	Gross Holiday Pay	\$15,000.00	\$18,758.12	\$16,000.00	\$1,000.00
42	Employer's Payroll Taxes	\$100,000.00	\$60,133.47	\$100,000.00	\$0.00
43	(6.2 % Social Securiyt, 1.45% Medicaid)				
44	Health Insurance (Inlclude dental)	\$127,400.00	\$78,943.42	\$130,000.00	\$2,600.00
45	Empoyser's Retirement Contribution	\$40,000.00	\$35,438.44	\$84,000.00	\$44,000.00
46	<b>TOTAL PAYROLL</b>				<b>\$442,600.00</b>
47	Physical Fitness	\$2,000.00	\$1,550.00	\$2,000.00	\$0.00
48	Public Relations	\$8,000.00	\$6,290.85	\$8,000.00	\$0.00
49	Rehabilitation				\$0.00
50	Rent	\$2,800.00	\$2,826.39	\$2,800.00	\$0.00
51	Rescue Equipment	\$10,000.00	\$1,637.51	\$10,000.00	\$0.00
52	State Firemen's Pension Fund	\$4,000.00	\$2,640.00	\$4,000.00	\$0.00
53	Training	\$15,000.00	\$20,325.64	\$20,000.00	\$5,000.00
54	Turn Out Gear	\$25,000.00	\$31,354.72	\$25,000.00	\$0.00
55	Uniforms	\$10,000.00	\$10,509.86	\$10,000.00	\$0.00
56					
57	<b>STATIONS:</b>				
58	<b>MAIN STATION</b>				
59	Building Maint	22,000.00	15,090.53	22,000.00	\$0.00
60	Cable	2,400.00	954.26	3,400.00	\$1,000.00
61	Electric	8,500.00	6,623.64	8,500.00	\$0.00
62	Garbage	1,600.00	2,201.27	1,600.00	\$0.00
63	Grounds Upkeep	1,500.00	771.00	1,500.00	\$0.00
64	Heating Fuel	2,000.00	2,178.00	5,500.00	\$3,500.00
65	Station Supplies				\$0.00
66	Telephone	5,000.00	7,287.61	5,500.00	\$500.00
67	Water	900.00	702.79	1,000.00	\$100.00



## 2023-2024 EXPENDITURES

	A	B	C	D	E
68	<b>STATION #2</b>				
69	Building Maint	\$6,500.00	\$5,130.18	\$6,500.00	\$0.00
70	Cable			\$3,400.00	\$3,400.00
71	Electric	\$1,200.00	\$1,166.00	\$2,500.00	\$1,300.00
72	Garbage		\$1,480.13	\$2,000.00	\$2,000.00
73	Grounds Upkeep				\$0.00
74	Heating Fuel	\$785.00	\$1,029.00	\$1,800.00	\$1,015.00
75	Station Supplies				\$0.00
76	Telephone	\$1,700.00	\$330.10	\$500.00	(\$1,200.00)
77	Water				\$0.00
78					
79	<b>STATION #3</b>				
80	Building Maint	\$6,500.00	\$4,930.50	\$6,500.00	\$0.00
81	Cable			\$1,300.00	\$1,300.00
82	Electric	\$850.00	\$392.38	\$1,000.00	\$150.00
83	Garbage				\$0.00
84	Grounds Upkeep				\$0.00
85	Heating Fuel	\$550.00	\$565.30	\$2,000.00	\$1,450.00
86	Station Supplies				\$0.00
87	Telephone	\$1,700.00	\$330.10	\$500.00	(\$1,200.00)
88	Water	\$325.00	\$226.12	\$800.00	\$475.00
89					
90	<b>STATION #4</b>				
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					\$0.00
101	<b>TOTAL EXPENDITURES</b>	\$1,922,295.04	\$1,311,479.03	\$2,446,621.59	\$524,326.55



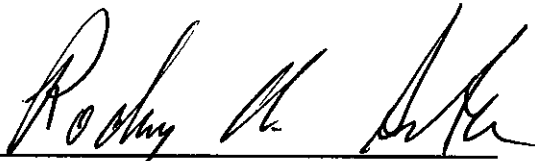
## 2023/2024 TAX RATE WORKSHEET FOR

DESCRIPTION	AMOUNT
<b>TOTAL DISTRICT TAX ASSESSMENT 2023-2024</b>	<b>\$2,195,317,428.00</b>
Divided by 100	
<b>TOTAL</b>	<b>\$21,953,174.28</b>
Multiplied by requested tax rate	0.115
<b>TOTAL</b>	<b>\$2,524,615.04</b>
*Multiplied by tax collection percentage (97%)	0.97
<b>TOTAL</b>	<b>\$2,448,876.59</b>
Subtract Training Center Assessment	9,255
Add Projected Payments in Lieu of Taxes	
<b>**TOTAL PROJECTED REVENUE</b>	<b>\$2,439,621.59</b>
** Revenue is projected because it does not reflect tax discoveries, releases or refunds.	
* Collection percentage based on last complete year of collections.	


We certify that the attached Financial Statement for

Mountain Home Fire and Rescue Department

is accurate to the best of our knowledge.



Board President



Board Treasurer

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

**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.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning 7/01, 2021, and ending 6/30, 2022

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	MOUNTAIN HOME FIRE & RESCUE DEPT. INC. PO BOX 264 MOUNTAIN HOME, NC 28758	<input type="checkbox"/> [REDACTED]
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		828-692-8014
<input type="checkbox"/> Final return/terminated		<b>G</b> Gross receipts \$ <u>2,140,304.</u>
<input type="checkbox"/> Amended return		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer:	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	SAME AS C ABOVE	If "No," attach a list. See instructions.

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: N/A **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1965 **M** State of legal domicile: NC

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>FIREFIGHTING AND RESCUE SERVICES</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> 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		6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		6
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5		32
	6 Total number of volunteers (estimate if necessary)	6		19
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	7,963.	2,370.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,927,869.	1,957,246.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,325.	792.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,169,133.	2,137,112.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,077,111.	1,108,908.	
	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), lines 11a-11d, 11f-24e)	673,615.	764,736.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,750,726.	1,873,644.	
19 Revenue less expenses. Subtract line 18 from line 12	418,407.	263,468.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	3,946,732.	4,191,111.	
	22 Net assets or fund balances. Subtract line 21 from line 20	253,235.	234,146.	
		3,693,497.	3,956,965.	

**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.

<b>Sign Here</b>	Signature of officer	Date
	RODNEY SMITH <small>Type or print name and title</small>	PRESIDENT

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	WAYNE J. PARRIS, CPA	<i>Wayne J. Parris, CPA</i>	10-27-22		P01202486
	Firm's name	Firm's address		Firm's EIN ▶	Phone no.
	WAYNE J. PARRIS, CPA	21 HYDE PARK PL ARDEN, NC 28704		[REDACTED]	(828) 687-8824

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FIREFIGHTING AND RESCUE SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,709,389. including grants of \$ ) (Revenue \$ )

PROVIDING SUPERIOR FIRE PROTECTION AND RESCUE SERVICES TO INDIVIDUALS AND BUSINESSES WITHIN THE MOUNTAIN HOME FIRE DISTRICT

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,709,389.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
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		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15 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		X
16 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		X
17 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 11e? If 'Yes,' complete Schedule G, Part I. See instructions		X
18 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	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a 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.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
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.		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.		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 filing 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.		X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 'Yes,' complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
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 I.		X
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.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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.		
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.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

**Part 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	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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>2a</b> 32		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>		X
<b>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. . . . . <b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . <b>4a</b>		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>		X
<b>c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6a</b>		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . . <b>7a</b>		X
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
<b>b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>15</b>		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>		X
If 'Yes,' complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . <b>17</b>		
If 'Yes,' complete Form 6069.			

**Part VI Governance, Management, and Disclosure.** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. If 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.		
1 b	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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders? SEE SCHEDULE O	X	
7 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? SEE SCHEDULE O	X	
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	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.		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	The organization's CEO, Executive Director, or top management official.	X	
15 b	Other officers or key employees of the organization. SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16 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?		X
16 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?		

**Section 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
 BETH CAPPS 222 SUNSET DRIVE HENDERSONVILLE NC 28791 828-692-8014

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

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

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

**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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below cotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK WILSON DEPUTY CHIEF	4 0	X		X			74,609.	0.	0.	
(2) FORREST SHEEHAN BOARD MEMBER	4 0	X					63,515.	0.	0.	
(3) BETH CAPPS SECRETARY	40 0	X		X			55,599.	0.	0.	
(4) JESSE SHELLENBERGER BOARD MEMBER	4 0	X					39,458.	0.	0.	
(5) MAHLON HUDGINS CHIEF	10 0	X		X			28,885.	0.	0.	
(6) RODNEY SMITH PRESIDENT	4 0	X		X			0.	0.	0.	
(7) SCOTT JUSTUS BOARD MEMBER	4 0	X					0.	0.	0.	
(8) RUSSELL DARNELL TREASURER	4 0	X		X			0.	0.	0.	
(9) TONY CREASMAN VICE PRESIDENT	4 0	X		X			0.	0.	0.	
(10) BRANDON HAWKINS BOARD MEMBER	4 0	X					0.	0.	0.	
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Subtotal</b> .....							262,066.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							262,066.	0.	0.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions)....	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f	2,370.			
	g Noncash contributions included in lines 1a-1f.....	1 g				
	<b>h Total.</b> Add lines 1a-1f.....		2,370.			
Program Service Revenue	Business Code					
	2 a HENDERSON COUNTY		1,940,992.	1,940,992.		
	b STATE OF NC SALES TAX		15,144.	15,144.		
	c STATE OF NC FUEL TAX		1,110.	1,110.		
	d					
	e					
	f All other program service revenue....					
	<b>g Total.</b> Add lines 2a-2f.....		1,957,246.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).....		792.	792.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties.....					
	6 a Gross rents.....	(i) Real (ii) Personal				
	b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c				
	d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7 b				
c Gain or (loss).....	7 c					
d Net gain or (loss).....						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	8 a	26,536.				
	b Less: direct expenses.....	8 b	3,192.			
	c Net income or (loss) from fundraising events.....		23,344.			
9 a Gross income from gaming activities. See Part IV, line 19.....	9 a					
	b Less: direct expenses.....	9 b				
	c Net income or (loss) from gaming activities.....					
10 a Gross sales of inventory, less, returns and allowances.....	10 a					
	b Less: cost of goods sold....	10 b				
	c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue	Business Code					
	11 a SALE OF ASSETS		136,857.	136,857.		
	b RELIEF FUND SUPPLEMENT		11,444.	11,444.		
	c MISCELLANEOUS		5,059.	5,059.		
	d All other revenue.....					
	<b>e Total.</b> Add lines 11a-11d.....		153,360.			
<b>12 Total revenue.</b> See instructions.....		2,137,112.	2,111,398.	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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	262,066.	206,467.	55,599.	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.	611,992.	611,992.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	38,588.	37,476.	1,112.	
9 Other employee benefits.	129,386.	122,845.	6,541.	
10 Payroll taxes.	66,876.	62,623.	4,253.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	8,140.		8,140.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	800.		800.	
12 Advertising and promotion.				
13 Office expenses.	3,920.		3,920.	
14 Information technology.	5,090.		5,090.	
15 Royalties.				
16 Occupancy.	75,469.	65,624.	9,845.	
17 Travel.	6,487.	6,487.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	1,279.	1,279.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	391,571.	391,571.		
23 Insurance.	49,327.	49,327.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>VEHICLES MAINTENANCE</u>	45,799.	45,799.		
b <u>VEHICLES FUEL</u>	34,387.	34,387.		
c <u>FIREFIGHTING EQUIP&amp; SUPPLIES</u>	27,133.	27,133.		
d <u>FIREMENS FUND EXPENSES</u>	24,961.		24,961.	
e All other expenses.	90,373.	46,379.	43,994.	
25 Total functional expenses. Add lines 1 through 24e.	1,873,644.	1,709,389.	164,255.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash — non-interest-bearing	2,424,845.	1	2,137,023.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	40,658.	4	40,048.
	5	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	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	24,353.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,886,575.		
	10b	Less: accumulated depreciation	4,193,600.	10c	1,692,975.
	11	Investments — publicly traded securities	1,481,229.	11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	296,712.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,946,732.	16	4,191,111.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	112,723.	17	125,882.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	140,512.	24	108,264.
	25	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	
	26	<b>Total liabilities.</b> Add lines 17 through 25	253,235.	26	234,146.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	3,627,632.	27	3,894,407.
	28	Net assets with donor restrictions	65,865.	28	62,558.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances.</b>	3,693,497.	32	3,956,965.
33	<b>Total liabilities and net assets/fund balances.</b>	3,946,732.	33	4,191,111.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,137,112.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,873,644.
3	Revenue less expenses. Subtract line 2 from line 1	3	263,468.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,693,497.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,956,965.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3 a	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?		X
3 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.		



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

MOUNTAIN HOME FIRE & RESCUE DEPT. INC.

Employer identification number

[REDACTED]

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33-1/3% support test-2021; b 33-1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; b 10%-facts-and-circumstances test-2020; 18 Private foundation.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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



Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows include: 11 Has the organization accepted a gift or contribution from any of the following persons? 11a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11b A family member of a person described on line 11a above? 11c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row include: 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include: 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 Activities Test. Answer lines 2a and 2b below. 2a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 2b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 3 Parent of Supported Organizations. Answer lines 3a and 3b below. 3a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? 3b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).



**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

BAA

**Part VI**

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

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2021	2020	2019	2018	2017
FUND RAISING	\$ 23,344.	\$ 17,004.	\$ 19,625.	\$ 14,681.	\$ 17,102.
MISCELLANEOUS INCOME	5,059.	7,693.	8,184.	348.	11,671.
PPP LOAN FORGIVEN		178,400.			
RELIEF FUND SUPPLEMENT	11,444.	9,743.	11,021.	9,637.	9,760.
RENTAL INCOME					1,979.
SALE OF ASSETS	136,857.	15,000.	-435.	2,255.	3,025.
VENDING		136.	217.	641.	2,291.
<b>TOTAL</b>	<b>\$ 176,704.</b>	<b>\$ 227,976.</b>	<b>\$ 38,612.</b>	<b>\$ 27,562.</b>	<b>\$ 45,828.</b>



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

MOUNTAIN HOME FIRE & RESCUE DEPT. INC.

Employer identification number

**Part I 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
1 Total number at end of year.....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year.....		

5 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?.....  Yes  No

6 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 impermissible private benefit?.....  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 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
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements .....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.....  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.....  Yes  No

9 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.

**Part III 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..... ▶ \$ \_\_\_\_\_

2 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 990, Part VIII, line 1..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		336,539.		336,539.
b Buildings		888,643.		888,643.
c Leasehold improvements				
d Equipment		4,609,321.		4,609,321.
e Other		52,072.	4,193,600.	-4,141,528.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,692,975.



**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (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) DEPOSIT ON FIRE TRUCK	296,712.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	296,712.

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements.....		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2 a		
	b Donated services and use of facilities.....	2 b		
	c Recoveries of prior year grants.....	2 c		
	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, line 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.).....		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	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.....	2 a		
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	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 IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	

**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 X, 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 G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

**MOUNTAIN HOME FIRE & RESCUE DEPT. INC.**

Employer identification number

[REDACTED]

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						<b>0.</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

-----  
 -----  
 -----  
 -----



**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PICTURE DRIVE (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
Revenue	1	Gross receipts.....	26,536.		26,536.
	2	Less: Contributions.....			
	3	Gross income (line 1 minus line 2).....	26,536.		26,536.
Direct Expenses	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	3,192.		3,192.
	10	Direct expense summary. Add lines 4 through 9 in column (d).....			3,192.
	11	Net income summary. Subtract line 10 from line 3, column (d).....			23,344.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
		1	Gross revenue.....		
Direct Expenses	2	Cash prizes.....			
	3	Noncash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
7	Direct expense summary. Add lines 2 through 5 in column (d).....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d).....				

- 9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No
- b If 'No,' explain: \_\_\_\_\_
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No
- b If 'Yes,' explain: \_\_\_\_\_



- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

MOUNTAIN HOME FIRE & RESCUE DEPT. INC.

Employer identification number

**FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER**

ORGANIZATION HAS VALUNTEER NON-DUES PAYING MEMBERS WHO HAVE CERTIFICATIONS FOR  
FIREFIGHTING AND RESCUE

**FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY**

MEMBERS NOMINATE PROSPECTIVE BOARD MEMBERS WHICH ARE SUBSEQUENTLY VOTED ON BY  
MEMBERSHIP.

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

THE BOARD RECEIVES A COPY OF THE 990 AND AFTER REVIEW BY BOARD MEMBERS A PAPER  
RETURN IF SIGNED AND FILED.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

SALARIES AND EVALUATIONS ARE PERFORMED ANNUALLY OR WHEN EMPLOYEES RECEIVE NEW  
CERTIFICATIONS.

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

ALL DOCUMENTS ARE AVAILABLE BY REQUEST TO THE BOARD OF DIRECTORS.



## MOUNTAIN HOME FIRE &amp; RESCUE DEPT. INC.

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

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	1,709,389.	1,709,389.	PART IX, LINE 25, COL. B
GRANTS	0.	0.	PART IX, LINES 1-3, COL. B
REVENUE	0.	1,957,246.	PART VIII, LINE 2, COL. A

FORM 990, PART IX, LINE 11G  
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
SURVEYOR	800.		800.	
TOTAL	\$ 800.	\$ 0.	\$ 800.	\$ 0.

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	1,236.		1,236.	
COMMUNICATIONS	15,396.	15,396.		
DUES AND SUBSCRIPTIONS	11,575.		11,575.	
FOOD	6,055.	6,055.		
MISCELLANEOUS	7,582.	5,225.	2,357.	
PENSION FUND	2,640.		2,640.	
PHYSICAL FITNESS	2,465.	2,465.		
PUBLIC RELATIONS	11,428.		11,428.	
RELIEF FUND ASSISTANCE	14,758.		14,758.	
RESCUE/EMT SUPPLIES	8,078.	8,078.		
TRAINING AND EDUCATION	3,744.	3,744.		
UNIFORMS	5,416.	5,416.		
TOTAL	\$ 90,373.	\$ 46,379.	\$ 43,994.	\$ 0.

## MOUNTAIN HOME FIRE &amp; RESCUE DEPT. INC.

	2021	2020	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	2,370	7,963	-5,593
PROGRAM SERVICE REVENUE.....	1,957,246	1,927,869	29,377
INVESTMENT INCOME.....	792	5,325	-4,533
OTHER REVENUE.....	176,704	227,976	-51,272
<b>TOTAL REVENUE.....</b>	<b>2,137,112</b>	<b>2,169,133</b>	<b>-32,021</b>
<b>EXPENSES</b>			
SALARIES, OTHER COMPEN., EMP. BENEFITS..	1,108,908	1,077,111	31,797
OTHER EXPENSES.....	764,736	673,615	91,121
<b>TOTAL EXPENSES.....</b>	<b>1,873,644</b>	<b>1,750,726</b>	<b>122,918</b>
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	263,468	418,407	-154,939
TOTAL ASSETS AT END OF YEAR.....	4,191,111	3,946,732	244,379
TOTAL LIABILITIES AT END OF YEAR.....	234,146	253,235	-19,089
NET ASSETS/FUND BALANCES AT END OF YEAR.	3,956,965	3,693,497	263,468

2021

**GENERAL INFORMATION**

**PAGE 1**

**MOUNTAIN HOME FIRE & RESCUE DEPT. INC.**



**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990, SCH A, SCH D, SCH G, SCH O

**CARRYOVERS TO 2022**

NONE

# MOUNTAIN HOME

FIRE AND RESCUE DEPARTMENT, INC.

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Independent Auditor's Report

on the

Financial Statements

for the years ended June 30, 2022

and June 30, 2021

**WAYNE J. PARRIS, CPA**

CERTIFIED PUBLIC ACCOUNTANT

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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](mailto:wparriscpa@hotmail.com)

# MOUNTAIN HOME

FIRE AND RESCUE DEPARTMENT, INC.

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Independent Auditor's Report

on the

Financial Statements

for the years ended June 30, 2022

and June 30, 2021

MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.  
Mountain Home, North Carolina

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Statements of Cash Flows	5
Notes to Financial Statements	6

# 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](mailto:wparriscpa@hotmail.com)

### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Mountain Home Fire and Rescue Department, Inc.

I have audited the accompanying financial statements of Mountain Home Fire and 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 Mountain Home Fire and 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.

*Wayne J. Parris, CPA*

Wayne J. Parris, CPA

Arden, North Carolina  
October 27, 2022

MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.  
 STATEMENTS OF FINANCIAL POSITION  
 June 30, 2022 and June 30, 2021

ASSETS	<u>6-30-2022</u>	<u>6-30-2021</u>
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	\$ 2,074,465.37	\$ 2,358,979.67
Prepaid expenses	24,352.62	0.00
Taxes receivable	40,047.95	40,658.31
Deposit on new fire truck	296,712.00	0.00
Cash restricted for relief fund	62,558.00	65,865.10
<b>TOTAL CURRENT ASSETS</b>	<u>\$ 2,498,135.94</u>	<u>\$ 2,465,503.08</u>
<b>FIXED ASSETS</b>		
Property and equipment	\$ 5,886,575.54	\$ 5,666,010.99
Less: Accumulated depreciation	(4,193,600.06)	(4,184,781.94)
<b>TOTAL FIXED ASSETS</b>	<u>\$ 1,692,975.48</u>	<u>\$ 1,481,229.05</u>
<b>TOTAL ASSETS</b>	<u>\$ 4,191,111.42</u>	<u>\$ 3,946,732.13</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 3,533.07	\$ 3,701.18
Accrued payroll payable	35,560.59	30,555.55
Accrued expenses payable	3,239.20	2,704.84
Accrued vacation	83,549.30	75,761.37
Current portion of long-term debt	30,539.98	29,641.18
<b>TOTAL CURRENT LIABILITIES</b>	<u>\$ 156,422.14</u>	<u>\$ 142,364.12</u>
<b>LONG-TERM LIABILITIES</b>		
Long-term debt	\$ 77,724.03	\$ 110,871.14
<b>TOTAL LONG-TERM LIABILITIES</b>	<u>\$ 77,724.03</u>	<u>\$ 110,871.14</u>
<b>TOTAL LIABILITIES</b>	<u>\$ 234,146.17</u>	<u>\$ 253,235.26</u>
<b>NET ASSETS</b>		
Without donor restrictions	\$ 3,894,407.25	\$ 3,627,631.77
With donor restrictions	62,558.00	65,865.10
<b>TOTAL NET ASSETS</b>	<u>\$ 3,956,965.25</u>	<u>\$ 3,693,496.87</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>\$ 4,191,111.42</u>	<u>\$ 3,946,732.13</u>

See accompanying notes.



**MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.**  
**STATEMENTS OF ACTIVITIES**  
For the Years Ended June 30, 2022 and June 30, 2021

	6-30-2022	6-30-2021
<b>CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS:</b>		
Revenues and gains		
Henderson County	\$ 1,940,992.35	\$ 1,913,393.54
Donations	2,370.00	7,963.16
Fund-raising	26,536.39	20,350.00
Insurance proceeds	0.00	778.00
Interest income	785.10	5,317.23
Miscellaneous income	5,059.39	7,051.33
NC motor fuel refund	1,109.74	2,855.04
NC sales tax refund	15,144.16	11,620.35
PPP loan forgiven	0.00	178,400.00
Sale of assets	136,857.05	15,000.00
<b>TOTAL REVENUES AND GAINS WITHOUT DONOR RESTRICTIONS</b>	<b>\$ 2,128,854.18</b>	<b>\$ 2,162,728.65</b>
<b>NET ASSETS RELEASED FROM RESTRICTIONS</b>		
Restrictions satisfied by payments	\$ 14,758.00	\$ 14,009.00
<b>TOTAL NET ASSETS RELEASED FROM RESTRICTIONS</b>	<b>\$ 14,758.00</b>	<b>\$ 14,009.00</b>
<b>TOTAL REVENUES, GAINS, AND OTHER SUPPORT WITHOUT DONOR RESTRICTIONS</b>	<b>\$ 2,143,612.18</b>	<b>\$ 2,176,737.65</b>
<b>Expenses</b>		
Program Services	\$ 1,709,388.91	\$ 1,594,936.73
Supporting Services	164,255.59	155,788.78
Fundraising	3,192.20	3,346.20
<b>TOTAL EXPENSES</b>	<b>\$ 1,876,836.70</b>	<b>\$ 1,754,071.71</b>
<b>INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	<b>\$ 266,775.48</b>	<b>\$ 422,665.94</b>
<b>CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS</b>		
Relief Fund supplement	\$ 11,443.78	\$ 9,742.74
Interest income on relief fund	7.12	7.37
Net assets released from restrictions	( 14,758.00)	( 14,009.00)
<b>INCREASE (DECREASE) IN NET ASSETS WITH DONOR RESTRICTIONS</b>	<b>\$( 3,307.10)</b>	<b>\$ 4,258.89)</b>
<b>INCREASE (DECREASE) IN NET ASSETS</b>	<b>\$ 263,468.38</b>	<b>\$ 418,407.05</b>
<b>NET ASSETS AT BEGINNING OF YEAR</b>	<b>3,693,496.87</b>	<b>3,275,089.82</b>
<b>NET ASSETS AT END OF YEAR</b>	<b>\$ 3,956,965.25</b>	<b>\$ 3,693,496.87</b>

See accompanying notes.

**MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.**  
**STATEMENTS OF FUNCTIONAL EXPENSES**  
For the Years Ended June 30, 2022 and June 30, 2021

	6-30-2022				6-30-2021			
	Program Services	Supporting Services			Program Services	Supporting Services		
	Fire & Rescue	Management and General	Fundraising	Total	Fire & Rescue	Management and General	Fundraising	Total
Compensation and related expenses								
Salaries and wages	\$ 818,458.80	\$ 55,599.04	\$ 0.00	\$ 874,057.84	\$ 792,129.63	\$ 55,025.66	\$ 0.00	\$ 847,155.29
Health and dental insurance	122,845.01	6,540.84	0.00	129,385.85	124,160.00	6,549.48	0.00	130,709.48
Retirement contributions	37,475.59	1,111.93	0.00	38,587.52	32,415.98	1,100.52	0.00	33,516.50
Payroll taxes	62,622.56	4,253.33	0.00	66,875.89	61,518.63	4,210.44	0.00	65,729.07
Compensation and related expenses	\$ 1,041,401.96	\$ 67,505.14	\$ 0.00	\$ 1,108,907.10	\$ 1,010,224.24	\$ 66,886.10	\$ 0.00	\$ 1,077,110.34
Bank Charges	0.00	1,236.15	0.00	1,236.15	0.00	1,323.53	0.00	1,323.53
Board of Directors	0.00	0.00	0.00	0.00	0.00	1,309.96	0.00	1,309.96
Communications	15,396.10	0.00	0.00	15,396.10	16,977.86	0.00	0.00	16,977.86
Computer supplies	0.00	5,090.37	0.00	5,090.37	0.00	4,924.67	0.00	4,924.67
Depreciation	391,571.31	0.00	0.00	391,571.31	322,659.20	0.00	0.00	322,659.20
Dues and subscriptions	0.00	11,574.88	0.00	11,574.88	0.00	17,171.62	0.00	17,171.62
Firefighting equipment and supplies	27,133.39	0.00	0.00	27,133.39	28,851.53	0.00	0.00	28,851.53
Fireman's fund expenditures	0.00	24,961.32	3,192.20	28,153.52	0.00	19,868.13	3,346.20	23,214.33
Food	6,054.81	0.00	0.00	6,054.81	2,975.62	0.00	0.00	2,975.62
Insurance-liability, property, and vehicles	49,327.00	0.00	0.00	49,327.00	48,132.00	0.00	0.00	48,132.00
Interest	1,279.33	0.00	0.00	1,279.33	1,851.48	0.00	0.00	1,851.48
Miscellaneous	5,225.00	2,356.56	0.00	7,581.56	12,196.83	2,428.64	0.00	14,625.47
Office supplies	0.00	3,920.42	0.00	3,920.42	0.00	3,394.08	0.00	3,394.08
Pension fund	0.00	2,640.00	0.00	2,640.00	0.00	2,650.00	0.00	2,650.00
Physical Fitness	2,466.19	0.00	0.00	2,466.19	1,880.00	0.00	0.00	1,880.00
Professional fees	0.00	8,940.00	0.00	8,940.00	0.00	6,640.00	0.00	6,640.00
Property supplies and maintenance	45,666.62	5,074.07	0.00	50,740.69	32,768.14	3,640.90	0.00	36,409.04
Public relations	0.00	11,427.94	0.00	11,427.94	0.00	6,883.67	0.00	6,883.67
Relief fund expenses	0.00	14,758.00	0.00	14,758.00	0.00	14,009.00	0.00	14,009.00
Rescue/EMT equipment and supplies	8,077.69	0.00	0.00	8,077.69	11,762.17	0.00	0.00	11,762.17
Training and education	3,744.46	0.00	0.00	3,744.46	2,576.14	0.00	0.00	2,576.14
Travel and mileage	6,486.85	0.00	0.00	6,486.85	2,162.24	0.00	0.00	2,162.24
Uniforms	5,415.55	0.00	0.00	5,415.55	12,673.04	0.00	0.00	12,673.04
Utilities								
Electricity	8,733.62	970.40	0.00	9,704.02	8,721.08	969.01	0.00	9,690.09
Internet	3,787.73	420.86	0.00	4,208.59	3,594.34	399.37	0.00	3,993.71
Natural gas	3,644.16	404.91	0.00	4,049.07	3,291.47	365.71	0.00	3,657.18
Telephone	2,746.94	305.22	0.00	3,052.16	1,543.71	171.52	0.00	1,715.23
Television	0.00	2,553.23	0.00	2,553.23	0.00	2,646.08	0.00	2,646.08
Water	1,045.03	116.12	0.00	1,161.15	961.11	106.79	0.00	1,067.90
Vehicles								
Fuel	34,386.54	0.00	0.00	34,386.54	19,841.35	0.00	0.00	19,841.35
Maintenance	45,798.63	0.00	0.00	45,798.63	49,293.18	0.00	0.00	49,293.18
Total Expenses	\$ 1,709,388.91	\$ 164,255.59	\$ 3,192.20	\$ 1,876,836.70	\$ 1,594,936.73	\$ 155,788.78	\$ 3,346.20	\$ 1,754,071.71

See accompanying notes.

**MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.**  
**STATEMENTS OF CASH FLOWS**  
For the Years Ended June 30, 2022 and June 30, 2021

	6-30-2022	6-30-2021
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash received from governments	\$ 1,942,771.14	\$ 1,906,333.22
Cash received from contributors	2,370.00	7,963.16
Interest received	792.22	5,324.60
Cash received from other revenue sources	59,291.03	59,143.86
Cash paid to employees and suppliers	( 1,656,200.41)	( 1,421,957.51)
Interest paid	( 1,279.33)	( 1,851.48)
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	<b>\$ 347,744.65</b>	<b>\$ 554,955.85</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Payments for property and equipment	\$( 603,317.74)	\$( 358,079.91)
<b>NET CASH USED BY INVESTING ACTIVITIES</b>	<b>\$( 603,317.74)</b>	<b>\$( 358,079.91)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Proceeds from borrowing from Hometrust Bank	\$ 0.00	\$ 155,467.46
Payments to Hometrust Bank	( 32,248.31)	( 14,955.14)
<b>NET CASH PROVIDED BY FINANCING ACTIVITIES</b>	<b>\$( 32,248.31)</b>	<b>\$ 140,512.32</b>
<b>NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>\$( 287,821.40)</b>	<b>\$ 337,388.26</b>
<b>BEGINNING CASH AND CASH EQUIVALENTS</b>	<b>2,424,844.77</b>	<b>2,087,456.51</b>
<b>ENDING CASH AND CASH EQUIVALENTS</b>	<b>\$ 2,137,023.37</b>	<b>\$ 2,424,844.77</b>
Reconciliation of Change in Net Assets to Net Cash Provided (Used) by Operating Activities		
Change in net assets	\$ 263,468.38	\$ 418,407.05
Adjustments to reconcile change in net assets to net cash used by operating activities		
Noncash revenues and expenses		
Depreciation	391,571.31	322,659.20
Changes in current assets and liabilities		
(Increase) Decrease in prepaid expenses	( 24,352.62)	0.00
(Increase) Decrease in taxes receivable	610.36	( 4,826.87)
(Increase) Decrease in deposit on new fire truck	( 296,712.00)	0.00
Increase (Decrease) in accounts payable	( 168.11)	3,701.18
Increase (Decrease) in accrued payroll payable	5,005.04	2,759.99
Increase (Decrease) in accrued expenses payable	534.36	471.28
Increase (Decrease) in accrued vacation	7,787.93	( 9,815.98)
Increase (Decrease) in PPP loan payable	0.00	( 178,400.00)
<b>Net cash provided by operations</b>	<b>\$ 347,744.65</b>	<b>\$ 554,955.85</b>

See accompanying notes.

MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.  
NOTES TO THE FINANCIAL STATEMENTS  
June 30, 2022

NOTE A-NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Organization and Nature of Activities

Mountain Home Fire & Rescue, located in Henderson County, provides fire and rescue coverage for approximately and 18 square mile area. The Fire Department is a North Carolina chartered not-for-profit organization incorporated as of 1965. 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 Mountain Home, North Carolina. The Fire Department has amended the charter to also cover Emergency Medical Services.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

FASB Accounting Standards Codification

In June 2009, the Financial Accounting Standards Board (FASB) issued a statement titled *The Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (ASC)*. This standard establishes FASB ASC as the source of authoritative United States accounting and reporting standards for nongovernmental entities. References made to generally accepted accounting principles (GAAP) in these statements refer to the ASC.

Financial Statements Presentation

On August 18, 2016, FASB issued ASU 2016-14, *Not-for-Profit Entities (Topic 958) - Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understanding of net asset classifications, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return.

Information regarding its financial position and activities are grouped according to two classes of net assets, net assets without donor restrictions and net assets with donor restrictions. The two classes of net assets are defined as follows:

**Net Assets Without Donor Restrictions**

Net assets that are nor subject to donor-imposed restrictions are those assets whose use is not limited or restricted by donors. The generally arise as a result of

MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.  
NOTES TO THE FINANCIAL STATEMENTS  
June 30, 2022

exchange transaction, contributions without restrictions, or contributions with restrictions whose restrictions have expired due to time and/or purpose requirements being met. These net assets may be used at the discretion of the Department's management and the Board of Directors.

Net assets without donor restrictions are classified as follows in the Statement of Financial Position:

*Undesignated* - Net assets without donor restrictions that are not subject to any stipulations or designations.

#### Net Assets With Donor Restrictions

Net assets that are subject to restrictions imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Department or by the passage of time. Other donor restrictions are perpetual in nature, where the donor has stipulated the funds be maintained in perpetuity.

Other donations are perpetual in nature, where the donor has stipulated the funds be maintained in perpetuity. However, these net assets with donor restrictions generally do not get reclassified since by definition, the donor imposed stipulation to treat the contribution as with donor restrictions results in the restriction never expiring.

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 \$62,558.00 and \$65,865.10, respectively.

#### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.  
NOTES TO THE FINANCIAL STATEMENTS  
June 30, 2022

Fair Value Measurements and Disclosures

The Department discloses for each class of financial instruments the methods used and the significant assumptions made in determining the fair value of financial assets and/or liabilities. If there is a change in the valuation method, then the Department discloses both the change and the reason for the change.

The Department estimates the fair value of all financial instruments and those estimates do not materially differ from the aggregate carrying values of the financial instruments as recorded in the Statement of Financial Position.

The estimated fair value amounts have been determined using available market information and appropriate valuation methodologies.

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 in the year of acquisition. 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

MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.  
 NOTES TO THE FINANCIAL STATEMENTS  
 June 30, 2022

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.

**NOTE B-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
Financial assets at year-end	\$ 2,137,023.37
Less those unavailable for general expenditures within one year, due to:	
Donor-restricted for relief fund	62,558.00
 Financial assets available to meet cash needs for general expenditure within one year	 \$ 2,074,465.37

MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.  
 NOTES TO THE FINANCIAL STATEMENTS  
 June 30, 2022

NOTE C-TAXES RECEIVABLE

Taxes receivable represents amounts collected on behalf of the Mountain Home 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 \$30,625.92 and \$32,404.71, respectively.

The Department also has sales tax due them from the North Carolina Department of Revenue as of June 30, 2022 and 2021 amounting to \$8,256.03 and \$7,468.76, respectively. They have fuel tax receivable from the North Carolina Department of Revenue as of June 30, 2021 in the amount of \$784.84.

NOTE D-PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	Beginning	Additions	Disposals	Ending
Land	\$ 225,056.27	\$ 111,482.81	\$ 0.00	\$ 336,539.08
Buildings	849,518.28	39,125.00	0.00	888,643.28
Office furniture and equipment	72,152.34	40,149.73	0.00	112,302.07
Firefighting and rescue equipment	1,293,201.99	154,767.69	( 38,930.87)	1,409,038.81
Vehicles	3,226,082.11	255,935.19	( 341,965.00)	3,140,052.30
	<u>\$ 5,666,010.99</u>	<u>\$ 601,460.42</u>	<u>\$( 380,895.87)</u>	<u>\$ 5,886,575.54</u>
Accumulated depreciation	(4,184,781.94)	( 391,571.31)	382,753.19	(4,193,600.06)
	<u>\$ 1,481,229.05</u>	<u>\$ 209,889.11</u>	<u>\$ 1,857.32</u>	<u>\$ 1,692,975.48</u>

NOTE E-LONG TERM NOTES

Mortgage Payable

On December 31, 2020 the Fire Department obtained a loan from First Citizens Bank & Trust in the amount of \$155,467.46. The loan is to be repaid in sixty monthly principal and interest payments. The first payment of \$2,793.97 is due on February 5, 2021 and the remaining fifty-nine payments of \$2,793.97 each subsequent month. The interest rate on the principal outstanding is 2.95%. The loan proceeds were used to purchase two 2021 Chevrolet Silverado's, which also serves as security on the loan. The loan balance as of June 30, 2021 is \$108,264.01

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

6-30-2022	\$ 30,539.98
6-30-2023	\$ 31,460.92



MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.  
NOTES TO THE FINANCIAL STATEMENTS  
June 30, 2022

6-30-2024	\$ 32,420.06
6-30-2025	\$ 13,843.05

NOTE F-LEASES

The Department entered into a lease agreement dated April 4, 1990 and continuing through April 4, 2040 on property located in Mountain Home, North Carolina. The monthly lease payment amounts to \$200.00, payable in advance, on or before the first day of each calendar month for the then calendar year directly to the Barbara J. Glaspy, Lessor. The department is responsible for all ad valorem taxes, liability insurance, utilities and other direct expenses related to the property per the requirements of the lease agreement.

NOTE G-RETIREMENT

The Mountain Home Fire & Rescue Department 401(k) Retirement Plan ("Plan") has been adopted to provide eligible employees with the opportunity to save for retirement on a tax-deferred basis. The Summary Plan Description ("SPD") contains information regarding when employees are eligible to participate in the Plan, Plan benefits, distribution options, and other features of the plan.

The SPD describe's the Plan's benefits and obligations as contained in the Plan document, which legally governs the operation of the Plan. This SPD describes the current Plan provisions, which are designed to comply with applicable legal requirements. The Plan is subject to federal laws, such as ERISA (the Employee Retirement Income Security Act of 1974), the Internal Revenue Code and other federal and state laws.

NOTE H - 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 I-ECONOMIC DEPENDENCE

Approximately 91% 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.

MOUNTAIN HOME FIRE AND RESCUE DEPARTMENT, INC.  
NOTES TO THE FINANCIAL STATEMENTS  
June 30, 2022

NOTE J-EVALUATION OF SUBSEQUENT EVENTS

The Department has evaluated subsequent events through October 27 2022, the date which the financial statements were available to be issued. The Department received delivery of their new Engine 17-2 in August and disbursed the remaining balance of \$331,742.00 from the general fund checking account.