

# **MILLS RIVER VOLUNTEER FIRE & RESCUE**

5400 Boylston Highway  
Mills River, North Carolina 28759  
(828) 891-7959

**April 1, 2024**

**TO:                   The Henderson County Fire and Rescue Advisory Committee  
The Henderson County Board of Commissioners  
The Mills River Town Council**

**From:               Rick Livingston, Fire Chief**

Mills River Volunteer Fire and Rescue was organized in 1968 with the construction of a small building in 1969 and the conversion of an older model septic truck to a modest firefighting pumper. Since that time, we have had two (2) expansions at our main station and added three (3) substations due to continued growth in our district. We currently have fourteen (14) apparatus and three (3) support vehicles as well as a public fire education trailer, two (2) boats and two (2) ATV's. We protect 22.81 square miles in The Town of Mills River. 14.78 square miles in Henderson County and 29.70 square miles of Pisgah National Forest for a total of 67.29 square miles.

Our insurance rating is a Class 3 for our entire district.

We continue to have 4 paid firefighters working during the day 5 days per week and 2 paid firefighters working at night 7 days per week as well as on the weekends. This paid staff is augmented by 60 active volunteers and an administrative assistant.

As you know, our main station was completed last May and we moved in and began operating from here on June 3<sup>rd</sup> of last year. The transition has been smooth and efficient with no major hiccups.

Our most imminent needs for the next two to four years are the replacement of a tanker (which is ordered), and an engine (which will be ordered in the coming year). We have money set aside to pay for the tanker, and the engine will likely be financed. Both of these apparatus being replaced are 35+ years old. We are currently working to replace protective gear and SCBA (\$13,000 per set) which has aged out. We applied for and have received a state grant (\$130,000.00) last year to cover part of this cost. Lastly, as our call volume continues to climb, we know that we will be forced to add one additional paid/career firefighter per shift (three total) at some point. However, our volunteers are doing a great job of addressing this need currently, and we will delay this hiring as long as our staffing needs are being met.



We are not requesting a change to our tax rate. As you know, we cut our rate last year down to 10 cents, and our board and I feel that this will sufficiently address our needs for at least the next three years.

Our goal at Mills River continues to be very simple. We appreciate the contribution of a large group of volunteers as well as our small paid staff. We will utilize these firefighters to the best of our ability in continuing to provide outstanding service to the citizens of our district at the lowest possible cost to each of them.

As always, we invite each of you to visit with us at any time.

ITEM DESCRIPTION	2023-2024 BUDGET	YEAR-TO-DATE	2024-2025 BUDGET	INCREASE/DECREASE
Mills River Fire & Rescue	3-13-2024	3-13-24		
<b>REVENUE</b>				
<b>PRESENT/REQUESTED TAX RATE</b>				
<b>ACTUAL HENDERSON COUNTY REVENUE RECEIVED</b>				
Henderson County Ad Valorem Taxes	\$297,210.00	\$303,090.44	\$320,306.00	\$23,096.00
Donations		\$1,000.00	\$1,000.00	\$1,000.00
Fundraising		\$42,000.00	\$75,000.00	\$75,000.00
Grants		\$130,000.00	\$130,000.00	\$130,000.00
HazMat Charges		\$0.00		\$0.00
Interest Income		\$18,192.82	\$108,996.00	\$108,996.00
Miscellaneous		\$20,000.00	\$20,000.00	\$20,000.00
NC County Sales Tax Refund		\$171,903.23	\$16,452.00	\$16,452.00
NC Fuel Tax Refund				\$0.00
Other Income (City, Other Counties, Town)	\$2,303,500.00	\$2,337,624.30	\$2,355,183.00	\$51,683.00
Rental Income				\$0.00
Sales of Assets				\$0.00
<b>Total Revenues</b>	<b>\$2,600,710.00</b>	<b>\$3,023,810.79</b>	<b>\$3,026,937.00</b>	<b>\$426,227.00</b>
<b>FOOTNOTES</b>				

ITEM DESCRIPTION	2023-2024 BUDGET	YEAR-TO-DATE AS OF 3-13-2024	2024-2025 BUDGET	INCREASE/DECREASE
<b>EXPENDITURES</b>				
<b>Administrative Cost</b>				
Annual Payment - Apparatus	\$100,000.00	\$97,976.58	\$0.00	(\$100,000.00)
Annual Payment - Building	\$388,106.28	\$206,395.90	\$480,000.00	\$91,893.72
Annual Payment - Other Equipment			\$0.00	\$0.00
Appreciation and Award Banquets			\$11,320.00	\$11,320.00
Bank Charges	\$1,000.00	\$1,456.58	\$500.00	(\$500.00)
Building Fund			\$454,924.00	\$454,924.00
Chaplain			\$0.00	\$0.00
Computer	\$2,000.00	\$1,857.49	\$2,000.00	\$0.00
Contingency Funds			\$130,207.28	\$130,207.28
Contract Labor (Part-Time Clerk)			\$0.00	\$0.00
County/State Tax		\$16,427.94	\$16,452.00	\$16,452.00
Discretionary Fund			\$0.00	\$0.00
Deposits/Down Payment			\$100,000.00	\$100,000.00
Dues/Subscriptions	\$10,000.00	\$15,784.80	\$13,367.00	\$3,367.00
Expendable Supplies	\$3,000.00	\$8,319.33	\$8,319.00	\$5,319.00
Flowers/Gifts		\$1,789.60	\$2,000.00	\$2,000.00
Food		\$954.17	\$6,830.00	\$6,830.00
Insurance - Building, Business Umbrella, Error	\$42,600.00	\$38,400.00	\$55,000.00	\$12,400.00
Legal and Professional Fees	\$3,650.00	\$0.00	\$18,750.00	\$15,100.00
Licenses and Permits			\$0.00	\$0.00
Miscellaneous			\$0.00	\$0.00
Office Supplies	\$8,000.00	\$5,690.00	\$12,000.00	\$4,000.00
Public Relations			\$5,000.00	\$5,000.00
Rent			\$0.00	\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
<b>Total Administrative Cost</b>	<b>\$558,356.28</b>	<b>\$395,052.39</b>	<b>\$1,316,669.28</b>	<b>\$758,313.00</b>

<i>Operational Cost</i>	<b>2023-2024 BUDGET</b>	<b>YEAR-TO-DATE</b>	<b>2024-2025 BUDGET</b>	<b>INCREASE/DECREASE</b>
Breathing Apparatus			\$80,000.00	\$80,000.00
Communications (radios, pagers, cell phone)	\$26,000.00	\$15,917.12	\$28,000.00	\$2,000.00
EMT Supplies & Equipment	\$10,000.00	\$9,615.12	\$16,000.00	\$6,000.00
Firefighting Supplies & Equipment	\$85,220.90	\$34,000.00	\$75,000.00	(\$10,220.90)
Firefighting Equipment Maintenance	\$28,000.00	\$13,905.35	\$58,000.00	\$30,000.00
Fuel	\$30,000.00	\$14,132.00	\$35,000.00	\$5,000.00
Hazardous Materials Supplies			\$5,000.00	\$5,000.00
Infection Control			\$2,000.00	\$2,000.00
Maintenance/Repair of Apparatus	\$44,000.00	\$28,989.45	\$105,000.00	\$61,000.00
Physical Fitness			\$18,000.00	\$18,000.00
Rehabilitation	\$1,000.00	\$125.75	\$2,000.00	\$1,000.00
Rescue Equipment	\$10,000.00	\$8,518.64	\$36,000.00	\$26,000.00
Training	\$10,000.00	\$8,331.50	\$18,811.00	\$8,811.00
Turn Out Gear	\$20,000.00	\$70,988.16	\$25,000.00	\$5,000.00
Uniforms	\$15,000.00	\$11,186.34	\$15,000.00	\$0.00
<i>(Optional Line Item)</i>				\$0.00
<i>(Optional Line Item)</i>				\$0.00
<i>(Optional Line Item)</i>				\$0.00
<b>Total Operational Cost</b>	<b>\$279,220.90</b>	<b>\$215,709.43</b>	<b>\$518,811.00</b>	<b>\$239,590.10</b>
<b>PERSONNEL COST</b>				
<b>Payroll</b>				
Gross Full-Time Pay	\$199,000.00	\$242,918.08	\$355,063.90	\$156,063.90
Gross Part-Time Pay	\$150,000.00	\$178,422.88	\$247,343.00	\$97,343.00
Gross Overtime Pay	\$89,000.00	\$88,665.78	\$123,098.00	\$34,098.00
Gross Holiday Pay	\$11,000.00	\$10,786.40	\$14,825.00	\$3,825.00
Employer's Payroll Taxes (6.2% Soc. Sec. 1.45%)	\$80,000.00	\$88,377.67	\$92,795.85	\$12,795.85
Bonus	27000	26975	28323.75	\$1,323.75
Vol./FF Reimbursement/Stipend	25000	21957	23054.85	(\$1,945.15)
<i>(Optional Line Item)</i>				\$0.00
<i>(Optional Line Item)</i>				\$0.00
<i>(Optional Line Item)</i>				\$0.00
<b>Total Payroll Cost</b>	<b>\$581,000.00</b>	<b>\$658,102.81</b>	<b>\$884,504.35</b>	<b>\$303,504.35</b>
<b>Benefits</b>				
Employer's Retirement Contribution	0	1500	1575	\$1,575.00
Supplemental Retirement 401k/457	32200	33615.12	35295.75	\$3,095.75
Health Insurance	52000	55487	58261.35	\$6,261.35
Dental Insurance	3000	3298	3462.9	\$462.90
Vision Insurance	0	0	1260	\$1,260.00
Supplemental Insurance plans	26900	21747.86	34384.35	\$7,484.35

State Firemen's Pension Fund			1134	\$1,134.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
(Optional Line Item)				\$0.00
<b>Total Benefits Cost</b>	\$114,100.00	\$115,647.98	\$135,373.35	\$21,273.35
<b>STATIONS:</b>				
<b>MAIN STATION</b>				
Building Maint	5000	39459.57	5000	\$0.00
Cable	2000	760.08	2000	\$0.00
Electric	9800	17306.91	13000	\$3,200.00
Garbage	1500	2123.7	1380	(\$120.00)
Grounds Upkeep	1500	4972.62	7000	\$5,500.00
Heating Fuel	2000	3862.19	5000	\$3,000.00
Station Supplies	3000	8319.33	8000	\$5,000.00
Telephone	4000	548.5	2000	(\$2,000.00)
Water	\$5,000.00	\$2,032.22	\$2,500.00	(\$2,500.00)
<b>STATION #2</b>				
Building Maint	2000	0	8000	\$78,000.00
Cable			0	\$0.00
Electric	1300	1012.8	2000	\$700.00
Garbage	0		0	\$0.00
Grounds Upkeep	750	0	3400	\$2,650.00
Heating Fuel	2000	781.74	2000	\$0.00
Station Supplies			1000	\$1,000.00
Telephone	1500	2088.21	0	(\$1,500.00)
Water	2500	893.74	2000	(\$500.00)
<b>STATION #3</b>				
Building Maint	1500	20	4000	\$2,500.00
Cable			0	\$0.00
Electric	2000	2153.8	3000	\$1,000.00
Garbage			0	\$0.00
Grounds Upkeep	3000	1467.22	3400	\$400.00
Heating Fuel	3000	1467.22	3000	\$0.00
Station Supplies			1000	\$1,000.00
Telephone	1500	2088.21	3000	\$1,500.00
Water	1000	0	1000	\$0.00

<b>STATION #4</b>				
Building Maint	500	0	4000	\$3,500.00
Cable			1000	\$1,000.00
Electric	2000	1305.86	2000	\$0.00
Garbage			0	\$0.00
Grounds Upkeep	1500	0	3400	\$1,900.00
Heating Fuel	1500	813.95	1500	\$0.00
Station Supplies			1000	\$1,000.00
Telephone	1500	2976.25	3000	\$1,500.00
Water	1000	4900.31	1000	\$0.00
<b>Total Station Cost</b>	<b>\$63,850.00</b>	<b>\$101,354.43</b>	<b>\$171,580.00</b>	<b>\$107,730.00</b>
<b>TOTAL EXPENDITURES</b>	<b>\$1,596,527.18</b>	<b>\$1,485,867.04</b>	<b>\$3,026,937.98</b>	<b>\$1,430,410.80</b>

2023/2024 TAX RATE WORKSHEET FOR

DESCRIPTION	AMOUNT
<b>TOTAL DISTRICT TAX ASSESSMENT 2024-2025</b>	<b>\$2,655,489,668.00</b>
Divided by 100	
<b>TOTAL</b>	<b>\$26,554,896.68</b>
Multiplied by requested tax rate	0.1
<b>TOTAL</b>	<b>\$2,655,489.67</b>
*Multiplied by tax collection percentage (97%)	
<b>TOTAL</b>	<b>\$2,575,824.98</b>
Subtract Training Center Assessment	3,811
Add Projected Payments in Lieu of Taxes	
<b>**TOTAL PROJECTED REVENUE</b>	<b>\$2,572,013.98</b>

\*\* Revenue is projected because it does not reflect tax discoveries, releases or refunds.

\* Collection percentage based on last complete year of collections.



Department Name

**FINANCIAL STATEMENT  
(BALANCE SHEET)**

AS OF \_\_\_\_\_ 3/26/2024 Source

**ASSETS**

**ASSETS:**

Cash in Bank	2,643,174.07
Certificates of Deposit	<u>500,000.00</u>
Accounts Receivable-Taxes	_____
Notes Receivable	_____
Land	_____
Buildings	_____
Leasehold Improvements	_____
Furniture & Fixtures	_____
Vehicles	_____
Firefighting Equipment	_____
Rescue Equipment	_____
Other Equipment	_____
Transfers	_____
Proceeds from Borrowing	_____

**TOTAL ASSETS** \$3,143,174.07

**LIABILITIES AND FUND EQUITY**

**LIABILITIES:**

Accounts Payable	_____
Due to Debt Service	_____
Accrued Interest Payable	_____
Accrued Payroll Payable	_____
Accrued Payroll Taxes	_____
Medicare Withholding Payable	_____
FICA Withholding Payable	_____
Federal Withholding Payable	_____
State Withholding Payable	_____
FUTA & SUI Payable	_____
Employee 401(k) Withholding	_____
Child Support Withholding	_____
Notes Payable	_____

**TOTAL LIABILITIES** \$0.00

**FUND BALANCES**

Fund Balance Unrestricted	_____
Designated Debt Service	_____
Excess Revenues/Expenditures	_____
<b>TOTAL FUND BALANCES</b>	<u><u>\$0.00</u></u>

**TOTAL LIABILITIES & FUND EQUITY** \$0.00

**CURRENT ASSETS**

**AS OF**

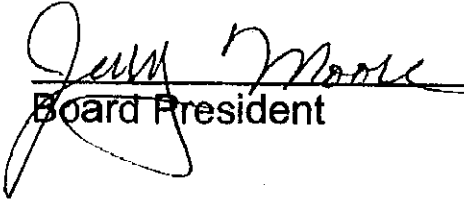
<b>Item Description</b>	<b>Current Balance</b>
Bonds, Certificates of Deposit, Stock	\$500,000.00
General Checking	\$251,729.94
Savings	\$2,299,415.12
Truck Fund	
Building Fund	
Future Needs	
Contingency Fund	\$100,000.00
<hr/>	
<b>Total assets</b>	<b>\$3,151,145.06</b>

Notes:

We certify that the attached Financial Statement for

Mills River 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)

2022

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 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 7/01, 2022, and ending 6/30, 2023

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name and address of principal officer: MILLS RIVER FIRE & RESCUE, INC. 5400 BOYLSTON HWY MILLS RIVER, NC 28759. D Employer identification number: (828) 891-7066. G Gross receipts \$ 9,066,461.

I Tax-exempt status: 501(c)(3). J Website: N/A. K Form of organization: Corporation. L Year of formation: 1968. M State of legal domicile: NC.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE SUPERIOR FIRE PROTECTION AND EMT/FIRST RESPONDER SERVICES TO THE CITIZENS OF THE MILLS RIVER COMMUNITY IN HENDERSON COUNTY, NORTH CAROLINA. 2-6 Governance and membership data. 7a-7b Revenue and taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19: Revenue (Total 8,621,883) and Expenses (Total 7,275,338). Rows 20-22: Net Assets or Fund Balances (Total 12,346,545).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer JERRY MOORE, President. Date.

Paid Preparer Use Only: Preparer's name Wayne J Parris, CPA. Date 10-15-22. Firm's name Wayne J. Parris, CPA. Firm's address 21 Hyde Park Pl Arden, NC 28704. Firm's EIN 26-0056869. Phone no. (828) 687-8824.

May the IRS discuss this return with the preparer shown above? See instructions. X 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:

TO PROVIDE SUPERIOR FIRE PROTECTION AND EMT/FIRST RESPONDER SERVICES TO THE CITIZENS OF THE MILLS RIVER COMMUNITY IN HENDERSON COUNTY, NORTH CAROLINA.

**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 \$ 7,200,943. including grants of \$ ) (Revenue \$ )

PROVIDED SUPERIOR FIRE PROTECTION & EMT/FIRST RESPONDER SERVICES TO THE CITIZENS OF THE MILLS RIVER COMMUNITY IN HENDERSON COUNTY, NORTH CAROLINA. THE DEPARTMENT ADDED TWO SUBSTATIONS AND BOUGHT ONE PUMPER DURING THE CALENDAR YEAR.

**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 7,200,943.

**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
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i>		X
<b>24a</b> 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? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

2022

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 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 7/01, 2022, and ending 6/30, 2023

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending
C MILLS RIVER FIRE & RESCUE, INC.
5400 BOYLSTON HWY
MILLS RIVER, NC 28759
D Employer identification number
E Telephone number (828) 891-7066
G Gross receipts \$ 9,066,461.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527
J Website: N/A
K Form of organization: X Corporation, Trust, Association, Other
L Year of formation: 1968
M State of legal domicile: NC

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, expenses, and asset/liability totals for prior and current years.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer JERRY MOORE, President
Paid Preparer Use Only: Print/Type preparer's name Wayne J Parris, CPA, Preparer's signature Wayne J Parris, CPA, Date 10-18-23, Check self-employed, PTIN P01202486, Firm's name Wayne J. Parris, CPA, Firm's address 21 Hyde Park Pl Arden, NC 28704, Firm's EIN 26-0056869, Phone no. (828) 687-8824



**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		
	2a 47		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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>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)?		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?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<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?		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>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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<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>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>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13a</b>			
<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?		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? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		
<b>17</b>			

**Part VI: Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 9b 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  X

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 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.		
1b	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? ... See Schedule O	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	
7a	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	
7b	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:		
8a	a The governing body? .....	X	
8b	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
10a	Did the organization have local chapters, branches, or affiliates? .....		X
10b	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? .....		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
11b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13. ....	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See Schedule O	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?		
15a	a The organization's CEO, Executive Director, or top management official .....		X
15b	b Other officers or key employees of the organization ... See Schedule O	X	
15c	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	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
16b	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.  
RICK LIVINGSTON 325 WHITAKER LANE MILLS RIVER NC 28759 (828) 891-7066

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 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			
(1) JOE FOWLER Treasurer	4 0	X	X				██████████	0.	0.
(2) SCOTT BURNETTE MEMBER	2 0	X					██████████	0.	0.
(3) GARY LIVINGSTON MEMBER	2 0			X			██████████	0.	0.
(4) JOHN BENJAMIN MEMBER	2 0	X					0.	0.	0.
(5) JASON DAVIS VICE CHAIRMAN	2 0	X	X				0.	0.	0.
(6) TONY CORN MEMBER	2 0	X					0.	0.	0.
(7) JOSH ISRAEL MEMBER	2 0	X					0.	0.	0.
(8) FRED EDWARDS Secretary	2 0	X	X				0.	0.	0.
(9) JERRY MOORE Chairman	2 0	X	X				0.	0.	0.
(10)									
(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			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									

<b>1b Subtotal</b> .....	56,227.	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> .....	56,227.	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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns.....					
	<b>1b</b> Membership dues.....					
	<b>1c</b> Fundraising events.....					
	<b>1d</b> Related organizations.....					
	<b>1e</b> Government grants (contributions).....					
	<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above.....	21,445.				
	<b>1g</b> Noncash contributions included in lines 1a-1f.....					
	<b>h Total.</b> Add lines 1a-1f.....		21,445.			
<b>Program Service Revenue</b>	<b>2a</b> <u>MILLS RIVER</u>	Business Code	1,786,902.	1,786,902.		
	<b>b</b> <u>HENDERSON COUNTY</u>		262,505.	262,505.		
	<b>c</b> <u>FLETCHER</u>		111,028.	111,028.		
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue.....					
	<b>g Total.</b> Add lines 2a-2f.....		2,160,435.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts).....		1,615.	1,615.		
	<b>4</b> Income from investment of tax-exempt bond proceeds.....					
	<b>5</b> Royalties.....					
	<b>6a</b> Gross rents.....	(i) Real				
		(i) Personal				
	<b>b</b> Less: rental expenses.....					
	<b>c</b> Rental income or (loss).....					
	<b>d</b> Net rental income or (loss).....					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(i) Other				
			1,004,117.			
		<b>b</b> Less: cost or other basis and sales expenses.....		440,000.		
	<b>c</b> Gain or (loss).....		564,117.			
<b>d</b> Net gain or (loss).....		564,117.	564,117.			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....						
		50,806.				
	<b>b</b> Less: direct expenses.....		4,578.			
<b>c</b> Net income or (loss) from fundraising events.....		46,228.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19.....						
	<b>b</b> Less: direct expenses.....					
<b>c</b> Net income or (loss) from gaming activities.....						
<b>10a</b> Gross sales of inventory, less returns and allowances.....						
	<b>b</b> Less: cost of goods sold.....					
<b>c</b> Net income or (loss) from sales of inventory.....						
<b>Miscellaneous Revenue</b>	<b>11a</b> <u>PROCEEDS FROM BORROWING</u>	Business Code	5,814,826.	5,814,826.		
	<b>b</b> <u>RELIEF FUND</u>		12,748.	12,748.		
	<b>c</b> <u>MISCELLANEOUS</u>		469.	469.		
	<b>d</b> All other revenue.....					
	<b>e Total.</b> Add lines 11a-11d.....		5,828,043.			
<b>12 Total revenue.</b> See instructions.....		8,621,883.	8,554,210.	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 8b, 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	56,227.	56,227.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	469,661.	469,661.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,468.	16,468.		
9 Other employee benefits				
10 Payroll taxes	41,824.	41,824.		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,296.		3,296.	
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.)				
12 Advertising and promotion				
13 Office expenses	17,148.		17,148.	
14 Information technology				
15 Royalties				
16 Occupancy	64,690.	61,456.	3,234.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	113,956.	113,956.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	116,757.	116,757.		
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>NEW MAIN STATION</u>	5,814,826.	5,814,826.		
b <u>PRINCIPAL PAYMENTS</u>	88,130.	88,130.		
c <u>TRUCK MAINTENANCE</u>	82,287.	82,287.		
d <u>MISCELLANEOUS</u>	68,018.	36,652.	31,366.	
e All other expenses	322,050.	302,699.	19,351.	
25 Total functional expenses. Add lines 1 through 24e	7,275,338.	7,200,943.	74,395.	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 .....	1,691,472.	1	2,314,641.
	2 Savings and temporary cash investments .....	497,213.	2	439,900.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....		4	
	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	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 17,704,244.		
	b Less: accumulated depreciation .....	10b	12,252,768.	10c 17,704,244.
	11 Investments – publicly traded securities .....		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	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		14,441,453.	16	20,458,785.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....		17	
	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 .....	2,063,602.	23	7,596,976.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
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 .....		2,063,602.	26	7,596,976.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input type="checkbox"/>			
	27 Net assets without donor restrictions .....		27	
	28 Net assets with donor restrictions .....		28	
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input checked="" type="checkbox"/>			
	29 Capital stock or trust principal, or current funds .....	12,377,851.	29	12,861,809.
	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> .....	12,377,851.	32	12,861,809.
33 <b>Total liabilities and net assets/fund balances</b> .....		14,441,453.	33	20,458,785.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,621,883.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,275,338.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,346,545.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	12,377,851.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) <b>See Schedule O</b>	<b>9</b>	-862,587.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	12,861,809.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input 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.			
<b>2a</b>	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			
<b>b</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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b>	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?		
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

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.

Open to Public Inspection

Name of the organization

MILLS RIVER FIRE & RESCUE, INC.

Employer identification number

**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)(vi)**

(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**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,890.	5,575.	10,940.	1,515.	21,445.	44,365.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	1,156,160.	1,733,500.	1,969,444.	2,121,568.	2,160,435.	9,141,107.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	1,161,050.	1,739,075.	1,980,384.	2,123,083.	2,181,880.	9,185,472.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						9,185,472.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	1,161,050.	1,739,075.	1,980,384.	2,123,083.	2,181,880.	9,185,472.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	164.	357.	115.	1,382.	1,522.	3,540.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	98,987.	73,256.	66,138.	159,472.	6,865,640.	7,263,493.
11 Total support. Add lines 7 through 10.						16,452,505.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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.						<input type="checkbox"/>

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

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	55.83 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	94.60 %
16a 33-1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total, Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Line number, Description, and Percentage. Rows: 15 Public support percentage for 2022; 16 Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows: 17 Investment income percentage for 2022; 18 Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33-1/3% support tests--2022. 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.
19b 33-1/3% support tests--2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
b A family member of a person described on line 11a above?
c 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.

Table with 2 columns: Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year?
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?

Table with 2 columns: Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

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)?

Table with 2 columns: Yes, No. Row 1.

Section D. All Type III Supporting Organizations

- 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?

Table with 2 columns: Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a The organization satisfied the Activities Test. Complete line 2 below.
b The organization is the parent of each of its supported organizations. Complete line 3 below.
c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a 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?
b 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.
a 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?
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Table with 2 columns: Yes, No. Rows 2a, 2b, 3a, 3b.

**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.

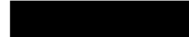
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred 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	

Section B – Minimum Asset Amount		(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	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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).

BAA



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

<b>Section D – Distributions</b>		<b>Current Year</b>
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 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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	2022	2021	2020	2019	2018
FUNDRAISING	\$ 46,228.	\$ 42,266.	\$ 39,585.	\$ 26,619.	\$ 10,917.
MISCELLANEOUS	469.	79,756.	14,353.	46,637.	88,070.
PROCEEDS FROM BORROWING	5,814,826.				
SALE OF ASSETS	1,004,117.	26,000.	12,200.		
RELIEF FUND		11,450.			
<b>Total</b>	<b>\$6,865,640.</b>	<b>\$ 159,472.</b>	<b>\$ 66,138.</b>	<b>\$ 73,256.</b>	<b>\$ 98,987.</b>



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

MILLS RIVER FIRE & RESCUE, INC.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number and acreage, and various monitoring and reporting questions.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting works of art and historical treasures, and amounts required to be reported.

**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:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		1,509,449.		1,509,449.
b Buildings		11,157,470.		11,157,470.
c Leasehold improvements				
d Equipment		4,863,991.		4,863,991.
e Other		173,334.		173,334.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,704,244.

**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) -----		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2 a</b>		
	<b>b</b> Donated services and use of facilities	<b>2 b</b>		
	<b>c</b> Recoveries of prior year grants	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines 2a through 2d		<b>2 e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines 4a and 4b		<b>4 c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2 a</b>		
	<b>b</b> Prior year adjustments	<b>2 b</b>		
	<b>c</b> Other losses	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines 2a through 2d		<b>2 e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines 4a and 4b		<b>4 c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**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

**2022**

**Open to Public Inspection**

Name of the organization

**MILLS RIVER FIRE & RESCUE, INC.**

Employer identification number

**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> .....						0.

**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
		LETTER DRIVE (event type)	FLOWERS (event type)	None (total number)	(add column (a) through column (c))
Revenue	1	Gross receipts	32,555.	14,834.	47,389.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	32,555.	14,834.	47,389.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	3,670.	908.	4,578.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			4,578.
	11	Net income summary. Subtract line 10 from line 3, column (d)			42,811.

**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 \_\_\_\_\_

- 15 a 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)**

**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

**2022**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

MILLS RIVER FIRE & RESCUE, INC.

Employer identification number

**Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.**

RICK LIVINGSTON AND GARY LIVINGSTON ARE BROTHERS

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder**

ORGANIZATION HAS VOLUNTEER MEMBERS WHO ELECT BOARD OF DIRECTORS.

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

THROUGH NOMINATIONS FROM THE FLOOR AND MAJORITY APPROVAL FOR EACH POSITION.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

CPA MEETS WITH THE TREASURER AND/OR OTHER DIRECTORS BEFORE FINALIZING TAX REPORTING.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

ANY COMPLAINT OR DISCOVERY GOES BEFORE THE BOARD OF DIRECTORS PRIVATELY TO DISCUSS  
SUCH ISSUES.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

THE BATALION CHIEF PERFORMANCE IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS AND  
COMPENSATION ADJUSTED BASED UPON THAT REVIEW.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

ALL ORGANIZATION DOCUMENTS ARE OPEN TO THE PUBLIC UPON REQUEST IMMEDIATELY UPON  
REQUEST.

**Form 990, Part XI, Line 9**  
**Other Changes in Net Assets Or Fund Balances**

ASSET ADDITIONS INCLUDED IN EXPENSES.....	\$	53,400.
ASSET SALES INCLUDED IN INCOME.....		-1,004,117.
CONSTRUCTION COSTS INCLUDED IN EXPENSES.....		5,814,826.
PRINCIPAL PAYMENTS INCLUDED IN EXPENSES.....		88,130.
PROCEEDS FROM BORROWING.....		-5,814,826.
<b>Total</b>	<b>\$</b>	<b>-862,587.</b>



Client 2002002

MILLS RIVER FIRE & RESCUE, INC.

10/15/23

02:22PM

Form 990, Part III, Line 4e  
Program Services Totals

	Program Services Total	Form 990	Source
Total Expenses	7,200,943.	7,200,943.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	0.	2,160,435.	Part VIII, Line 2, Col. A

Form 990, Part IX, Line 24e  
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
AWARDS	3,596.		3,596.	
CANDY MACHINE	1,112.		1,112.	
CELL PHONE	5,150.	5,150.		
CHILDRENS CHRISTMAS PARTY	1,625.		1,625.	
CHRISTMAS PARTY	7,078.		7,078.	
COMMUNICATIONS	5,846.	5,846.		
DUES	7,128.	7,128.		
EMT SUPPLIES/EQUIPMENT	8,874.	8,874.		
FEDERAL TAXES	1,666.	1,666.		
FIRE PREVENTION	22,511.	22,511.		
FIREFIGHTER BUCKS	8,261.	8,261.		
FIREFIGHTING	29,383.	29,383.		
FUEL	14,482.	14,482.		
FUEL REIMBURSEMENT	36,172.	36,172.		
HAZARDOUS MATERIALS	760.	760.		
LONGEVITY INCENTIVE	12,400.	12,400.		
PERSONAL GEAR	19,963.	19,963.		
PHYSICALS	8,355.	8,355.		
Postage and Shipping	240.		240.	
REFRESHMENTS	5,700.		5,700.	
RESCUE EQUIPMENT	1,777.	1,777.		
SALES TAX PAID	13,152.	13,152.		
TELEPHONE	9,861.	9,861.		
TRAINING	6,758.	6,758.		
TRUCK PURCHASE	53,400.	53,400.		
TURNOUT GEAR	36,800.	36,800.		
<b>Total</b>	<b>\$ 322,050.</b>	<b>\$ 302,699.</b>	<b>\$ 19,351.</b>	<b>\$ 0.</b>

2022

General Information

Page 1

Client 2002002

MILLS RIVER FIRE & RESCUE, INC.

10/15/23

02:22PM

**Forms needed for this return**

Federal: 990, Sch A, Sch D, Sch G, Sch O

**Carryovers to 2023**

None



Rick Livingston &lt;chief@mrfd.org&gt;

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## Mills River Fire Department Audit

1 message

Terry Andersen &lt;tandersen@gk-cpa.com&gt;

Wed, Apr 3, 2024 at 12:16 PM

To: "chief@mrfd.org" &lt;chief@mrfd.org&gt;

Cc: Neil Tilley &lt;ntilley@gk-cpa.com&gt;, Roger Warren &lt;rwarren@gk-cpa.com&gt;, Melissa Thompson &lt;mthompson@gk-cpa.com&gt;

Rick,

Per our phone conversation this morning we can proceed with the audit of MRFD's accounting records for the year ending June 30, 2023 later this month after we get through the April 15<sup>th</sup> tax deadline with a goal of being able to issue a report by the end of May. We plan on sending you an engagement letter and list of requested items to be provided for the audit immediately after April 15<sup>th</sup>.

Going forward the annual audits for the June year ends will be able to be conducted and completed and reports issued by March 31<sup>st</sup> of each year.

If you have any questions or we can provide further information do not hesitate to contact us.

Thank you,

Terry

Terry Andersen

Principal|tandersen@gk-cpa.com

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CPA GROUP, P.A.**100 Coxe Avenue | Asheville, NC 28801 | P 828.258.0363 | F 828.252.0528 | [www.gk-cpa.com](http://www.gk-cpa.com)

307 N. Church St. | Hendersonville, NC 28792 | P 828.692.2583 | F 828.697.6955

89 N. Caldwell St. | Brevard, NC 28712 | P 828.884.2021 | F 828.884.7407