

Green River Volunteer Fire and Rescue Post Office Box 667 Zirconia, North Carolina 28790

March 27, 2025

Greetings Henderson County FRAC Committee!

Another year has passed by quickly and much has been accomplished at Green River. Since our department was founded in 1958, a lot of progress has happened. Our department has transitioned over from an all-volunteer staff to a combination department over the last few years and we continue to grow, along with our community.

Some of our accomplishments during the 2024/2025 Budget Year.

- We have added 1 new full-time firefighter to our staff. Bringing staffing to 2 Fulltime Employees per shift.
- We purchased the proposed F-150 crew cab.
- We purchased an additional used Pierce Commercial Pumper for our fleet.
- Developed Apparatus Fleet Replacement / Refurb. Schedule
- We are in the process of purchasing a used Pierce Heavy Rescue to replace our current 1997 Smeal Heavy Rescue.
- We have started the process of purchasing replacements SCBA Bottles to replace the current ones that are expiring over the next 2 Budget Cycles that were purchased from grant funds.
- New Shingle Roof & Gutters for Station 1.
- Continued purchasing / replacement of 5 set of Full Turnout Gear Yearly.

Goals we are working towards in the 2025 / 2026 Budget Year.

- Purchase of Zodiac Boat Motor and Trailer funded from single source donation after Hurricane Hellene.
- Continued replacement of SCBA Cylinders alternating between 15 yr cylinders and 30 yr. cylinders.
- Continued replacement cycle for Turnout Gear.
- We continue to look for Part Time Employees to strengthen our staffing.

We continue our desire to provide the best care and service for our community. We hope that the committee can see this as well and are pleased with our department and our commitment to excellence!

Green River Fire & Rescue				
ITEM DESCRIPTION	2024-2025 BUDGET	YEAR-TO-DATE	2025-2026 BUDGET	INCREASE/DECREASE
		17-Mar-25		
REVENUE	\$971,533.00		\$987,877.00	\$16,344.00
PRESENT/REQUESTED TAX RATE	\$0.10		\$0.10	
ACTUAL HENDERSON COUNTY REVENUE RECEIVED		\$995,495.52		
Henderson County Ad Valorem Taxes				\$0.00
Donations		\$16,167.12		\$0.00
Fundraising				\$0.00
Grants				\$0.00
HazMat Charges				\$0.00
Interest Income		\$900.36		\$0.00
Miscellaneous				\$0.00
NC County Sales Tax Refund		\$7,543.57		\$0.00
NC Fuel Tax Refund				\$0.00
Other Income (City, Other Counties, Town)	\$171,813.00	\$136,857.28	\$177,592.00	\$5,779.00
Rental Income				\$0.00
Sales of Assets				\$0.00
Total Revenues	\$1,143,346.00	\$1,156,963.85	\$1,165,469.00	\$22,123.00
<u>FOOTNOTES</u>				
Truck Fund			\$70,500.00	
Contingency Fund			\$674,056.86	
12 Month CD (April 2025 Maturity)			\$250,000.00	

Green River Fire & Rescue				
ITEM DESCRIPTION	2024-2025 BUDGET	YEAR-TO-DATE	2025-2026 BUDGET	INCREASE/DECREASE
		AS OF MARCH 17,		
		2005		
EXPENDITURES				
Administrative Cost				
Annual Payment - Apparatus	\$40,000.00	\$43,585.78	\$40,000.00	\$0.00
Annual Payment - Building				\$0.00
Annual Payment - Other Equipment				\$0.00
Appreciation and Award Banquets	\$10,000.00	\$15,508.63	\$10,000.00	\$0.00
Bank Charges	\$1,000.00	\$1,522.11	\$2,000.00	\$1,000.00
Building Fund				\$0.00
Chaplain				\$0.00
Computer	\$4,000.00	\$3,612.31	\$4,000.00	\$0.00
Contingency Funds				\$0.00
Contract Labor (Part-Time Clerk)				\$0.00
County/State Tax				\$0.00
Discretionary Fund				\$0.00
Deposits/Down Payment				\$0.00
Dues/Subscriptions	\$5,000.00	\$6,563.74	\$5,000.00	\$0.00
Expendable Supplies				\$0.00
Flowers/Gifts	\$500.00	\$127.03	\$500.00	\$0.00
Food	\$5,000.00	\$5,212.68	\$5,000.00	\$0.00
nsurance - Building, Business Umbrella, Error	\$38,000.00	\$50,036.00	\$52,000.00	\$14,000.00
∟egal and Professional Fees	\$20,000.00	\$6,852.00	\$10,000.00	(\$10,000.00)
Licenses and Permits				\$0.00
Miscellaneous				\$0.00
Office Supplies	\$2,000.00	\$659.58	\$2,000.00	\$0.00
Public Relations				\$0.00
Rent				\$0.00
Optional Line Item)				\$0.00
Optional Line Item)				\$0.00
Optional Line Item)				\$0.00
Optional Line Item)				\$0.00
Total Administrative Cost	\$125,500.00	\$133,679.86	\$130,500.00	\$5,000.00

	2024-2025 BUDGET	YEAR-TO-DATE	2025-2026 BUDGET	INCREASE/DECREASE	
Operational Cost					
Breathing Apparatus	\$10,000.00	\$14,472.68	\$20,000.00	\$10,000.00	
Communications (radios, pagers, cell phone)	\$12,500.00	\$6,795.18	\$10,000.00	(\$2,500.00)	
EMT Supplies & Equipment	\$10,000.00	\$3,937.38	\$5,000.00	(\$5,000.00)	
Firefighting Supplies & Equipment	\$40,000.00	\$41,798.76	\$40,000.00	\$0.00	
Firefighting Equipment Maintenance	\$5,000.00	\$8,117.08	\$10,000.00	\$5,000.00	
Fuel	\$12,500.00	\$12,064.76	\$15,000.00	\$2,500.00	
Hazardous Materials Supplies	\$2,500.00	\$0.00	\$2,500.00	\$0.00	
Infection Control				\$0.00	
Maintenance/Repair of Apparatus	\$65,000.00	\$36,665.03	\$60,000.00	(\$5,000.00)	
DOI				\$0.00	
Physical Fitness				\$0.00	
Public Education and Fire Prevention	\$3,500.00	\$4,034.50	\$3,500.00	\$0.00	
Rehabilitation				\$0.00	
Rescue Equipment	\$20,000.00	\$5,126.39	\$20,000.00	\$0.00	
Training	\$2,500.00	\$940.18	\$2,500.00	\$0.00	
Turn Out Gear	\$20,000.00	\$15,080.74	\$20,000.00	\$0.00	
Uniforms	\$10,000.00	\$2,861.99	\$5,000.00	(\$5,000.00)	
Shipping, Freight & Delivery	\$3,500.00	\$1,087.45	\$1,500.00	(\$2,000.00)	
(Optional Line Item)				\$0.00	
(Optional Line Item)				\$0.00	
Total Operational Cost	\$217,000.00	\$152,982.12	\$215,000.00	(\$2,000.00)	
PERSONNEL COST					
Payroll					
Gross Full-Time Pay	\$412,565.00	\$261,580.74	\$415,000.00	\$2,435.00	
Gross Part-Time Pay	\$151,780.00	\$86,280.90	\$153,345.00	\$1,565.00	
Gross Overtime Pay				\$0.00	
Gross Holiday Pay	\$4,000.00	\$0.00	\$0.00	(\$4,000.00)	
Employer's Payroll Taxes (6.2% Soc. Sec. 1.45		\$29,315.77	\$50,000.00	\$0.00	
Bonus	\$7,000.00	\$6,700.00	\$7,000.00	\$0.00	
Vol./FF Reimbursement/Stipend	\$8,000.00	\$3,050.00	\$6,000.00	(\$2,000.00)	
(Optional Line Item)				\$0.00	
(Optional Line Item)				\$0.00	
(Optional Line Item)				\$0.00	
Total Payroll Cost	\$633,345.00	\$386,927.41	\$631,345.00	(\$2,000.00)	
Benefits					
Employer's Retirement Contribution				\$0.00	
Supplemental Retirement 401k/457	\$32,000.00	\$21,563.73	\$35,000.00	\$3,000.00	
Health Insurance	\$63,000.00	\$33,658.75	\$63,000.00	\$0.00	

Vision Insurance	Doutel Incomes	¢4.000.00	<u></u>	¢4,000,00	фо оо
Life Insurance \$2,800.00 \$3,91.38 \$2,800.00 \$0.0	Dental Insurance	\$4,000.00	\$2,766.77	\$4,000.00	\$0.00
Supplemental Insurance plans					
State Firemer's Pension Fund					·
Health Insurance Dependent Allowance \$6,000.00 \$5,000.00 \$15,000.00 \$9,000.00 \$0,000 \$0,					
(Optional Line Item) \$0.00 (Optional Line Item) \$0.00 (Optional Line Item) \$0.00 Total Benefits Cost \$127,400.00 \$77,077.74 \$134,400.00 \$7,000.00 STATIONS: \$0.00 \$1,000.00 \$0.00 \$0.00 \$0.00 Building Maint \$5,000.00 \$3,751.63 \$4,000.00 \$0.00 \$0.00 Cable \$4,000.00 \$3,751.63 \$4,000.00 \$0.00			*		•
Coptional Line Item) S0.00 Coptional Line Item) S0.00 Total Benefits Cost S127,400.00 S77,077.74 S134,400.00 S7,000.00		\$6,000.00	\$5,000.00	\$15,000.00	* *
Coptional Line Item) S127,400.00 S77,077.74 S134,400.00 S7,000.00					
STATIONS:					
STATION :	,				•
MAIN STATION S1,000.00 \$4,065.97 \$5,000.00 \$	Total Benefits Cost	\$127,400.00	\$77,077.74	\$134,400.00	\$7,000.00
MAIN STATION S1,000.00 \$4,065.97 \$5,000.00 \$					
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Heating Fuel					
Station Supplies \$2,500.00 \$1,834.25 \$2,500.00 \$0.00 Telephone \$2,500.00 \$1,296.46 \$2,500.00 \$0.00 Water \$2,500.00 \$1,296.46 \$2,500.00 \$0.00 STATION #2 \$1,296.46 \$2,500.00 \$0.00 Building Maint \$2,500.00 \$3,056.78 \$2,500.00 \$0.00 Cable \$1,000.00 \$679.86 \$1,000.00 \$0.00 Internet \$1,000.00 \$679.86 \$1,000.00 \$0.00 Electric \$2,000.00 \$1,380.84 \$2,000.00 \$0.00 Garbage \$1,000.00 \$300.00 \$1,000.00 \$0.00 Grounds Upkeep \$1,000.00 \$1,314.13 \$1,500.00 \$0.00 Heating Fuel \$1,500.00 \$1,314.13 \$1,500.00 \$0.00 Station Supplies \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Water \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 <td< td=""><td>Grounds Upkeep</td><td></td><td></td><td></td><td></td></td<>	Grounds Upkeep				
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Water \$2,500.00 \$1,296.46 \$2,500.00 \$0.00 STATION #2 Building Maint \$2,500.00 \$3,056.78 \$2,500.00 \$0.00 Cable \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Internet \$1,000.00 \$679.86 \$1,000.00 \$0.00<	Station Supplies	\$2,500.00	\$1,834.25	\$2,500.00	\$0.00
STATION #2 Suilding Maint \$2,500.00 \$3,056.78 \$2,500.00 \$0.00 Cable \$0.00 \$679.86 \$1,000.00 \$0.00 \$0.00 Internet \$1,000.00 \$679.86 \$1,000.00 \$0.00 <td>Telephone</td> <td></td> <td></td> <td></td> <td>\$0.00</td>	Telephone				\$0.00
Building Maint \$2,500.00 \$3,056.78 \$2,500.00 \$0.00 Cable \$0.00	Water	\$2,500.00	\$1,296.46	\$2,500.00	\$0.00
Cable \$0.00 Internet \$1,000.00 \$679.86 \$1,000.00 \$0.00 Electric \$2,000.00 \$1,380.84 \$2,000.00 \$0.00 Garbage \$0.00 \$0.00 \$0.00 \$0.00 Grounds Upkeep \$1,000.00 \$300.00 \$1,000.00 \$0.00 Heating Fuel \$1,500.00 \$1,314.13 \$1,500.00 \$0.00 Station Supplies \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Water \$0.00	STATION #2				
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Electric \$2,000.00 \$1,380.84 \$2,000.00 \$0.00 Garbage \$0.00 <td>Cable</td> <td></td> <td></td> <td></td> <td>\$0.00</td>	Cable				\$0.00
Garbage \$0.00 <	Internet	\$1,000.00	\$679.86	\$1,000.00	\$0.00
Grounds Upkeep \$1,000.00 \$300.00 \$1,000.00 \$0.00 Heating Fuel \$1,500.00 \$1,314.13 \$1,500.00 \$0.00 Station Supplies \$0.00 \$0.00 \$0.00 Telephone \$0.00 \$0.00 \$0.00 Water \$0.00 \$0.00 \$0.00 STATION #3 \$2,500.00 \$4,796.41 \$2,500.00 \$0.00 Cable \$0.00 \$0.00 \$0.00 \$0.00	Electric	\$2,000.00	\$1,380.84	\$2,000.00	\$0.00
Heating Fuel \$1,500.00 \$1,314.13 \$1,500.00 \$0.00 \$1,314.13 \$1,500.00 \$0.00 \$1,314.13 \$1,500.00 \$0.00 \$1,314.13 \$1,500.00 \$1,314.13 \$1,314.13 \$1,314.13 \$1,314.13 \$1,314.13 \$1,314.13 \$1,314.13 \$1,314.13 \$1,314.13 \$1,314.13 \$1,314.13 \$1,314.13 \$1,31	Garbage				\$0.00
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Telephone \$0.00 Water \$0.00 STATION #3 \$2,500.00 Building Maint \$2,500.00 Cable \$0.00	Heating Fuel	\$1,500.00	\$1,314.13	\$1,500.00	\$0.00
Water \$0.00 STATION #3 \$2,500.00 \$4,796.41 \$2,500.00 \$0.00 Cable \$0.00	Station Supplies				\$0.00
Water \$0.00 STATION #3 \$2,500.00 \$4,796.41 \$2,500.00 \$0.00 Cable \$0.00					\$0.00
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Building Maint \$2,500.00 \$4,796.41 \$2,500.00 \$0.00 Cable \$0.00 \$0.00 \$0.00 \$0.00	STATION #3				
Cable \$0.00		\$2,500.00	\$4,796.41	\$2,500.00	\$0.00
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	Internet	\$2,000.00	\$1,733.69	\$2,000.00	\$0.00
Electric \$2,500.00 \$2,664.15 \$2,500.00 \$0.00					-

Garbage				\$0.00	
Grounds Upkeep	\$2,000.00	\$3,060.00	\$2,000.00	\$0.00	
Heating Fuel	\$1,500.00	\$3,540.42	\$2,500.00	\$1,000.00	
Station Supplies				\$0.00	
Telephone				\$0.00	
Water				\$0.00	
STATION #4					
Building Maint	\$2,500.00	\$705.58	\$2,500.00	\$0.00	
Cable				\$0.00	
Internet	\$1,680.00	\$1,255.82	\$1,680.00	\$0.00	
Electric	\$1,500.00	\$1,174.62	\$1,500.00	\$0.00	
Garbage				\$0.00	
Grounds Upkeep	\$500.00	\$800.00	\$1,000.00	\$500.00	
Heating Fuel	\$1,500.00	\$1,743.94	\$2,000.00	\$500.00	
Station Supplies				\$0.00	
Telephone				\$0.00	
Water	\$500.00	\$160.94	\$500.00	\$0.00	
Total Station Cost	\$57,680.00	\$51,816.71	\$58,680.00	\$1,000.00	
TOTAL EXPENDITURES	\$1,160,925.00	\$802,483.84	\$1,169,925.00	\$9,000.00	
Footnotes:					

roject Year				oster	1		
	Project Name	Category	Quantity	Per Unit	Project Cost	Purchase or Finance	Budget Line Item # (if applical
FY25	Turn Out Gear	Equipment	4	\$4,370.04		Purchase	
FY25	Rescue 13 Replacement	Truck	1	\$525,000.00	\$ 525,000.00	Finance	
FY26 FY26	SCBA Bottle Replacement	Equipment	16	\$680.00	\$ 10,880.00 \$ 400,000.00	Purchase	
FY26 FY27	Tanker 13-2 Replacement Engin 13-2 Refurb	Truck Truck	1	\$400,000.00 \$300,000.00			
FT21	Eligili 13-2 Reluib	Truck	'	\$300,000.00	\$ 500,000.00	rinance	
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Green River Fire & Rescue

CURRENT ASSETS

AS OF MARCH 17, 2025

Item Description	Current Balance
Bonds, Certificates of Deposit, Stock	\$250,000.00
General Checking	\$66,169.59
Savings	
Truck Fund	\$70,500.00
Building Fund	
Future Needs	
Contingency Fund	\$674,056.86

Total assets \$1,060,726.45

Notes:

Green River Fire & Rescue	
DESCRIPTION	AMOUNT
TOTAL DISTRICT TAX ASSESSMENT 2025-2026	\$1,020,477,841.00
Divided by 100	
TOTAL	\$10,204,778.41
No. 10. 10. 11.	100/
Multiplied by requested tax rate	10%
TOTAL	\$1,020,477.84
*Multiplied by tax collection percentage (97%)	
TOTAL	\$989,863.51
Subtract Training Center Assessment	1,986
Add Projected Payments in Lieu of Taxes	
**TOTAL PROJECTED REVENUE	\$987,877.51
** Revenue is projected because it does not reflect tax discover	ries, releases or refunds.
* Collection percentage based on last complete year of collection	ions.

Green River Fire & Rescue	
DESCRIPTION	AMOUNT
TOTAL DISTRICT TAX ASSESSMENT 2025-2026	\$183,085,230.00
Divided by 100	
TOTAL	\$1,830,852.30
Multiplied by requested tax rate	10%
TOTAL	\$183,085.23
*Multiplied by tax collection percentage (97%)	
TOTAL	\$177,592.67
Subtract Training Center Assessment	
Add Projected Payments in Lieu of Taxes	
**TOTAL PROJECTED REVENUE	\$177,592.67
** Revenue is projected because it does not reflect tax discover	ries, releases or refunds.
* Collection percentage based on last complete year of collection	ions.

Green River Fire & Rescue

FINANCIAL STATEMENT (BALANCE SHEET)

	(BALAI		
	AS OF	17-Mar-25	Source
		ASSETS	
ASSETS:			
Cash in Bank		\$810,726.42	
Certificates of Deposit		\$250,000.00	
Accounts Receivable-Taxes			
Notes Receivable		_	
Land		ΦΩ ΩΩΕ ΩΖΩ <u>ΖΩ</u>	
Buildings Leasehold Improvements		\$2,205,673.78	
Furniture & Fixtures		\$34,408.41	
Vehicles		\$2,005,773.53	
Firefighting Equipment		\$816,302.69	
Rescue Equipment			
Other Equipment		\$599.94	
Transfers			
Proceeds from Borrowing			
TOTAL ASSETS		\$6,123,484.77	
	LIABILITIES A	AND FUND EQUITY	
LIABILITIES:			
Accounts Payable			
Due to Debt Service			
Accrued Interest Payable			
Accrued Payroll Payable			
Accrued Payroll Taxes			

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	\$2,470.26
State Withholding Payable	\$1,747.04
FUTA & SUI Payable	
Employee 401(k) Withholding	
Child Support Withholding	
Notes Payable	\$478,148.94
TOTAL LIABILITIES	\$482,366.24
FUND BALANCES	
Fund Balance Unrestricted	
Designated Debt Service	
Excess Revenues/Expenditures	
The state of the s	

TOTAL LIABILITIES & FUND EQUITY

TOTAL FUND BALANCES

\$482,366.24

\$0.00

Green River Fire & Rescue

Source

REVENUES: Henderson County Ad Valorem Taxes Annual Fund Payment State of North Carolina Contingency Fund Donations Fundraising Grants HazMat Charges Interest Income	AS OF MARCH 17, 2025 \$995,495.52 \$674,056.86 \$16,167.12
Miscellaneous NC County Sales Tax Refund	\$7,543.57
NC Fuel Tax Refund Other Income (City, Other Counties, Town) Rental Income Sales of Assets Total Revenues	\$136,857.28 \$1,831,020.71
TRANSFERS	¥ ·,··· ,•· ·
Transfers In TOTAL TRANSFERS	\$0.00
PROCEEDS FROM BORROWING Proceeds From Borrowing TOTAL PROCEEDS	\$0.00
TOTAL REVENUES, ETC.	\$1,831,020.71
EXPENDITURES: Adminstrative Annual Payment - Apparatus Annual Payment - Building	\$43,585.78
Annual Payment - Other Equipment Appreciation and Award Banquets Bank Charges Building Fund	\$15,508.63 \$1,522.11
Chaplain Computer Contingency Funds	\$3,612.31
Contract Labor (Part-Time Clerk) County/State Tax Discretionary Fund Deposits/Down Payment	
Dues/Subscriptions Expendable Supplies	\$6,563.74
Flowers/Gifts Food Insurance - Building, Business Umbrella, Error Legal and Professional Fees Licenses and Permits	\$127.03 \$5,212.68 \$50,036.00 \$6,852.00
Miscellaneous Office Supplies	\$659.58
Public Relations Public Education and Fire Prevention	\$4,034.50

Rent

Main Station

Coptional Line Item)	(Optional Line Item)	
Total Administrative	(Optional Line Item)	
Distribution State		\$137 714 36
Breathing Apparatus \$14,472.68 Communications (radios, pagers, cell phone) \$6,795.18 EMT Supplies & Equipment \$3,937.38 Firefighting Supplies & Equipment Maintenance \$8,117.08 Firefighting Equipment Maintenance \$12,064.76 Hazardous Materials Supplies Infection Control Infection Control Maintenance/Repair of Apparatus \$36,665.03 DOI Physical Fitness Rehabilitation \$5,126.39 Rescue Equipment \$5,126.39 Training \$940.18 Tum Out Gear \$1,080.74 Uniforms \$2,861.99 Shipping, Freight & Delivery \$1,087.45 (Optional Line Item) (Optional Line Item) (Optional Line Item) (Optional Line Item) (Optional Line Item) \$261,580.74 Gross Part-Time Pay \$86,280.90 Gross Part-Time Pay \$86,280.90 Gross Overtime Pay \$6,700.00 Femployer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) \$29,315.77 Bonus \$6,700.00 Vol./FF Reimbursement/Stipend \$3,050.00	, , , , , , , , , , , , , , , , , , , ,	ψ.σ.,σσ
Communications (radios, pagers, cell phone) \$6,795.18 EMT Supplies & Equipment \$3,937.38 Firefighting Supplies & Equipment \$41,798.76 Firefighting Equipment Maintenance \$8,117.08 Fuel \$12,064.76 Hazardous Materials Supplies Infection Control Maintenance/Repair of Apparatus \$36,665.03 DOI Physical Fitness Rehabilitation \$5,126.39 Rescue Equipment \$5,126.39 Training \$940.18 Turn Out Gear \$15,080.74 Uniforms \$2,861.99 Shipping, Freight & Delivery \$1,087.45 (Optional Line Item) (Optional Line Item) (Optional Line Item) \$86,280.90 Gross Parl-Time Pay \$86,280.90	Operational	
EMT Supplies & Equipment \$3,937.38 Firefighting Supplies & Equipment \$41,798.76 Firefighting Equipment Maintenance \$8,117.08 Fuel \$12,064.76 Hazardous Materials Supplies Infection Control Maintenance/Repair of Apparatus \$36,665.03 DOI Physical Fitness Rehabilitation Rescue Equipment \$5,126.39 Training \$940.18 Turn Out Gear \$15,080.74 Uniforms \$2,861.99 Shipping, Freight & Delivery \$1,087.45 (Optional Line Item) (Optional Line Item) Total Operational \$148,947.62 Personnel Cost Payroll Gross Full-Time Pay \$261,580.74 Gross Part-Time Pay \$86,280.90 Gross Overtime Pay \$6,700.00 Vol./FF Reimbursement/Stipend \$3,050.00 (Optional Line Item) Total Payroll \$3,050.00 (Optional Line Item)	Breathing Apparatus	\$14,472.68
Firefighting Supplies & Equipment \$41,798.76 Firefighting Equipment Maintenance \$8,117.08 Fuel \$12,064.76 Hazardous Materials Supplies Infection Control \$36,665.03 DOI Physical Fitness Rehabilitation \$5,126.39 Rescue Equipment \$5,126.39 Training \$940.18 Turn Out Gear \$15,080.74 Uniforms \$2,861.99 Shipping, Freight & Delivery (Optional Line Item) (Optional Line Item) \$1148,947.62 Personnel Cost Payroll \$261,580.74 Gross Full-Time Pay \$86,280.90 Gross Part-Time Pay \$86,280.90 Gross Powertime Pay \$86,280.90 Gross Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) \$29,315.77 Bonus \$6,700.00 Vol./FF Reimbursement/Stipend \$3,050.00 Optional Line Item) (Optional Line Item) Optional Line Item) (Optional Line Item) Optional Line Item) \$21,563.76 Health Insurance \$33,658.75 <tr< td=""><td>Communications (radios, pagers, cell phone)</td><td>\$6,795.18</td></tr<>	Communications (radios, pagers, cell phone)	\$6,795.18
Firefighting Equipment Maintenance \$8,117.08 Fuel \$12,064.76 Hazardous Materials Supplies Infection Control Maintenance/Repair of Apparatus \$36,665.03 DOI Physical Fitness Rehabilitation Rescue Equipment \$5,126.39 Training \$940.18 Turn Out Gear \$15,080.74 Uniforms \$15,080.74 Uniforms \$1,087.45 (Optional Line Item) (Optional Line Item) Total Operational \$148,947.62 Personnel Cost Payroll Gross Full-Time Pay \$261,580.74 Gross Part-Time Pay \$86,280.90 Gross Overtime Pay Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) \$29,315.77 Bonus \$6,700.00 (Optional Line Item) (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll \$386,927.41 Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 \$21,563.76 Health Insurance \$33,688.75 Dental Insurance \$2,766.77 Vision Insurance \$2,266.76 Supplemental Retirement 401k/457 \$21,563.76 Health Insurance \$33,688.75 Dental Insurance \$32,895 Supplemental Insurance plans \$9,866.16 State Firemen's Pension Fund Health Insurance \$52,895 Supplemental Insurance plans \$9,866.16 State Firemen's Pension Fund Health Insurance \$5,000.00 Life Insuran	EMT Supplies & Equipment	\$3,937.38
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Hazardous Materials Supplies Infection Control	Firefighting Equipment Maintenance	\$8,117.08
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Maintenance/Repair of Apparatus \$36,665.03 DOI Physical Fitness Rehabilitation \$5,126.39 Rescue Equipment \$5,126.39 Training \$940.18 Turn Out Gear \$15,080.74 Uniforms \$2,2861.99 Shipping, Freight & Delivery \$1,087.45 (Optional Line Item) (Optional Line Item) Personnel Cost Payroll Gross Full-Time Pay \$261,580.74 Gross Part-Time Pay \$86,280.90 Gross Part-Time Pay \$86,280.90 Gross Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) \$29,315.77 Bonus \$6,700.00 Vol./FF Reimbursement/Stipend \$3,050.00 Optional Line Item) (Optional Line Item) Optional Line Item) (Optional Line Item) Total Payroll \$386,927.41 Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 \$21,563.76 Health Insurance \$5,28.95 Supplemental Insurance plans \$3,658.75 State Firemen's P	···	
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Employer's Retirement Contribution \$21,563.76 Supplemental Retirement 401k/457 \$21,563.76 Health Insurance \$33,658.75 Dental Insurance \$2,766.77 Vision Insurance \$528.95 Supplemental Insurance plans \$9,868.16 State Firemen's Pension Fund \$5,000.00 Health Insurance Dependent Allowance \$5,000.00 Life Insurance \$3,691.38 (Optional Line Item) Total Benefits \$77,077.77		Ψ000,021.11
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State Firemen's Pension Fund Health Insurance Dependent Allowance \$5,000.00 Life Insurance \$3,691.38 (Optional Line Item) (Optional Line Item) Total Benefits \$77,077.77	Supplemental Insurance plans	•
Life Insurance \$3,691.38 (Optional Line Item) (Optional Line Item) Total Benefits \$77,077.77	··	. ,
Life Insurance \$3,691.38 (Optional Line Item) (Optional Line Item) Total Benefits \$77,077.77	Health Insurance Dependent Allowance	\$5,000.00
(Optional Line Item) (Optional Line Item) Total Benefits \$77,077.77	•	
(Optional Line Item) Total Benefits \$77,077.77	(Optional Line Item)	
Total Benefits \$77,077.77	· ·	
Stations		\$77,077.77
	Stations	

Building Maint Cable Internet Electric Garbage Grounds Upkeep Heating Fuel Station Supplies	\$4,065.97 \$3,751.63 \$1,654.64 \$4,235.99 \$3,235.54 \$800.00 \$2,575.05 \$1,834.25
Telephone Water	\$1,296.46
Station #2 Building Maint	\$3,056.78
Cable Internet Electric	\$679.86 \$1,380.84
Garbage Grounds Upkeep Heating Fuel	\$300.00 \$1,314.13
Station Supplies Telephone Water	
Station #3 Building Maint Cable	\$4,796.41
Internet Electric	\$1,733.69 \$2,664.15
Garbage Grounds Upkeep Heating Fuel Station Supplies	\$3,060.00 \$3,540.42
Telephone Water	
Station #4 Building Maint Cable	\$705.58
Internet Electric Garbage	\$1,255.82 1174.62
Grounds Upkeep Heating Fuel Station Supplies	\$800.00 \$1,743.94
Telephone Water	\$160.94
Total Stations	\$51,816.71
TOTAL EXPENDITURES	\$802.483.87

We certify that the attached Financial Statement for Green River Fire and Rescue Department is accurate to the best of our knowledge.

Board President

Board Treasurer

GREEN RIVER

VOLUNTEER FIRE DEPARTMENT & RESCUE, INC.

Independent Auditor's Report

on the

Financial Statements

for the years ended June 30, 2024 and 2023

GREEN RIVER VOLUNTEER FIRE DEPARTMENT & RESCUE, INC. Zirconia, North Carolina

Contents

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Statements of Financial Position	2
Statements of Activities	3
Statements of Functional Expenses	4
Statements of Cash Flows	5
Notes to Financial Statements	6

WAYNE J. PARRIS, CPA

CERTIFIED PUBLIC ACCOUNTANT

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

e-mail: wparriscpa@hotmail.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Green River Volunteer Fire Department & Rescue, Inc.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Green River Volunteer Fire Department & Rescue, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Wayne & Parris, CPA

Wayne J. Parris, CPA Arden, North Carolina November 12, 2024

GREEN RIVER VOLUNTEER FIRE DEPARTMENT & RESCUE, INC. STATEMENTS OF FINANCIAL POSITION June 30, 2024 and 2023

ASSETS	6-30-2024	6-30-2023
CURRENT ASSETS Cash and cash equivalents Taxes receivable Cash restricted for relief fund TOTAL CURRENT ASSETS	\$ 567,788.35 21,505.83 41,811.93 \$ 631,106.11	\$ 731,773.98 9,069.88 67,538.76 \$ 808,382.62
FIXED ASSETS Property and equipment Less: Accumulated depreciation TOTAL FIXED ASSETS TOTAL ASSETS	(2,944,654.67) \$ 2,118,103.68	\$ 4,693,038.18 (2,832,606.26) \$ 1,860,431.92 \$ 2,668,814.54
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES Accrued expenses payable Accrued payroll payable Taxes on accrued payroll Current portion of long-term debt TOTAL CURRENT LIABILITIES	\$ 6,821.73 9,933.30 759.90 26,069.19 \$ 43,584.12	0.00 0.00 47,677.14
LONG-TERM LIABILITIES Long-term debt TOTAL LONG-TERM LIABILITIES TOTAL LIABILITIES	\$ 49,874.48 \$ 49,874.48 \$ 93,458.60	\$ 113,181.58 \$ 113,181.58 \$ 183,520.11
NET ASSETS Without donor restrictions With donor restrictions TOTAL NET ASSETS TOTAL LIABILITIES AND NET ASSETS	\$ 2,613,939.26 41,811.93 \$ 2,655,751.19 \$ 2,749,209.79	67,538.76

GREEN RIVER VOLUNTEER FIRE DEPARTMENT & RESCUE, INC. STATEMENTS OF ACTIVITIES

For the Years Ended June 30, 2024 and 2023

	6-30-2024	6-30-2023
CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS:		
Revenues and gains Henderson County Village of Flat Rock State of North Carolina Donations Grants Insurance proceeds Interest income Miscellaneous income NC sales tax refunds Sale of assets Special event payments/reimbursements	\$ 1,019,615.52 175,328.90 615.00 2,361.37 0.00 11,260.05 2,492.27 10,121.69 14,911.14 0.00 22,474.40	\$ 747,800.02 129,474.53 619.00 8,593.02 50,000.00 3,352.00 2,854.81 0.00 0.00 35,000.00
TOTAL REVENUES AND GAINS WITHOUT DONOR RESTRICTIONS	\$ 1,259,180.34	\$ 977,693.38
NET ASSETS RELEASED FROM RESTRICTIONS Restrictions satisfied by payments TOTAL NET ASSETS RELEASED FROM	\$ 0.00	\$ 0.00
RESTRICTIONS	\$ 0.00	\$ 0.00
TOTAL REVENUES, GAINS, AND OTHER SUPPORT WITHOUT DONOR RESTRICTIONS	\$ 1,259,180.34	\$ 977,693.38
Expenses Program Services Supporting Services Fundraising TOTAL EXPENSES	\$ 980,022.02 114,974.73 0.00 \$ 1,094,996.75	\$ 642,109.15 60,805.98 0.00 \$ 702,915.13
INCREASE (DECREASE) IN NET ASSETS WITHOUT	ψ 1,034,330.73	ψ 702,913.13
DONOR RESTRICTIONS	\$ 164,183.59	\$ 274,778.25
CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS Relief Fund supplement Relief Fund contributions Interest income on relief fund	\$ 5,633.15 600.00 40.02	\$ 5,306.56 0.00 34.02
Net assets released from restrictions INCREASE (DECREASE) IN NET ASSETS WITH	(0.00)	(0.00)
DONOR RESTRICTIONS	\$ 6,273.17	\$ 5,340.58
INCREASE (DECREASE) IN NET ASSETS NET ASSETS AT BEGINNING OF YEAR	\$ 170,456.76 2,485,294.43	\$ 280,118.83 2,205,175.60
NET ASSETS AT END OF YEAR	\$ 2,655,751.19	\$ 2,485,294.43

GREEN RIVER VOLUNTEER FIRE DEPARTMENT & RESCUE, INC. STATEMENTS OF FUNCTIONAL EXPENSES For the Years Ended June 30, 2024 and 2023

			6-30-2024						6-30-2023							
	Progra	m							Program							
	Services		Supporting Services					Services Supporting Services								
			Management							M	anagement					
	Fire & Re	escue	and General	F	und-raising		Total	Fi	re & Rescue	a	nd General	Fund-rai	sing		Total	
Compensation and related expenses																
Salaries and wages		44.62		\$	0.00	\$	377,444.62	\$	278,653.54	\$	0.00	\$	0.00	\$	278,653.54	
Payroll taxes		321.22	0.00		0.00		34,821.22		21,317.00		0.00		0.00		21,317.00	
Retirement contributions		66.53	0.00		0.00		22,866.53		16,105.67		0.00		0.00		16,105.67	
Employee benefits		22.11	0.00		0.00	_	61,622.11		37,793.27		0.00		0.00		37,793.27	
	\$ 496,7	54.48		\$		\$	496,754.48	\$,	\$	0.00	\$		\$	353,869.48	
Awards		0.00	17,396.44		0.00		17,396.44		0.00		0.00		0.00		0.00	
Bad debt on relief bond		0.00	32,000.00		0.00		32,000.00		0.00		0.00		0.00		0.00	
Bank charges		0.00	3,792.47		0.00		3,792.47		0.00		1.50		0.00		1.50	
Buildings and grounds repairs		82.04	2,220.23		0.00		22,202.27		27,612.03		1,453.26		0.00		29,065.29	
Building and grounds supplies		56.40	306.27		0.00		3,062.67		7,541.11		396.90		0.00		7,938.01	
Communications		884.90	0.00		0.00		5,884.90		0.00		0.00		0.00		0.00	
Computer and Software expenses		05.69	0.00		0.00		3,705.69		0.00		0.00		0.00		0.00	
Depreciation	112,0	48.41	0.00		0.00		112,048.41		78,384.32		0.00		0.00		78,384.32	
Dues and subscriptions		0.00	8,764.06		0.00		8,764.06		0.00		9,441.04		0.00		9,441.04	
Firefighter's fund		0.00	0.00		0.00		0.00		0.00		10,859.97		0.00		10,859.97	
Firefighting expenses		31.05	0.00		0.00		46,031.05		7,281.09		0.00		0.00		7,281.09	
Fire prevention	-	18.78	0.00		0.00		2,718.78		0.00		0.00		0.00		0.00	
Food for firefighters		99.57	0.00		0.00		4,099.57		4,941.88		0.00		0.00		4,941.88	
Insurance		49.00	0.00		0.00		38,549.00		36,186.11		0.00		0.00		36,186.11	
Interest expense	2,7	19.98	0.00		0.00		2,719.98		6,188.82		0.00		0.00		6,188.82	
Legal and professional fees		0.00	18,935.43		0.00		18,935.43		0.00		22,540.25		0.00		22,540.25	
Miscellaneous		55.00	1,795.76		0.00		1,850.76		5,173.58		0.00		0.00		5,173.58	
Office supplies and expenses		0.00	4,742.85		0.00		4,742.85		0.00		11,160.02		0.00		11,160.02	
Pension fund contributions		0.00	450.00		0.00		450.00		0.00		0.00		0.00		0.00	
Postage and stamps		0.00	0.00		0.00		0.00		0.00		374.59		0.00		374.59	
Rescue expenses	32,9	901.31	0.00		0.00		32,901.31		0.00		0.00		0.00		0.00	
Sales tax paid		0.00	15,182.08		0.00		15,182.08		0.00		0.00		0.00		0.00	
Shipping, freight, and delivery		0.00	3,804.45		0.00		3,804.45		0.00		0.00		0.00		0.00	
Special events		0.00	880.00		0.00		880.00		0.00		0.00		0.00		0.00	
Training, schools, and library	1,4	106.80	0.00		0.00		1,406.80		0.00		0.00		0.00		0.00	
Travel		0.00	0.00		0.00		0.00		294.79		0.00		0.00		294.79	
Uniforms	18,8	377.51	0.00		0.00		18,877.51		0.00		0.00		0.00		0.00	
Utilities									100							
Electricity		250.15	1,250.02		0.00		12,500.17		7,857.74		873.08		0.00		8,730.82	
Propane		538.99	837.67		0.00		8,376.66		10,358.85		1,150.98		0.00		11,509.83	
Telephone		060.02	1,451.11		0.00		14,511.13		14,806.07		1,645.12		0.00		16,451.19	
Television		175.45	463.94		0.00		4,639.39		3,999.10		444.34		0.00		4,443.44	
Waste removal		70.97	396.78		0.00		3,967.75		2,998.66		333.18		0.00		3,331.84	
Water	2,7	746.52	305.17		0.00		3,051.69		1,185.71		131.75		0.00		1,317.46	
Vehicles	0.000.00		NO WHILE		Sa posicio						200000					
Equipment repairs and maintenance		981.58	0.00		0.00		119,981.58		57,161.97		0.00		0.00		57,161.97	
Fuel		207.42	0.00	-	0.00	_	29,207.42		16,267.84		0.00	-	0.00		16,267.84	
Total Expenses	\$ 980,0	022.02	\$ 114,974.73	\$	0.00	\$	1,094,996.75	\$	642,109.15	\$	60,805.98	\$	0.00	\$	702,915.13	

GREEN RIVER VOLUNTEER FIRE DEPARTMENT & RESCUE, INC. STATEMENTS OF CASH FLOWS

For the Years Ended June 30, 2024 and 2023

	6-30-2024 6-30-2023
CASH FLOWS FROM OPERATING ACTIVITIES Cash received from governments Cash received from contributors Interest received Cash received from other revenue sources Cash paid to employees and suppliers Interest paid NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ 927,572.14 \$ 927,572.14 8,593.02 8,593.02 2,888.83 2,888.83 43,658.56 43,658.56 (600,616.73) (600,616.73) (6,188.82) (6,188.82) \$ 264,922.76 \$ 375,907.00
CASH FLOWS FROM INVESTING ACTIVITIES Payments for property and equipment NET CASH USED BY INVESTING ACTIVITIES	\$(369,720.17) \$(756,673.82) \$(369,720.17) \$(756,673.82)
CASH FLOWS FROM FINANCING ACTIVITIES Payments to First Citizens Bank NET CASH PROVIDED BY FINANCING ACTIVITIES	\$(84,915.05) \$(46,101.18 \$(84,915.05) \$(46,101.18)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS BEGINNING CASH AND CASH EQUIVALENTS ENDING CASH AND CASH EQUIVALENTS	\$(189,712.46) \$(426,868.00) 799,312.74
Reconciliation of Change in Net Assets to Net Cash Provided (Used) by Operating Activities	
Change in net assets Adjustments to reconcile change in net assets to net cash used by operating activities	\$ 170,456.76 \$ 280,118.83
Noncash revenues and expenses Depreciation	112,048.41 78,384.32
Changes in current assets and liabilities (Increase) Decrease in taxes receivable Increase (Decrease) in accrued expenses payable Increase (Decrease) in accrued payroll Increase (Decrease) in taxes on accrued payroll Net cash provided by operations	(12,435.95) (321.41) (15,839.66) (17,725.26) 9,933.30

NOTE A-NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Organization

Green River Fire & Rescue was incorporated in October of 1958 after the tragic loss of two brothers that perished when their home caught on fire. At that time there was only three other fire departments in Henderson County. The community watched as workers from the Green River Textile Mill tried to reach the children with handle tools, but the fire was too far advanced. Fire Engines responded from Hendersonville and Valley Hill to the scene, but their response was much too late to save the children. That tragic event identified the need for fire protection in the Green River Community and the citizens began the task of establishing the Green River Volunteer Fire Department. The first Fire Engine was delivered by rail car to Hendersonville and was stored behind the General Store until the Fire Station could be built.

Green River was established and built by the citizens and remained an all-volunteer department until 2017 when the needs of the community for emergency response was more than the volunteers alone could handle. At that point the department hired its first employees which where all part-time working one employee per 24 hr. shift. These employees along with the volunteer staff filled the needs within the community for emergency services. Since 2017 we have added full time staff, along with part-time to work on average 2 people per 24hr. shift 365 days a year to help protect our community. We average over 500 calls for service per year.

Apparatus

- 1. 5 Class A Pumpers
- 2. 1 Super Tanker
- 2 1500 Gallon Tankers
- 4. 2 Rescue Truck
- 5. 1 Service Truck
- 6. 1 Command Vehicle
- 7. 1 Brush Truck
- 8. 1 Tac Truck
- Polaris Ranger

All but 2 of the apparatus are paid for and as of June 30, 2024, we owe \$75,943.67 on the loans.

Stations

The Department occupies four stations located throughout our 49.2 square mile district. The fourth station was completed in the Spring of 2023. All of the stations are paid in full, including the fourth station.

All of our gear is up to current standards, and we are working to have everything with an expiration date on a replacement schedule that reduce massive cost all at one time.

Nature of Activities

Green River Volunteer Fire Department & Rescue, Inc. (the Department) is a non-profit organization located in Zirconia, North Carolina. The Department was incorporated in the State of North Carolina in 1958, and provides fire protection, rescue, and first responder services to the citizens of the Green River service district located in Henderson County, North Carolina.

Basis of Accounting

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

FASB Accounting Standards Codification

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

Financial Statements Presentation

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

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

Net Assets Without Donor Restrictions

Net assets that are nor subject to donor-imposed restrictions are those assets whose use is not limited or restricted by donors. The generally arise as a result of exchange transaction, contributions without restrictions, or contributions with restrictions whose restrictions have expired due to time and/or purpose requirements being met. These net assets may be used at the discretion of the Department's management and the Board of Directors.

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

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

Net Assets With Donor Restrictions

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

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

As of June 30, 2024 and 2023, the Department held no assets with donor restrictions that must be held in perpetuity.

Use of Estimates

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

Fair Value Measurements and Disclosures

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

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

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

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Department considers all unrestricted highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents. Cash equivalents are carried at cost, which approximates fair value.

Promises to Give

Contributions are recognized when the donor makes a promise to give to the Department that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

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

Property and Equipment

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

Contributed Services

No amounts have been reflected in the financial statements for donated services. The Department generally pays for services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Department in its specific programs and fundraising activities, but these services do not meet the criteria for recognition as contributed services.

Functional Allocation of Expenses

The costs for providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefitted. These expenses are allocated based on amounts applicable to programs and supporting services as determined by management.

Contributions

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

Income Tax Status

The Department is a not-for-profit organization exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and related state law and classified by the Internal Revenue Service as other than a private foundation. Accordingly, the financial statements don not reflect a provision or liability for federal or state income taxes. The Department has determined that it does nor have any material unrecognized tax benefits or obligations as of June 30, 2024 and 2023.

NOTE B-RESTRICTIONS ON NET ASSETS

Net assets with donor restrictions

All of the restrictions on net assets at June 30, 2024 and 2023 are related to the Firemen's Local Relief Fund. The North Carolina Law requires the Relief Fund Monies may be used ONLY for the purpose of caring for firemen who are hurt in the line of duty or their dependents. These monies may be spent for no other purpose unless approval is received for the North Carolina Firemen's Association, Secretary's Office, or the North Carolina Legislature. Net assets with donor restrictions on net assets for the Firemen's Local Relief Fund as of June 30, 2024 and 2023 amounts to \$41,811.93 and \$67,538.76, respectively.

NOTE C-LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

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

June 30, 2024 and 2023

		6-30-2024	6-30-2023			
Financial assets at year-end	\$	631,106.11	\$	808,382.62		
Less those unavailable for general expenditures within one year, due						
to:						
Donor-restricted for relief fund	-	41,811.93	-	67,538.76		
Financial assets available to meet cash needs for general expenditure						
within one year	\$	589,294.18	\$	740,843.86		

NOTE D-TAXES RECEIVABLE

Taxes receivable represents amounts collected on behalf of the Green River Fire District by Henderson County but not remitted to the Fire Department as of June 30, 2024 and 2023. The dollars shown represent amounts which could be quantified by the Henderson County Tax Offices. It is recognized that uncollected fire district taxes exist in Henderson County, but none could be quantified by the County's tax office. As of June 30, 2024 and 2023, there are property taxes receivable from Henderson County of \$14,227.49 and \$9,069.88, respectively.

NOTE E-PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	Beginning		Additions		Disposals			Ending	
Land and buildings	\$	2,145,525.56	\$	60,148.22	\$	0.00	\$	2,205,673.78	
Furniture and fixtures		25,450.87		8,957.54		0.00		34,408.41	
Firefighting and rescue equipment		800,920.75		15,381.94		0.00		816,302.69	
Office equipment		0.00		599.94		0.00		599.94	
Vehicles		1,721,141.00		284,632.53		0.00		2,005,773.53	
Total property and equipment	\$	4,693,038.18	\$	369,720.17	\$	0.00	\$	5,062,758.35	
Accumulated depreciation	(2,832,606.26)	(112,048.41)	(0.00)	(2,944,654.67)	
Net property and equipment	\$	1,860,431.92	\$	257,671.76	\$	0.00	\$	2,118,103.68	

NOTE F-LONG TERM NOTES

Notes Payable

On March 31, 2017 the Fire Department obtained a loan from Entegra Bank in the amount of \$241,338.95. The loan is to be repaid in one hundred twenty monthly principal and interest payments. The first payment of \$2,334.37 was due on May 1, 2017 and the remaining one hundred

nineteen 2,334.37 each subsequent month. The interest rate on the principal outstanding is 2.99%. The loan proceeds were used for sole purpose of purchasing a 2017 Ford F-550 E-One Mini Pumper Fire Truck and all accessories and equipment attached to the Fire Truck. The loan is now held by First Citizens Bank & Trust and has a principle balance of \$75,943.67 on June 30, 2024

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

6-30-2025	\$ 26,069.19
6-30-2026	\$ 26,870.59
6-30-2027	\$ 23,003.89

NOTE G-RISK MANAGEMENT

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

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

NOTE H-ECONOMIC DEPENDENCE

Approximately 81% of total revenues of the general fund for the year ended June 30, 2024 came from special fire district ad valorem taxes levied by Henderson County.

NOTE I-EVALUATION OF SUBSEQUENT EVENTS

The Department has evaluated subsequent events through November 12, 2024, the date which the financial statements were available to be issued.

The Department borrowed \$200,000 from First Citizens Bank & Trust Company on July 17, 2024 to finance the purchase of the 2015 Pierce International Pumper purchased on June 21, 2024.

Form **990**

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2023

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 th	ne 2023 calen	dar year, or tax	year beginn	ing 8/0	1	, 2023	, and endi	ng 6/	′30	,	20 2024	
_		if applicable:	С							D Emplo	yer identi	fication number	
	Ad	ddress change	GREEN RIV	ER VOLUN	TEER FI	RE & R	ESCUE						1
	Na	ame change	PO BOX 66	7						E Teleph	none numb	er	
	Ini	itial return	ZIRCONIA,	NC 2879	0					(82	28) 69	96-8528	
	\vdash	nal return/terminated											
	\vdash	mended return								G Gross	receipts \$	1,265,	453.
		oplication pending	F Name and addr	ess of principal of	officer: CUA	NNON H	APDIN		H(a) Is this	a group retu	urn for sub	ordinates? Yes	X No
		, p	SAME AS C	ABOVE	SIIAI	NIVOIV II	ANDIN		H(b) Are a	ll subordinate ," attach a lis	es included	? Yes	No
	Tax-	exempt status:	X 501(c)(3)	501(c) () (in:	sert no.)	4947(a)(1) o	r 527	1 11100	, allacii a ii	st. See ilis	tructions.	
<u>.</u>			W.GRVFD.CO						H(c) Group	exemption i	number		
K		n of organization:	X Corporation		Association	Other	L	Year of forma	tion: 195	8 M	State of le	egal domicile: NC	
	rt I	Summai											
1 0	1	Briefly descr	ibe the organiza	tion's missio	n or most s	ignificant	activities:VO	LUNTEEF	R FIRE	AND RI	ESCUE	DEPARTMEN	T
4.		PROVIDIN	G FIRE-FI	THTING A	ND RESCU	JE RES	PONSE SEI	RVICES.	FUNDS	ARE R	RECEIV	ED FROM	
nce		HENDERSO	ON COUNTY I	AND SMAL	LER MUN	ICIPAL	ITIES TO	PROVID	E THES	E EMER	RGENCY	SERVICES	·
rna													
Governance	2	Check this b	ox if the	organization	discontinue	ed its ope	rations or dis	posed of m	ore than	25% of its	s net as	sets.	
ğ	3	Number of v	oting members	of the govern	ing body (F	Part VI, lir	ne 1a)				3		9
80	4		ndependent votir										9
Activities &	5		r of individuals or of volunteers (0
cţi	6		ed business rev										0.
A	h		d business taxa										0.
	-	Tiot amount	a baomine tama							Prior Yea		Current Ye	ar
	8	Contribution	s and grants (Pa	art VIII, line	h)								961.
iue	9	Program ser	vice revenue (P	art VIII, line	2g)							1,195,	
Revenue	10	Investment i	ncome (Part VII	I, column (A), lines 3, 4	, and 7d)							532.
Re	11	Other reveni	ue (Part VIII, co	lumn (A), line	es 5, 6d, 8d	, 9c, 10c,	and 11e)						400.
	12	Total revenu	e – add lines 8	through 11 (must equal	Part VIII	, column (A),	line 12)				1,265,	453.
	13		similar amounts										
	14		d to or for mem									106	755
'n	15		ner compensatio									496,	755.
Expenses	16a	Professiona	fundraising fee	s (Part IX, co	olumn (A), I	line 11e).							5 V S S S S S
ber	. b	Total fundra	ising expenses	(Part IX, colu	ımn (D), lin	e 25)			4 7				100
ũ	17	Other exper	ises (Part IX, co	lumn (A), lin	es 11a-11d	, 11f-24e)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				598,	242.
	18	Total expens	ses. Add lines 1	3-17 (must e	qual Part IX	K, column	(A), line 25).					1,094,	997.
	19	Revenue les	s expenses. Su	btract line 18	from line	12							456.
7	20									ning of Curr	ent Year	End of Ye	
eta	20	Total assets	(Part X, line 16	i)						3,273,		2,749,	
Assets or	21	Total liabiliti	es (Part X, line	26)						755,	740.	93,	459.
Net A	22	Net assets of	or fund balances	. Subtract lir	ne 21 from I	ine 20				2,517,	,997.	2,655,	751.
-	art II	Signatu	re Block										
Und	der pena	- (Aller of manipums 1	dealara that I have or	camined this retu	rn, including ac	companying	schedules and sta	atements, and	to the best o	f my knowled	dge and be	lief, it is true, correct	t, and
con	nplete. L	Declaration of pre	parer (other than office	er) is based on a	III Imormation c	or writer prep	dier has any know						
		Signature	t etters						Date				
Si	gn									IDED			
Н	ere		ION HARDIN Int name and title						TREASU	JKLK			
_					Preparer's sig	nature		Date		Check	X if	PTIN	-
			preparer's name	CDA			2. 040		9.94	self-emp		P01202486	
	aid		J. PARRIS		Wayee TC CDA	1 Low	CTH	4401	3-34	JCII-CITIP	,	201202100	
	repar se O			J. PARE		7				Firm's El	IN		
U	se U	Firm's add		DE PARK , NC 287						Phone no	100	8) 687-882	24
N 4	av the	IDS discuss	this return with	the preparer	shown above	ve? See i	nstructions				•	. X Yes	No
IVI	ay tile	II 10 UISCUSS	uno return with	Pichaici				Company of the State of the Sta					

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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		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.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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.	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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.	14b		Х
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.	15		Х
	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.	16		Х
	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	17		Х
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.	18		Х
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.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ŀ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
		Farm	- 000	(2023)

rai	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No X
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		Х
24a	Schedule J	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ł	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt 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
1a	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			.,5
ŀ	n Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
ď	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2023) GREEN RIVER VOLUNTEER FIRE & RESCUE

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1885.9		
	ments, filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Q	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).	-	1	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	Land to the state of the state			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	200		V
	services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		17 X 17	
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
-	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1000
	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			X
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
BAA	755 404051 00403403	Forn	990	(2023)

Par	Governance, Management, and Disclosure. For each "Yes" response a "No" response to line 8a, 8b, or 10b below, describe the circumstant Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	ces,	processes, or cha	nges	on	-
Sec	tion A. Governing Body and Management					. A
360	non 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.	1a	g)		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of ficer, director, trustee, or key employee?	nip witl	n any other	2		X
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person	e direc	t supervision	3		Х
4	, , , , , , , , , , , , , , , , , , , ,					
	since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization			5		X
6	Did the organization have members or stockholders?			6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?SEE . SCHEDULE . O			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers	SEE SCH O	7b	Х	
8	$\label{lem:decomposition} \mbox{Did the organization contemporaneously document the meetings held or written actions undertaken the following:}$			75		
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	275-21
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule Q</i> .			9		X
Sec	tion B. Policies (This Section B requests information about policies not req	uired	by the Internal H	even		
4.0	Did the second time have been been been been as offiliated?			10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			Tua		^
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?			10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the			Ha	^	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		EE SCHEDULE O	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that			120		Λ_
	to conflicts?			12b		
	Schedule O how this was done					X
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?					X
14 15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and determining the deliberation and determining the deliberation and determining the deliberation and deliberat	al by in	ndependent			21
2	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization.					X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
1 6 a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?	r arrar	ngement with a	16a		X
b	olf "Yes," did the organization follow a written policy or procedure requiring the organization to evalu participation in joint venture arrangements under applicable federal tax law, and take steps	ate its to safe	eguard the			
	organization's exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed NONE					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable	 e), 990	, and 990-T (section !	 501(c)(3)s or	ıly)
	available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other	ner <i>(ex</i>	plain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest the public during the tax year. SEE SCHEDULE O			ilable to		
20	State the name, address, and telephone number of the person who possesses the organiza SHANNON HARDIN	tion's	books and records.			(0000)

\Box	~	-	7
	()	е:	•

Form 990 (2023) GREEN RIVER VOLUNTEER FIRE & RESCUE

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 employees."
- 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one (F) (B) Reportable compensation from Reportable compensation from box, unless person is both an officer and a director/trustee) or director individu Estimated amount Name and title Average hours of other compensation from the organization the organization (W-2/1099-MISC/1099-NEC) related organizations (W-2/1099-MISC/1099-NEC) Highest compensated Key employee employee per week Individual trustee Institutional (list any hours for related and related organizations organiza-tions below dotted trustee (1) KEITH PITTS 0 0. 0 0 Χ 0 BOARD MEMBER 0 (2) LARRY MCCALL 0 0 0. BOARD MEMBER 0 X 0 (3) RICKY RUSSELL 0. 0 0. 0. BOARD MEMBER X 0 CODY GORDON 0. 0 0 0 X BOARD MEMBER 0 (5) BRIAN LINDSEY 0. 0 BOARD MEMBER 0 X 0 0 (6) ZACH SPANGLER 0 0 0. 0 X X VICE CHAIRMAN 0 SHANNON HARDIN 0. 0. 0. 0 X X TREASURER 0 WARREN OSTEEN 0 0. 0 0 X X SECRETARY 0 (9) JEREMY HEATHERLY 0. 0. 0 X X 0 CHAIRMAN (10)(11)(12)(13)(14)

				(C)						
(A) Name and title	(B) Average hours	box,	unles	ss pe	more rson	than o s both r/truste	an	(D) Reportable compensation from	Reportable compensation from	Estimate of o	(F) ed amount other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	the organd r	ation from anization related izations
(15)											
(16)											
(17)											
(18)								i			
(19)											
(20)		-									
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal								0.	0.		0
c Total from continuation sheets to Part VII, Sect								0.	0.		0
 d Total (add lines 1b and 1c)	d to those	listed	abo	ve)	who	recei	ived			ensation	0
from the organization 0											Yes No
3 Did the organization list any former officer, dire on line 1a? If "Yes,"complete Schedule J for su	ctor, trust	ee, k ual	ey e	mpl	loye	e, or	hig 	hest compensated	i employee	3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great	of reportat ter than \$	ole co 150,0	mp 000?	ensa If "	atior 'Yes	and	d oth	ner compensation lete Schedule J fo	from r	4	X
such individual					any	unre	elate	ed organization or	individual		X
Section B. Independent Contractors											
Complete this table for your five highest compe compensation from the organization. Report compe	nsated inconsation for	deper the o	nder caler	nt co	ontra yea	ctors r end	s tha	at received more t with or within the o	han \$100,000 of rganization's tax yea	r	
(A) Name and business ad								Description)	(C Comper) nsation
Total number of independent contractors (including	but not lin	nited	to th	ose	liste	d abo	ove)	who received more	e than		
\$100,000 of compensation from the organization		TEEA								Form	990 (202

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to ar	ny line in this Part VI	II <u> </u>		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, st		Federated campaigns 1a				
Contributions, Gifts, Grants, and Other Similar Amounts		Membership dues				罗莱亚来海 斯
s, G		Fundraising events 1c				
Gift		Related organizations				
ns,		Government grants (contributions) 1e All other contributions, gifts, grants, and				
utio		similar amounts not included above 1f 2,961.				
현	g	Noncash contributions included in				
on bur		lines 1a-1f.	2 061			
_	n	Business Code	2,961.			
Program Service Revenue	2a	HENDERSON COUNTY	1,019,616.	1,019,616.		
3eV		VILLAGE OF FLAT ROCK	175,329.	175,329.		
ce		STATE OF NORTH CAROLINA	615.	615.		
eιγi	d					
E	е					
gra	f	All other program service revenue				
Pro	g	Total. Add lines 2a-2f	1,195,560.			
	3	Investment income (including dividends, interest, and other similar amounts)	2 522	2 522		
		Income from investment of tax-exempt bond proceeds	2,532.	2,532.		
		Royalties				
	5	(i) Real (ii) Personal				The second
	6a	Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7a	Gross amount from (i) Securities (ii) Other				
	,	sales of assets				
	b	Less: cost or other basis				
		and sales expenses 7b				MANAGE PARTY
		Gain or (loss)				
		Net gain or (loss)				
ne	8a	Gross income from fundraising events (not including \$				
/en		of contributions reported on line 1c).				大学 人。
Be		See Part IV, line 18	企业的 经验是多数			
Other Revenu	b	Less: direct expenses 8b				
₹	С	Net income or (loss) from fundraising events				
-	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
	l .	Net income or (loss) from gaming activities				
	1 0 a	Gross sales of inventory, less				
		Less: cost of goods sold 10b				
	С	Net income or (loss) from sales of inventory Business Code				
Miscellaneous Revenue	11a	SPECIAL EVENT PAYMENT/REIM	22,474.	22,474.		
scellanec Revenue	b	NC_SALES_TAX_REFUNDS	14,911.	14,911.		
Wer Ser	c	INSURANCE PROCEEDS	11,260.	11,260.		
Sce		All other revenue	15,755.	15,755.		
Σ	е	Total. Add lines 11a-11d	64,400.			
	12	Total revenue. See instructions	1,265,453.	1,262,492.	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 re-	(A)	(B)	(C)	(D)
6b, 7b, 8b, 9b, and	i 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
organizations See Part IV,	ther assistance to domestic and domestic governments. line 21				
2 Grants and of individuals. S	ther assistance to domestic see Part IV, line 22				
organizations.	ther assistance to foreign foreign governments, and for- als. See Part IV, lines 15 and 16				
	to or for membersn of current officers, directors,				
trustees, and	key employees	0.	0.	0.	0
disqualified p section 4958	n not included above to ersons (as defined under (f)(1)) and persons described 58(c)(3)(B)	0.	0.	0.	0 .
	s and wages	377,445.	377,445.		
(include secti	accruals and contributions on 401(k) and 403(b)	00.067	00.067		
	ntributions)	22,867. 61,622.	22,867. 61,622.		
	/ee benefits	34,821.	34,821.		
	rices (nonemployees):	34,021.	34,021.		
		9			
		5,400.		5,400.	
c Accounting		13,535.		13,535.	
	draising services. See Part IV, line 17				
g Other. (If line 11 (A), amount, list	nanagement feesg amount exceeds 10% of line 25, column line 11g expenses on Schedule 0.)				
	ses	4,743.		4,743.	
10.000 La 11.00000 10.00 • 1	echnology	3,706.	3,706.		
			,		
16 Occupancy		57,801.	52,021.	5,780.	
17 Travel					
expenses for public officia	travel or entertainment any federal, state, or local ls				
19 Conferences	, conventions, and meetings				
		2,720.	2,720.		
	affiliates		440.046		
	, depletion, and amortization	112,048.	112,048.		
Other expensions on line 24e. If of line 25, col	ses. Itemize expenses not e. (List miscellaneous expenses f line 24e amount exceeds 10% umn (A), amount, list line 24e Schedule O.)	38,549.	38,549.		
a VEHICLE	REPAIRS/MAINTENANCE	119,982.	119,982.		
	HTING EXPENSES	46,031.	46,031.		
c RESCUE I	EXPENSES	32,901.	32,901.		
d BAD DEBI	r_on_relief_bond	32,000.	75 211	32,000.	
	penses. SEE SCH, O.	128,826. 1,094,997.	75,311. 980,024.	53,515. 114,973.	-0
	al expenses. Add lines 1 through 24e	1,034,337.	300,024.	114, 913.	0
the organiza joint costs fr campaign ar Check here	Complete this line only if tion reported in column (B) om a combined educational nd fundraising solicitation. if following (SC 958-720)				
BAA		TEEA0110L 08	2/23/23		Form 990 (2023

Page 11 Form 990 (2023) GREEN RIVER VOLUNTEER FIRE & RESCUE Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (B) End of year Beginning of year 758,598 1 609,600. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 21,506. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons...... 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... Notes and loans receivable, net 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 5,062,759. 2,944,655. 2,515,139 10c 2,118,104. 11 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 15 Other assets. See Part IV, line 11..... 15 2,749,210. Total assets. Add lines 1 through 15 (must equal line 33)..... 3,273,737. 16 970 6,822. Accounts payable and accrued expenses..... 17 17 18 Grants payable 18 19 Deferred revenue..... 19 Tax-exempt bond liabilities..... 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 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 75,944. Secured mortgages and notes payable to unrelated third parties..... 754,770. 23 Unsecured notes and loans payable to unrelated third parties..... 24

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 10,693. 26 93,459. 755,740 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here or Fund Balances and complete lines 27, 28, 32, and 33. 27 2,517,997 2,655,751. Net assets without donor restrictions..... 28 Net assets with donor restrictions..... Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds..... Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund..... 30 31 Retained earnings, endowment, accumulated income, or other funds..... 2,517,997. 32 2,655,751. Total net assets or fund balances..... 32 3,273,737. 33 2,749,210. 33 TEEA0111L 08/23/23 Form 990 (2023) BAA

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	65,4	153.
2	Total expenses (must equal Part IX, column (A), line 25)	2		94,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		70,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			97.
5	Net unrealized gains (losses) on investments	5	***************************************		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	32,7	702.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B)).	10	2,6	55,7	751.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both. Separate basis Both consolidated and separate basis	ate			
С	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?	,	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits and the organization did not undergo the required audit or audits.		. 3b		
BAA	or audits, explain why on Schedule O and describe any steps taken to undergo such audits TEEA0112L 08/23/23			aan	(2023)
DAA	I LEW TOTALE CONTENTS		1 01111	330	(2020)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

mployer identification number Name of the organization GREEN RIVER VOLUNTEER FIRE & RESCUE 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 12 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or b 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. **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.** С Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not d 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. 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. Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (vi) Amount of other (iv) Is the organization listed (i) Name of supported organization support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

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.)

Sect	Section A. Public Support								
begin	dar year (or fiscal year ining in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,234.	764.	200.	3,352.	2,961.	18,511.		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	747,205.	656,267.	933,068.	1,007,676.	1,195,560.	4,539,776.		
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	758,439.	657,031.	933,268.	1,011,028.	1,198,521.	4,558,287.		
	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						4,558,287.		
Sect	tion B. Total Support								
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	758,439.	657,031.	933,268.	1,011,028. 1,198,521		4,558,287.		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	21,174.	6,818.	1,525.	2,716.	2,532.	34,765.		
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.)					64,400.	64,400.		
11	Total support. Add lines 7 through 10						4,657,452.		
12	Gross receipts from related activ	vities, etc. (see ins	structions)	***********		12	0.		
13	First 5 years. If the Form 990 is organization, check this box and								
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14	Public support percentage for 20	023 (line 6, colum	n (f), divided by li	ne 11, column (f)))	14	97.87 %		
	Public support percentage from						0.00%		
16a	6a 33-1/3% support test—2023. 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								
b	33-1/3% support test—2022. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16 or 16 or 15 or 16 or 16 or 17 or 18	a, and line 15 is 3	33-1/3% or more, 6	check this box		
1 7 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	mosts the facts-a	nd-circumstances	test check this	box and stop her	e. Explain in Part	vi now		
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-an	meets the facts-a d-circumstances t	and-circumstances est. The organiza	s test, check this tion qualifies as a	box and stop he l a publicly support	ed organization	vi now the		
18	Private foundation. If the organ	ization did not che			a, or 17b, check to				
BAA			TEEA0402L	08/14/23		Schedule	e A (Form 990) 2023		

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.)

Sect	ion A. Public Support						
	lar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						10.7.1.1
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				COL 1		
	First 5 years. If the Form 990 is organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(c	3)
Sec	tion C. Computation of Pu	blic Support F	ercentage	12 "	2.3	1.5	90
	Public support percentage for 20						
	Public support percentage from					16	6
Sec	tion D. Computation of Inv	estment Inco	me Percentag	e	100		0_
17	Investment income percentage to						
18							
	33-1/3% support tests—2023. If is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organizati	on
	33-1/3% support tests-2022. If line 18 is not more than 33-1/3%	6, check this box	and stop here. Th	ne organization q	ualifies as a public	cly supported or	ganization
20	Private foundation. If the organ	ization did not ch			check this box and		
			TEEANAO3I	00/14/22		Schodu	le A (Form 990) 2023

Part IV Supporting Organizations

Section A. All 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.)

				Yes	No
1	Are all of the organization's support "No," describe in Part VI how the sthe designation. If historic and co	orted organizations listed by name in the organization's governing documents? supported organizations are designated. If designated by class or purpose, describe intinuing relationship, explain.	1		
2	Did the organization have any suppor 509(a)(1) or (2)? If "Yes," explain described in section 509(a)(1) or	orted organization that does not have an IRS determination of status under section in Part VI how the organization determined that the supported organization was (2).	2		
3	a Did the organization have a support and 3c below.	ed organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b	3 a		
	b Did the organization confirm that satisfied the public support tests made the determination.	each supported organization qualified under section 501(c)(4), (5), or (6) and under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization	3b		
	c Did the organization ensure that a purposes? If "Yes," explain in Pa	all support to such organizations was used exclusively for section 170(c)(2)(B) rt VI what controls the organization put in place to ensure such use.	3c		
4	a Was any supported organization if you checked box 12a or 12b in	not organized in the United States ("foreign supported organization")? If "Yes" and Part I, answer lines 4b and 4c below.	4a		
	organization? If "Yes," describe in Pa	control and discretion in deciding whether to make grants to the foreign supported art VI how the organization had such control and discretion despite being controlled in with its supported organizations.	4b		
	sections 501(c)(3) and 509(a)(1)	foreign supported organization that does not have an IRS determination under or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that ed organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a Did the organization add, substitute	, or remove any supported organizations during the tax year? If "Yes," answer lines			

accomplished (such as by amendment to the organizing document).b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

5b and 5c below (if applicable). Also, provide detail in **Part VI**, 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

- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **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 Part VI.*
- c 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 Part VI.
- 10a 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** 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.)

5a

5b

5c

6

7

8

9a

9h

9c

10a

Pa	t IV	Supporting Organizations (continued)			
				Yes	No
		the organization accepted a gift or contribution from any of the following persons?			
ā	A per the g	son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, overning body of a supported organization?	11a		
ŀ	A far	nily member of a person described on line 11a above?	11b		
(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.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1	or model of the organization of the organizati	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers by the tax year.	1		
2	that of	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such stift carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
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?		1		
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all ti in th	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played is regard.	3		
Se	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k 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.			
	ь 🗍 -	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uction	s).
2	Activ	vities Test. Answer lines 2a and 2b below.		Yes	No
	supp orga resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	more reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the cons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	ent 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 a of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	b Did t	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20. 1970 (explain ir	n Part VI). See through E.
Sec	tion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion 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		
Ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		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	Source Annual State Control Co	5		
6	Distributable Amount. 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 (see instructions).	egrated		
BAA			Sch	edule A (Form 990)

Sche	edule A (Form 990) 2023 GREEN RIVER VOLUNTEE				Page /
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	itions (continued	d)	
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported 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	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	details	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
	Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2023		10000000000000000000000000000000000000		
	From 2018		1000年度		
	From 2019				
	From 2020			39.4	
	From 2021				
	From 2022				
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
ŀ	Applied to 2023 distributable amount				
	i Carryover from 2018 not applied (see instructions)			3	
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	_			
4	Distributions for 2023 from Section D, line 7:				
ā	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
(Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
- ;	Excess from 2019				
	Excess from 2020				
	Excess from 2021			-0.4	
	d Excess from 2022				

e Excess from 2023 Schedule A (Form 990) 2023 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	 2023	2022		2021		2020		2	019
INSURANCE PROCEEDS MISCELLANEOUS INCOME NC SALES TAX REFUNDS SPECIAL EVENTS TOTAL	\$ 11,260. 15,755. 14,911. 22,474. 64,400.	\$	0.	\$	0.	\$	0.	\$	0.

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 2023

Open to Public Inspection

Employer identification number

	EEN RIVER VOLUNTEER FIRE & RESCUE	
Pai	organizations Maintaining Donor Advised Funds or Other Similar I Complete if the organization answered "Yes" on Form 990, Part IV,	Funds or Accounts
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	•
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in care the organization's property, subject to the organization's exclusive legal control?	lonor advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur for charitable purposes and not for the benefit of the donor or donor advisor, or for any othe impermissible private benefit?	nds can be used only r purpose conferring Yes No
D.		103
Pai	Conservation Easements	line 7
1	Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply).	mie 7.
1		tion of a historically important land area
		tion of a riistorically important land area
	Preservation of open space	tion of a certified flistoric structure
2		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for last day of the tax year.	m of a conservation easement on the
		Held at the End of the Tax Year
a	a Total number of conservation easements.	2a
Ł	Total acreage restricted by conservation easements	2b
	Number of conservation easements on a certified historic structure included on line 2a	
	d Number of conservation easements included on line 2c acquired after July 25, 2006, and not a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, have	
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser	rvation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of sec and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue ar include, if applicable, the text of the footnote to the organization's financial statements that	nd expense statement and balance sheet, and describes the organization's accounting for
Da	conservation easements. ↑ III Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Accets
Fai	Complete if the organization answered "Yes" on Form 990, Part IV,	line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue s historical treasures, or other similar assets held for public exhibition, education, or research Part XIII the text of the footnote to its financial statements that describes these items.	tatement and balance sheet works of art, in furtherance of public service, provide in
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items.	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for fina amounts required to be reported under FASB ASC 958 relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1	\$
	Assets included in Form 990, Part X	

Part III Organizations Mail	itaning conect	ions of Art, fils	torical freasures,	or other Similar As	Jacks (COIII	mucu)
3 Using the organization's acquisition items (check all that apply).	n, accession, and oth	ner records, check a	ny of the following that m	ake significant use of its	collection	
a Public exhibition		d Loan	or exchange program			
b Scholarly research		e Other				
c Preservation for future gene						
4 Provide a description of the organi. Part XIII.						
5 During the year, did the organizato be sold to raise funds rather to	than to be maintain	ed as part of the o	t, historical treasures, o rganization's collection	r other similar assets	Yes	No
Part IV Escrow and Custon Complete if the org Form 990, Part X, I	anization answe ine 21.	ered "Yes" on F			n amount	on
1a Is the organization an agent, tru on Form 990, Part X?	stee, custodian, or			er assets not included	Yes	No
b If "Yes," explain the arrangement i	n Part XIII and comp	olete the following ta	ble.		A	
Desired to be leaves					Amount	
c Beginning balance d Additions during the year						
e Distributions during the year						
f Ending balance						
2a Did the organization include an					Yes	No
b If "Yes," explain the arrangement					10.000	
b ir roo, explain the arrangemen						
Part V Endowment Funds						
Complete if the org	anization answe	ered "Yes" on F	orm 990, Part IV, I	ine 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	ars hack
1a Beginning of year balance		(b) Filor year	(C) TWO years back	(u) Tillee years back	(e) rour yea	113 Dack
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		ear end balance (lin	ne 1g, column (a)) held	as:		
a Board designated or quasi-endo		₆				
b Permanent endowment	%					
c Term endowment	%	1000/				
The percentages on lines 2a, 2b, a	and 2c should equal	100%.				
3a Are there endowment funds not in	the possession of th	e organization that a	are held and administered	I for the	Yes	No
organization by: (i) Unrelated organizations?					3a(i)	140
(ii) Related organizations?					''	-
b If "Yes" on line 3a(ii), are the re						
4 Describe in Part XIII the intende	-				00	
Part VI Land, Buildings, ar		THE CHACTER	one rando.			
Complete if the organiza		on Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.		
Description of property	(a) C	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1a Land			20,374.			0,374.
b Buildings			2,185,300.	543,823.	1,64	1,477.
c Leasehold improvements						
d Equipment			2,822,677.	2,394,770.		7,907.
e Other		5 000 5	34,408.	6,062.		8,346.
Total. Add lines 1a through 1e. (Colum	mn (d) must equal	Form 990, Part X,	line 10c, column (B))			8,104.
BAA				Scnea	ule D (Form 9	JUJ 2023

(G)	Part VII	Investments -	- Other Securities	Form 000 Dart IV 1:	N/A	
(1) Financial derivatives	(a) D					of year market value
(2) Closely held equity interests. (3) Other (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				(b) Book value	(c) Method of Valuation: Cost of end-c	n-year market value
(3) Other (b) (5) (5) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		neid equity interest	.5			
(G)						
(C)						
(G)						
(G)						
(G)	(E)					
(G) Part VIII Investments — Program Related 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 (l) (d) Book value (c) Method of valuation: Cost or end-of-year market value (l) (e) Book value (l) Book value	(F)					
Contail Column (20) must equal Form 990, Part X, line 12, column (8) Column (20) must equal Form 990, Part X, line 15, column (8) Column (20) must equal Form 990, Part X, line 15, column (8) Column (20) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 15, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) must equal Form 990, Part X, line 25, column (8) Column (8) Column (8) Column (8) Column	(G)					
Total, (Column (b) must equal Form 990, Part X, line 15, column (8)) Part VIII Part VIII Part VIII Part VIII (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Book value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-	(H)					
Investments — Program Related Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(l)					
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 (d) (d) (d) (e) (f) (f) (f) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h					(A)	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII	Investments -	Program Related reanization answered "Vee" on	Form 000 Part IV lina	N/A	
(1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (7) (10) (10) (10) (10) (10) (10) (10) (10					(c) Method of valuation: Cost or end	-of-vear market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, line 15, column (B)) (a) Description (b) Book value (b) Book value (c) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1)	(a) Bescription of	THE CONTROLL	(a) Book value	(0)	
(3) (4) (5) (5) (7) (7) (8) (9) (10) (7) (10) (1						
(4) (5) (6) (7) (8) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, line 13, column (B)) (a) Description (b) Book value (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d						
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, line 13, column (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (d) (d) (d) (d) (e) (e) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g						
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	Total. (Colu	ımn (b) must equal	Form 990, Part X, line 25, c	olumn (B))	inancial statements that reports the granization!	
tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.						

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn N/A
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Par	t XII Reconciliation of Expenses per Audited Financial Stateme		Return N/A
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments.	2b	
С	Other losses	2c	
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d.		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b.		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GREEN RIVER VOLUNTEER FIRE & RESCUE

Employer identification number

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

BOARD MEMBERS AND OFFICERS ARE ELECTED ANNUALLY

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

ALL DECISIONS ARE APPROVED BY MEMBERS

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

THE 990 RETURN IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW BEFORE FILING

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

OVERNING DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST

FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C)	(D)
_	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
AWARDS BANK CHARGES	17,396. 3,792.		17,396. 3,792.	
COMMUNICATIONS DUES AND SUBSCRIPTIONS	5,885. 8,764.	5,885.	8,764.	
FIRE PREVENTION FOOD FOR FIREFIGHTERS	2,719. 4,100.	2,719. 4,100.		
MISCELLANEOUS PENSION FUND CONTRIBUTIONS	1,851. 450.	55.	1,796. 450.	
SALES TAX PAID SHIPPING, FREIGHT, AND DELIVER	15,182. 3,804.		15,182. 3,804.	v
SPECIAL EVENTS TELEPHONE	880. 14,511.	13,060.	880. 1,451.	
TRAINING, SCHOOLS, AND LIBRARY UNIFORMS	1,407. 18,878.	1,407. 18,878.		
VEHICLE FUEL TOTAL \$	29,207. 128,826.	29,207. 75,311.	\$ 53,515.	\$ 0.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

AUDIT ADJUSTMENTS	TO	PRIOR	YEARS	\$ -32,702.
			TOTAL	\$ -32,702.

2023

FEDERAL WORKSHEETS

PAGE 1

GREEN RIVER VOLUNTEER FIRE & RESCUE

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

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	980,024.	0.	PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	0.		PART VIII, LINE 2, COL. A

FORM 990, PART VIII, LINE 11D OTHER REVENUE

DESCRIPTION	BUS. CODE	TOTAL REVENUE	RELATED OR EXEMPT FUNC TION REVENU	UNRELATED BUSINESS REVENUE	REVENUE EXCLUDED FROM TAX
MISCELLANEOUS INCOME RELIEF FUND SUPPLEMENT		\$ 10,122. 5,633.	\$ 10,122. 5,633.		
TOTALS		15,755.	15,755.	\$ 0.	\$ 0.

2023

FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

PAGE 1

GREEN RIVER VOLUNTEER FIRE & RESCUE

REVENUE CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE. INVESTMENT INCOME. OTHER REVENUE.	2,961 1,195,560 2,532 64,400
TOTAL REVENUE	1,265,453
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	496,755 598,242
TOTAL EXPENSES	1,094,997
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES. TOTAL ASSETS AT END OF YEAR. TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR.	170,456 2,749,210 93,459 2,655,751

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GENERAL INFORMATION

PAGE 1

GREEN RIVER VOLUNTEER FIRE & RESCUE

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

CARRYOVERS TO 2024

NONE