### Mills River Fire Department Budget Summary Fiscal year 2025-2026

### **History of Department**

Mills River Fire and Rescue is located in Henderson County, North Carolina, and provides fire and rescue protection to approximately 9,000 citizens in a 67.29 square mile area, 29.7 square miles of which are inside the Pisgah National Forest.

We were organized in 1968 by a group of active community leaders. The land where the main station sits off Schoolhouse Road was donated by Mr. and Mrs. Ed Brown and Mrs. Ginger Brown Weisberg. The first apparatus was a 1965 International sewer truck which the firefighters converted to a modest fire truck. This conversion work was done in a farm shed owned by one of the founding firefighters, Mr. David Brown. There was no money for a building to be built at the time, so this truck was stationed at another founding firefighter's residence on North Mills River Road, Mr. Max Carland. Through many fundraising events and the establishment of a fire tax district, a fire station was built in 1969 consisting of a small training/meeting room and four apparatus bays.

During the early years, the firefighters were notified by phone for emergency responses as pagers could not be afforded. As funding would allow, radio receivers for receiving dispatch information, and protective structural clothing gear, were purchased for each of the 24 founding firefighters. Some of these firefighters even paid for their own gear and radios. As the community and department grew, two additional apparatus bays were added in 1977. Again, as the department grew, another addition was added in 1986. This addition consisted of four apparatus bays, two offices, two restrooms, a kitchen, and a larger training/meeting room. Much of this work, as well as for the first two projects, was donated by members of the department.

In 1975, Mills River was one of the first two fire departments in the area to have firefighters certified as emergency medical technicians (EMT's) to begin providing emergency medical care. In 1991, Mills River was the first fire department in the area to upgrade our emergency medical care by providing defibrillation and advanced airway care for victims of cardiac arrest. We were also the first area fire department to have volunteers certified as North Carolina Level II Firefighters.

In 2014, Mills River Fire and Rescue purchased 7 acres of the former "Ritter Airport" property on Boylston Highway from Mr. and Mrs. Joe Wright for the construction of a new main fire station. Construction of this new station was completed in 2023.

The emergency calls which the department responds to vary widely from one to another. Over half of these calls are emergency medical calls and vehicle accidents in which we assist Henderson County EMS. Other calls include fires of all types, searches for lost persons, downed power lines and trees, flooding rescues, plane crashes, and assisting other fire departments as needed.

The number of emergency calls during the early years was very few, less than 20 per year. However, as our community has grown, so too have the number of emergency calls we respond to. This number is now approximately 1,700 per year.

### **Goals and Accomplishments**

In 1983, Mills River Fire and Rescue became the first rural fire department in Western North Carolina to achieve better than a Class 9 insurance rating as a result of much hard work and dedication. This new rating was a Class 7. In 1999 this rating was improved again to a Class 5, and in 2009 was improved to a Class 4. In 2019 this rating was improved again to our current Class 3.

Our department has a goal of continuing to improve services. We aim to do this by lowering the overall level of risk in our community through education and prevention. We also will continue to improve by decreasing response times, increasing our effective response force, and improving outcomes during emergencies. We also have a goal of improving our insurance rating when we are next evaluated in 2029.

### Present and Future Needs (Capital Expenditures)

Fire station 2 was destroyed by fire in January of this year. We have an immediate need to replace this station. We also had a fire engine, brush truck, and fire prevention trailer destroyed, which are also immediate needs for replacement. A replacement fire engine and brush truck have been ordered. Options for replacement of our fire prevention trailer are being evaluated.

Apparatus replacement is a future need for our department. We are in the process of developing an apparatus replacement plan so that planning and budgeting can occur for these future needs. We currently have a new tanker and engine on order in addition to the apparatus listed above.

#### Annexation

The majority of the Mills RIver Fire District lies within the Town of Mills River. There are not any current or planned annexation areas in our fire district.

### **Equipment (Capital Expenditures)**

Capital equipment replacement is a need for our department. Self contained breathing apparatus, turnout gear, and rescue equipment are some examples of major capital expenditures. We are in the process of developing a capital equipment replacement plan.

#### **Finances**

Mills River Fire Department has a projected revenue for Fiscal Year 25-26 to be \$2,970,000 generated from a 10 cent property tax rate. These funds will be used to operate, pay debt service, and save for upcoming capital needs. We currently have \$7M in debt for the newly constructed Station 1. We also will need additional funds for the replacement of Station 2, and the purchase of the new apparatus.

### **Insurance Ratings**

The Mills River Fire Department has an insurance rating of 3 for the entire district.

### Manpower

The department has 54 volunteer firefighters, 6 junior volunteer firefighters, 1 paid career chief, 1 paid career daytime Assistant Chief, 3 paid career shift Captains, 10 paid part-time shift firefighters, and 1 paid career administrative assistant. We also have a very active volunteer auxiliary group which is a very important part of our department.

### Redistricting

There are no current or planned redistricting activities for our department.

#### **Salaries**

Mills River Fire Department salaries for its full and part time positions are currently below market. This budget addresses this compensation gap to bring salaries to market ranges.

### **Substations**

In 2001, due to exceptional commercial and industrial growth in the northern portion of our fire district, the North Carolina Department of Insurance recommended the construction of a substation in this area. Land for this station was donated by an early firefighter and his wife, Mr. and Mrs. Robert Pryor, and this construction was completed in 2003. Thuis station was destroyed by fire in January of 2025.

In 2006, again due to growth, the Department of Insurance recommended construction of a second substation in the Boylston/Longview area of our district. Land for this station

was purchased from Mr. and Mrs. Max Hutchins and construction was completed in 2008.

In 2007, again due to growth and an upcoming rating inspection, the Department of Insurance recommended construction of another substation in the upper North and South Mills River area. Land for this station was donated by Mrs. Alice Krebs, whose family members resided here and owned land in this area for many years. Construction of this station (The George Mullinax Station) was also completed in 2008.

Mills River Fire Department								
ITEM DESCRIPTION	2024-2025 BUDGET	YEAR-TO-DATE	2025-2026 BUDGET	INCREASE/DECREASE				
		AS OF 3/1/2025						
REVENUE	\$3,025,937.00	\$2,520,230.77	\$2,970,073.58	(\$55,863.42)				
PRESENT/REQUESTED TAX RATE	0.1		0.1	0				
ACTUAL HENDERSON COUNTY REVENUE RECEIVED	\$320,306.00	\$329,742.76	\$323,073.58	\$2,767.58				
Henderson County Ad Valorem Taxes	\$320,306.00		\$323,073.58	\$2,767.58				
Donations	\$0.00	\$0.00	\$0.00	\$0.00				
Fundraising	\$75,000.00	\$195.53	\$75,000.00	\$0.00				
Grants	\$130,000.00	\$13,134.52	\$0.00	(\$130,000.00)				
HazMat Charges	\$0.00	\$0.00	\$0.00	\$0.00				
Interest Income	\$108,996.00	\$44,379.37	\$110,000.00	\$1,004.00				
Miscellaneous	\$20,000.00	\$17,109.80	\$22,000.00	\$2,000.00				
NC County Sales Tax Refund	\$16,452.00	\$32,012.36	\$40,000.00	\$23,548.00				
NC Fuel Tax Refund	\$0.00	\$0.00	\$0.00	\$0.00				
Other Income (City, Other Counties, Town)	\$2,355,183.00	\$2,083,656.43	\$2,400,000.00	\$44,817.00				
Rental Income	\$0.00	\$0.00	\$0.00	\$0.00				
Sales of Assets	\$0.00	\$0.00	\$0.00	\$0.00				
Total Revenues	\$3,025,937.00	\$2,520,230.77	\$2,970,073.58	(\$55,863.42)				
FOOTNOTES								
Miscellaneous is PILT for national forests and State owned property								
State Turnout gear grant ended last year								

Department Name 2025-2026 EXPENDITURES

M'II. B' F' B. C. C.							
Mills River Fire Department							
ITEM DESCRIPTION	2024-2025 BUDGET	YEAR-TO-DATE	2025-2026 BUDGET	INCREASE/DECREASE			
		AS OF 3/1/2025					
EXPENDITURES							
Administrative Cost	•						
Annual Payment - Apparatus				\$0.00			
Annual Payment - Building	\$400,000.00	\$320,000.00	\$320,000.00	(\$80,000.00)			
Annual Payment - Other Equipment				\$0.00			
Appreciation and Award Banquets	\$15,000.00	\$7,411.99	\$7,500.00	(\$7,500.00)			
Bank Charges	\$500.00	\$358.02	\$500.00	\$0.00			
Building Fund	\$667,409.45	\$320,000.00	\$375,000.00	(\$292,409.45)			
Chaplain				\$0.00			
Computer	\$2,000.00	\$8,864.32	\$9,000.00	\$7,000.00			
Contingency Funds				\$0.00			
Contract Labor (Part-Time Clerk)				\$0.00			
County/State Tax	\$0.00	\$21,175.65	\$22,000.00	\$22,000.00			
Discretionary Fund				\$0.00			
Deposits/Down Payment				\$0.00			
Dues/Subscriptions	\$25,000.00	\$15,721.46	\$20,000.00	(\$5,000.00)			
Expendable Supplies				\$0.00			
Flowers/Gifts	\$8,000.00	\$945.28	\$2,000.00	(\$6,000.00)			
Food	\$10,000.00	\$946.54	\$2,000.00	(\$8,000.00)			
Insurance - Building, Business Umbrella, Error	\$55,000.00	\$0.00	\$55,000.00	\$0.00			
Legal and Professional Fees	\$25,000.00	\$14,147.50	\$15,000.00	(\$10,000.00)			
Licenses and Permits				\$0.00			
Miscellaneous	\$5,000.00	\$13,420.35	\$10,000.00	\$5,000.00			
Office Supplies	\$23,000.00	\$8,028.08	\$10,000.00	(\$13,000.00)			
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	\$1,235,909.45	\$731,019.19	\$848,000.00	(\$387,909.45)			

Communication   Communicatii   Communication   Communication   Communication   Communication		2024-2025 BUDGET	VEAD TO DATE	2025-2026 RHDY ET	IINADEASE/INFADEASE					1		
Bending Agenetists	Operational Cost	2024-2025 BUDGET	TEAR-TO-DATE	2023-2020 BUDGE I	INCREASE/DECREASE							
Communications (spelless, aggiess, or glishner)   \$30,000.00   \$332,985.17   \$35,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$11,000.00   \$10,		\$70,000,00	00 300 02	00 000 009	\$10,000,00							
EMT Supples & Equipment   \$15,000.00   \$22,444.57   \$30,000.00   \$1,000.00		,		1	,							
Finding Supplies & Supplies ( Sup												
Firefiging Equipment Maintenance   \$28,070.00   \$14,047.85   \$20,000.00   \$0,000.00   \$1,0												
Fire												
Histandous Malerine Supplee   \$5,000,00   \$00,00   \$	0 0 1 1	,			( '							
Infection Control  Membermannos/Report of Apparatus  \$51,000.00  \$68,377.21  \$51,000.00  \$68,377.21  \$51,000.00  \$68,000												
Maintenance-Required of Apparatus   \$54,500.00   \$58,937.721   \$90,000.00   \$0.00   \$1.0		ψ5,000.00	ψ0.00	ψο,000.00								
Principal Films		\$54.500.00	\$58.377.21	\$60,000.00								
Pipsical Filenase		70.500000	<del>+++,+=</del>	+,								
Public Education and Fire Prevention	Physical Fitness	\$12,000.00	\$4.585.00	\$12,000.00								
Resource Equipment												
Training	Rehabilitation	\$0.00	\$1,000.00	\$1,000.00	\$1,000.00							
Turn Cut Gear	Rescue Equipment	\$22,000.00	\$2,231.97	\$25,000.00	\$3,000.00							
Uniforms	Training	\$19,811.00	\$2,006.48	\$30,000.00	\$10,189.00							
Coptonal Lime Item)	Turn Out Gear	\$40,000.00	\$39,633.77	\$45,000.00	\$5,000.00							
Coptonal Line Item)	Uniforms	\$15,000.00	\$12,509.50	\$15,000.00								
Coptional Line Item    Sage	(Optional Line Item)											
Total Operational Cost   \$399,011,00   \$247,999,06   \$452,000,00   \$52,999,00												
PRESONNEL COST												
Payroll		\$399,011.00	\$247,999.06	\$452,000.00	\$52,989.00	l						
Gross Part-Time Pay												
Gross Part-Time Pay \$288,536.00 \$179,9114.6 \$270,000.00 \$1,464.00 Part-Time daylime hours decreased due to FT addition Gross Overline Pay \$120,543.00 \$80,763.65 \$180,000.00 \$59,670.00 \$90,600.00 \$90,600.00 \$90,600.00 \$90,600.00 \$90,600.00 \$90,600.00 \$90,000 \$90,600.00 \$90,60												
Gross Overtime Pay											nal FF per	shift
Scrops Holiday Pay												
Employers   Payroll   Taxes   6.2% Soc. Sec. 1.459   \$136,000.00   \$90,0593.14   \$144,000.00   \$8,000.00   Includes new personnel   \$10,000.00   \$15,000.00   \$		\$120,543.00	\$80,763.65	\$180,000.00			Increases compensa	tion to market and in	cludes new	personnel		
Bonus								L .				
Vol.FF Reimbursement/Stipend   75,000.00   108,523.97   145,000.00   \$70,000.00   Hurricane Helene increased expenses this year (Optional Line Item)   \$0.00   \$0.00   Additional \$70K added for volunteer incentives   \$0.00   (Optional Line Item)   \$0.00												
Coptional Line Item  (Optional Line Item)   \$0.00   Additional \$70K added for volunteer incentives									1			
Coptional Line Item  Coptional Line Item  Sound   So		75,000.00	108,523.97	145,000.00								
Coptional Line Item)   Separate							Additional \$70K adde	ed for volunteer incer	ntives			
Total Payroll Cost   S922,599.00   \$684,188.62   \$1,394,000.00   \$471,401.00												
Employer's Retirement Contribution		\$022 F00 00	¢604 100 60	£1 204 000 00								
Employer's Retirement Contribution   Supplemental Patrix		\$922,599.00	φ004,100.02	\$1,394,000.00	\$47 I,40 I.00							
Supplemental Retirement 401k/457					00.02							
Health Insurance		\$40,000,00	\$60.877.02	00 000 002			Includes new person	nel Helene incresse	d this year	avnancac		
Dental Insurance   \$34,219.43   \$12,793.90   \$40,000.00   \$5,780.57   Includes new personnel	- ' '	,	1 /						u tilis year	схренаеа		
Vision Insurance   \$54,384.35   \$6,014.00   \$55,000.00   \$615.65   \$												
Life Insurance \$54,384.35 \$6,014.00 \$55,000.00 \$615.65		Ψ04,210.40	Ψ12,730.30	ψ+0,000.00			Includes new person	lici				
Supplemental Insurance plans   Sum		\$54.384.35	\$6.014.00	\$55,000.00								
State Firemen's Pension Fund   \$5,000.00   \$5,000.00   New volunteer incentive		Ţ2 .,3 <b>0</b> 1100	+2,311100	Ţ22,300.00								
(Optional Line Item)         \$0.00 </td <td></td> <td></td> <td></td> <td>\$5,000.00</td> <td></td> <td></td> <td>New volunteer incent</td> <td>ive</td> <td></td> <td>1</td> <td></td> <td></td>				\$5,000.00			New volunteer incent	ive		1		
Solution				,								
COptional Line Item   S0.00   S0.00   S0.00   S45,396.22   S7,770.74   S10,000.00					\$0.00							
Total Benefits Cost					\$0.00							
STATIONS:	, ,				\$0.00							
MAIN STATION         \$10,000.00         \$53,965.24         \$10,000.00         \$0.00         Generator added this year           Cable         \$2,000.00         \$83.24         \$0.00         (\$2,000.00)         \$0.00         \$2,000.00         \$0.00	Total Benefits Cost	\$188,603.78	\$117,753.95	\$234,000.00	\$45,396.22							
MAIN STATION         \$10,000.00         \$53,965.24         \$10,000.00         \$0.00         Generator added this year           Cable         \$2,000.00         \$83.24         \$0.00         (\$2,000.00)         \$0.00         \$2,000.00         \$0.00												
Building Maint         \$10,000.00         \$53,965.24         \$10,000.00         \$0.00         Generator added this year           Cable         \$2,000.00         \$83.24         \$0.00         (\$2,000.00)         \$0.00												
Cable         \$2,000.00         \$83.24         \$0.00         (\$2,000.00)         \$2,000.00         \$1,000.00         \$2,000.				***					-			
Internet         \$2,000.00         \$3,683.74         \$4,000.00         \$2,000.00 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>Generator added this</td><td>year</td><td>-</td><td></td><td></td><td></td></th<>							Generator added this	year	-			
Electric         \$20,000.00         \$7,770.74         \$10,000.00         (\$10,000.00)         \$10,000.00         \$10,000.		. ,							-			
Garbage         \$1,380.00         \$1,430.32         \$1,500.00         \$120.00           Grounds Upkeep         \$7,000.00         \$5,680.00         \$7,000.00         \$0.00           Heating Fuel         \$5,000.00         \$4,322.11         \$5,000.00         \$0.00									1			
Grounds Upkeep         \$7,000.00         \$5,680.00         \$7,000.00         \$0.00           Heating Fuel         \$5,000.00         \$4,322.11         \$5,000.00         \$0.00		,	1 / -	1 -1	( , , , , , , , , , , , , , , , , , , ,				-	1		
Heating Fuel         \$5,000.00         \$4,322.11         \$5,000.00         \$0.										-		
									1	1		
Station Supplies   \$12,000.00  \$6,607.99  \$10,000.00  (\$2,000.00)									1	1		
	Station Supplies	\$12,000.00	\$6,607.99	\$10,000.00	(\$2,000.00)	]				1		

Telephone	\$4,000.00	\$0.00	\$0.00	(\$4,000.00)			
Water	\$4,000.00	\$2,577.73	\$5,000.00	(\$4,000.00) \$0.00			
	\$5,000.00	\$2,577.73	\$5,000.00	\$0.00			
STATION #2				(2.122.222.22)			
Building Maint	\$182,000.00	\$148,825.81	\$0.00	(\$182,000.00)			
Cable				\$0.00			
Internet	\$0.00	\$616.00	\$0.00	\$0.00			
Electric	\$1,300.00	\$314.59	\$0.00	(\$1,300.00)			
Garbage				\$0.00			
Grounds Upkeep	\$750.00	\$1,162.15	\$0.00	(\$750.00)			
Heating Fuel	\$2,000.00	\$1,392.13	\$0.00	(\$2,000.00)			
Station Supplies	\$0.00	\$399.98	\$0.00	\$0.00			
Telephone				\$0.00			
Water	\$2,500.00	\$1,255.41	\$0.00	(\$2,500.00)			
STATION #3							
Building Maint	\$3,500.00	\$14,748.73	\$3,500.00	\$0.00			
Cable	(1)	, ,	, , , , , , , , , , , , , , , , , , , ,	\$0.00			
Internet	\$0.00	\$393.84	\$1,000.00	\$1,000.00			
Electric	\$2,000.00	\$1,223.24	\$2,000.00	\$0.00			
Garbage	72,000.00	¥ 1,==21= 1	¥=,000.00	\$0.00			
Grounds Upkeep	\$750.00	\$780.00	\$1,000.00	\$250.00			
Heating Fuel	\$3,000.00	\$2,915.12	\$3,000.00	\$0.00			
Station Supplies	\$0.00	\$399.98	\$1,000.00	\$1,000.00			
Telephone	ψ0.00	ψ000.00	Ψ1,000.00	\$0.00			
Water	\$2,500.00	\$250.00	\$2,500.00	\$0.00			
Water	\$2,300.00	\$230.00	\$2,500.00	\$0.00			
STATION #4			+				
Building Maint	\$2,500.00	\$12,517.76	\$2,500.00	\$0.00			
Cable	\$2,500.00	\$12,517.76	\$2,500.00	\$0.00			
	\$1,500.00	\$993.45	\$1,500.00	\$0.00			
Internet Electric	\$1,500.00	\$2,500.91	\$1,500.00				
	\$2,000.00	\$2,500.91	\$3,000.00	\$1,000.00			
Garbage	0.4.500.00	****	44.500.00	\$0.00			
Grounds Upkeep	\$1,500.00	\$390.00	\$1,500.00	\$0.00			
Heating Fuel	\$1,500.00	\$0.00	\$1,500.00	\$0.00			
Station Supplies	\$0.00	\$399.98	\$500.00	\$500.00			
Telephone	\$1,500.00		\$0.00	(\$1,500.00)			
Water	\$1,000.00	\$9,905.21	\$1,000.00	\$0.00			
Total Station Cost	\$280,180.00	\$287,505.40	\$78,000.00	(\$202,180.00)			1
TOTAL EXPENDITURES	\$3,026,303.23	\$2,068,466.22	\$3,006,000.00	(\$20,303.23)			
					-		
Footnotes:							

ls River Fire	Department	Capital Pr	ojects F	Roster			
Project Year	Project Name	Category	Quantity	Per Unit	Project Cost	Purchase or Finance	Budget Line Item # (if applicable)
2023 2025 2026	Station 1 Station 2 Engine	Building/Land Building/Land Truck	1 1 2		\$ 3,000,000.0		
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					\$ - \$ - \$ - \$ -		
					\$ - \$ - \$ -		

### Mills River Fire Department

### **CURRENT ASSETS**

### AS OF 3/3/2025

Item Description	Current Balance
Bonds, Certificates of Deposit, Stock	\$523,525.56
General Checking	\$464,900.87
Savings	\$654,395.65
Truck Fund	\$1,002,245.81
Building Fund	\$1,500,000.00
Future Needs	
Contingency Fund	

**Total assets** \$4,145,067.89

#### Notes:

The truck fund consists of \$766,409.54 from insurance proceeds and \$759,361.83 of funds for the purchase of two engines

The building fund consists of \$1,500,000 in savings in an account with the amount in line 7. This is s for Station 2 to add to insurance proceeds to rebuild the station.

Mills River Fire Department	
DESCRIPTION	AMOUNT
TOTAL DISTRICT TAX ASSESSMENT 2025-2026	\$2,710,692,085.00
Divided by 100	
TOTAL	\$27,106,920.85
Multiplied by requested tax rate	0.1
TOTAL	\$2,710,692.09
*Multiplied by tax collection percentage (97%)	
TOTAL	\$2,629,371.32
Subtract Training Center Assessment	\$3,811.00
Add Projected Payments in Lieu of Taxes	\$22,000.00
**TOTAL PROJECTED REVENUE	\$2,625,560.32
** Revenue is projected because it does not reflect tax discove	ries, releases or refunds.
* Collection percentage based on last complete year of collect	ions.

### **Mills River Fire Department**

### FINANCIAL STATEMENT (BALANCE SHEET)

	AS OF	6/30/2024	Source	Audit
		ASSETS		
ASSETS:				
Cash in Bank		\$2,696,789.16	1	
Certificates of Deposit		***************************************	•	
Accounts Receivable-Taxes		\$28,013.55		
Notes Receivable Land			•	
Buildings		\$12,063,673.42	i	
Leasehold Improvements		Ψ12,000,010.12	•	
Furniture & Fixtures			1	
Vehicles				
Firefighting Equipment			•	
Rescue Equipment				
Other Equipment Transfers				
Proceeds from Borrowing				
Relief Fund		\$89,551.29		
TOTAL ASSETS		\$14,878,027.42	ı	

### **LIABILITIES AND FUND EQUITY**

LIABILITIES:	
Accounts Payable	\$10,809.63
Due to Debt Service	
Accrued Interest Payable	
Accrued Payroll Payable	\$22,240.56
Accrued Payroll Taxes	\$1,701.40
Medicare Withholding Payable	
FICA Withholding Payable	
Federal Withholding Payable	
State Withholding Payable	
FUTA & SUI Payable	
Employee 401(k) Withholding	
Child Support Withholding	
Notes Payable	
Accrued expenses payable	\$1,250.93
Accrued vacation payable	\$11,820.91
Current portion of long term debt	186414.79
TOTAL LIABILITIES	\$234,238.22
FUND BALANCES	
Fund Balance Unrestricted	\$1,177,921.21
Designated Debt Service	
Excess Revenues/Expenditures	
TOTAL FUND BALANCES	\$1,177,921.21

**TOTAL LIABILITIES & FUND EQUITY** \$1,412,159.43

### Mills River Fire Department

Source Compiled

REVENUES: Henderson County Ad Valorem Taxes Annual Fund Payment State of North Carolina Contingency Fund Donations	AS OF 3/3/2025 \$323,073.58
Fundraising Grants HazMat Charges	\$75,000.00
Interest Income Miscellaneous NC County Sales Tax Refund NC Fuel Tax Refund	\$110,000.00 \$22,000.00 \$40,000.00
Other Income (City, Other Counties, Town) Rental Income Sales of Assets Total Revenues	\$2,400,000.00 \$2,970,073.58
TRANSFERS	Ψ2,910,013.30
Transfers In TOTAL TRANSFERS	\$0.00
PROCEEDS FROM BORROWING	
Proceeds From Borrowing TOTAL PROCEEDS	\$0.00
TOTAL REVENUES, ETC.	\$2,970,073.58
EXPENDITURES:	
Adminstrative	
Annual Payment - Apparatus	
Annual Payment - Building	\$320,000.00
Annual Payment - Other Equipment	
Appreciation and Award Banquets	\$7,500.00
Bank Charges	\$500.00
Building Fund	\$375,000.00
Chaplain	<b>#0.000.00</b>
Computer Continue on Sunda	\$9,000.00
Contingency Funds Contract Labor (Part-Time Clerk)	
County/State Tax	\$22,000.00
Discretionary Fund	Ψ22,000.00
Deposits/Down Payment	
Dues/Subscriptions	\$20,000.00
Expendable Supplies	Ψ20,000.00
Flowers/Gifts	\$2,000.00
Food	\$2,000.00
Insurance - Building, Business Umbrella, Error	\$55,000.00
Legal and Professional Fees	\$15,000.00
Licenses and Permits	
Miscellaneous	\$10,000.00
Office Supplies	\$10,000.00
Public Relations	
Public Education and Fire Prevention	

Rent (Optional Line Item) (Optional Line Item) (Optional Line Item) (Optional Line Item)	
Total Administrative	\$848,000.00
Operational Breathing Apparatus	\$80,000.00
Communications (radios, pagers, cell phone)	\$35,000.00
EMT Supplies & Equipment	\$30,000.00
Firefighting Supplies & Equipment	\$36,000.00
Firefighting Equipment Maintenance	\$28,000.00
Fuel	\$30,000.00
Hazardous Materials Supplies	\$5,000.00
Infection Control	
Maintenance/Repair of Apparatus	\$60,000.00
DOI	<b>*</b> 40.000.00
Physical Fitness	\$12,000.00
Rehabilitation Rescue Equipment	\$20,000.00 \$1,000.00
Training	\$25,000.00
Turn Out Gear	\$30,000.00
Uniforms	\$45,000.00
(Optional Line Item)	\$15,000.00
(Optional Line Item)	<b>¥</b> 12,233123
(Optional Line Item)	
Total Operational	\$452,000.00
Personnel Cost	****
Payroll	\$640,000.00
Gross Full-Time Pay	\$270,000.00
Gross Part-Time Pay	
•	\$180,000.00
Gross Overtime Pay	
Gross Overtime Pay Gross Holiday Pay	\$144,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid)	\$144,000.00 15,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus	\$144,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend	\$144,000.00 15,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus	\$144,000.00 15,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item)	\$144,000.00 15,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll	\$144,000.00 15,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance Dental Insurance	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00 \$4,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance Dental Insurance Vision Insurance	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance Dental Insurance Vision Insurance Supplemental Insurance plans	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00 \$4,000.00 \$55,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance Dental Insurance Vision Insurance Supplemental Insurance plans State Firemen's Pension Fund	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00 \$4,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance Dental Insurance Vision Insurance Supplemental Insurance plans State Firemen's Pension Fund (Optional Line Item)	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00 \$4,000.00 \$55,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance Dental Insurance Vision Insurance Supplemental Insurance plans State Firemen's Pension Fund	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00 \$4,000.00 \$55,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance Dental Insurance Vision Insurance Supplemental Insurance plans State Firemen's Pension Fund (Optional Line Item) (Optional Line Item)	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00 \$4,000.00 \$55,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance Dental Insurance Vision Insurance Supplemental Insurance plans State Firemen's Pension Fund (Optional Line Item) (Optional Line Item) (Optional Line Item)	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00 \$4,000.00 \$55,000.00
Gross Overtime Pay Gross Holiday Pay Employer's Payroll Taxes (6.2% Soc. Sec. 1.45% Medicaid) Bonus Vol./FF Reimbursement/Stipend (Optional Line Item) (Optional Line Item) (Optional Line Item) Total Payroll Benefits Employer's Retirement Contribution Supplemental Retirement 401k/457 Health Insurance Dental Insurance Vision Insurance Supplemental Insurance plans State Firemen's Pension Fund (Optional Line Item) (Optional Line Item) (Optional Line Item) (Optional Line Item)	\$144,000.00 15,000.00 145,000.00 \$1,394,000.00 \$60,000.00 \$74,000.00 \$4,000.00 \$55,000.00 \$5,000.00

Building Maint	\$10,000.00
Cable	\$0.00
Internet	\$4,000.00
Electric	\$10,000.00
Garbage	\$1,500.00
Grounds Upkeep	\$7,000.00
Heating Fuel	\$5,000.00
Station Supplies	\$10,000.00
Telephone	\$0.00
Water	\$5,000.00
Station #2	ψ3,000.00
Building Maint	\$0.00
Cable	φυ.υυ
	00.00
Internet	\$0.00
Electric	\$0.00
Garbage	40.00
Grounds Upkeep	\$0.00
Heating Fuel	\$0.00
Station Supplies	\$0.00
Telephone	
Water	\$0.00
Station #3	
Building Maint	\$3,500.00
Cable	
Internet	\$1,000.00
Electric	\$2,000.00
Garbage	
Grounds Upkeep	\$1,000.00
Heating Fuel	\$3,000.00
Station Supplies	\$1,000.00
Telephone	
Water	\$2,500.00
Station #4	
Building Maint	\$2,500.00
Cable	
Internet	\$1,500.00
Electric	\$3,000.00
Garbage	φο,οσο.σσ
Grounds Upkeep	\$1,500.00
Heating Fuel	\$1,500.00
Station Supplies	\$500.00
Telephone	\$0.00
Water	\$1,000.00
vvalci	φ1,000.00
Total Stations	\$78,000.00
i Otal Stations	φ <i>1</i> 0,000.00
TOTAL EXPENDITURES	\$2,970,000.00
TO THE EMPIRONEO	Ψ2,57 0,000.00

	Jul '24 - Jun 25	Budget
Income		
INCOME.		
Code 3 Insurance Fire Sta#2	766,409.54	
Fundraising	195.53	75,000.00
Henderson County Fire Tax	340,986.34	320,306.00
Interest	56,045.19 23,858.37	108,996.00 20,000.00
Misc. Refunds	13,134.52	130,000.00
NC State Grant (Turnout Gear) PILT Money (Federal Land)	0.00	20,000.00
Sales Tax Refund Income	32,012.36	16,452.00
Town of Fletcher	17,390.11	0.00
Town of Mills River	2,126,105.15	2,355,183.00
Total INCOME.	3,376,137.11	3,045,937.00
Misc. from equipment sales	1,600.00	
State Owned Property	0.00	15,000.00
Total Income	3,377,737.11	3,060,937.00
-		
Expense ADMINISTRATION		
Accountant Fees	11,470.00	20,000.00
Bank Charges	468.02	500.00
Computers, Software	9,126.34	2,000.00
Copier Maintenance	1,368.00	5,000.00
Management Solutions	2,677.50	5,000.00
Office Supplies/Misc Fees	6,026.91	15,000.00
Quick Books	2,790.99	3,000.00
subscriptions	2,439.36	15,000.00
Total ADMINISTRATION	36,367,12	65,500.00
COMMUNICATIONS		
Cell Phones	5,789.02	4,000.00
Maintenance/Batteries	5,428.85	13,000.00
New Equipment	22,677.16	13,000.00
Total COMMUNICATIONS	33,895.03	30,000.00
Deposit Paid		
Transfer	0.00	0.00
Deposit Paid - Other	0.00	0.00
Total Deposit Pald	0.00	0.00
EMERGENCY MEDICAL EQUIPMENT		
Emergency Medical Supplies	9,859.99	8,000.00
EMERGENCY MEDICAL EQUIPMENT - Other	20,467.72	8,000.00
Total EMERGENCY MEDICAL EQUIPMENT	30,327.71	16,000.00
FINANCE PAYMENT		
Apparatus	0.00	0.00
Building	360,000.00	987,715.45
FINANCE PAYMENT - Other	0.00	0.00
Total FINANCE PAYMENT	360,000.00	987,715.45
FIRE EDUCATION & PREVENTION	6,651.20	15,000.00
FIREFIGHTING EQU YRLY TESTING	• — <del>-</del>	•
Ground Ladder Testing	0.00	4,000.00
Hose Testing	10,513.95	10,000.00
Ladder Truck Testing	0.00	4,000.00
Pump Testing	2,135.00	2,000.00
Rescue Equip Testing-Amkus	525.82	4,200.00
SCBA Testing	1,223.06	4,500.00
Total FIREFIGHTING EQU YRLY TESTING	14,397.83	28,700.00

	Jul '24 - Jun 25	Budget
FIREFIGHTING EQUIPMENT		
Fire Prevention	2,043.99	
Firefighting	20,718.17	22,000.00
Haz-Mat	0.00	5,000.00
Hose	8,066.26	8,000.00
Portable Equipment	1,834.26	6,000.00
Rehab	0.00	1,000.00
SCBA	79,693.08	70,000.00
Training	0.00	18,811.00
Water Points	0.00	1,000.00
Water Rescue Equipment	2,231.97	10,000.00
Wildland		
Fire Fighting (Big Hungry) Fema	708.87	
Wildland - Other	0.00	3,000.00
Total Wildland	708.87	3,000.00
FIREFIGHTING EQUIPMENT - Other	679.68	
Total FIREFIGHTING EQUIPMENT	115,976.28	144,811.00
FUEL		, m =
Diesel	7,095.03	17,500.00
Gasoline	3,636.05	17,500.00
Total FUEL	10,731.08	35,000.00
GIFT	0.00	2,000.00
Hurricane Relief Efforts	4,312.54	
I.T.	0.00	4,000.00
INSURANCE		
Accident/Sickness	6,269.00	34,384.35
Building and General Liability	0.00	35,000.00
Life Insurance (25 year min)	0.00	20,000.00
Vehicles	0.00	20,000.00
Total INSURANCE	6,269.00	109,384.35
MISC	13,420.35	5,000.00
NEW STATION	0.00	0.00
PAYROLL	744474	40.000.00
401-K	74,144.74	40,000.00
Aflac-Insurance	12,793.90	34,384.35
Employment Security Federal/941/944/943	674.85 8,758.16	15,000.00 30,931.95
Group Term Life Insurance	0.00	22,000.00
Insurance-Blue Cross	44,177.40	60,000.00
NC Payroll Tax	2,288.00	15,000.00
Payroll	3,232.46	600,329.90
Payroli-Transfer to Payroll Acc	80,000.00	555,020.00
Quarterly Tax	0.00	4,000.00
Salary	0.00	140,000.00
Soc. Security / Medicare	44,010.99	52,000.00
PAYROLL - Other	0.00	0.00
Total PAYROLL	270,080.50	1,013,646.20
Payroll Expenses	545,402.10	
Payroll Expenses Social Securit	18,654.77	
RESCUE EQUIPMENT	0.00	12,000.00

	Jul '24 - Jun 25	Budget
SALES TAX PAID OUT		
Alamance	287.89	
Buncombe	9,031.33	
Burke	60.76 53.33	
Cleveland		
Henderson	17,293.29	
Nash	1,411.32 23.27	
Pitt	23.21	
Total SALES TAX PAID OUT	28,161.19	
STATION 1		
Building Maintenance	54,210.24	10,000.00
Cable	177.16	2,000.00
Electricity	8,703.26	20,000.00
Garbage	1,430.32	1,380.00
Grounds Upkeep	5,837.42	7,000.00
Heating Fuel- Natural Gas	5,073.39	5,000.00
HVAC Service	0.00	2,500.00
Internet	4,107.21	2,000.00
Pest Control (Spraying)	205.00	1,000.00
Plymovent Service	0.00	4,000.00
Station Supplies	7,186.52	12,000.00
Telephone	0.00	4,000.00
Water and Sewer	2,861.02	5,000.00
Total STATION 1	89,791.54	75,880.00
STATION 2		
Building Maintenance	146,857.72	180,000.00
Electricity	314.59	1,300.00
Grounds Upkeep	1,162.15	750.00
Heating Fuel- Natural Gas	1,392.13	2,000.00
HVAC Service	1,868.09	1,000.00
Internet	616.00	
Pest Control (Spraying)	100.00	1,000.00
Plymovent Service	0.00	1,000.00
Rebuild after the fire	20,508.47	
Supplies	399.98	
Water and Sewer	1,794.22	2,500.00
Total STATION 2	175,013.35	189,550.00
STATION 3		
Building Maintenance	13,738.80	1,500.00
Electricity	1,480.60	2,000.00
Grounds Upkeep	780.00	750.00
Heating Fuel- Propane	3,578.47	3,000.00
HVAC Service	1,461.93	1,000.00
Internet	393.84	0.00
Pest Control (Spraying)	205.00	1,000.00
Supplies	399.98	
Telephone	0.00	0.00
Water and Sewer	250.00	2,500.00
Total STATION 3	22,288.62	11,750.00

	Jul '24 - Jun 25	Budget
STATION 4		
Building Maintenance	15,910.76	500.00
Electricity	2,659.81	2,000.00
Grounds Upkeep	390.00	1,500.00
Heating Fuel - Natural Gas	185.42	1,500.00
HVAC Service	127.00	1,000.00
Internet	1,089.04	1,500.00
Pest Control (Spraying)	205.00	1,000.00
Supplies	443.96	
Telephone	0.00	1,500.00
Water and Sewer	9,905.21	1,000.00
Total STATION 4	30,916.20	11,500.00
TRAINING	3,158.99	1,000.00
TRUCK MAINTENANCE	0.00	4 000 00
ATV - 4 Wheeler	0.00	1,000.00
Brush 18-2 (FN 403)	711.04	2,000.00
Brush 18 (FN 401)	4,276.33	2,000.00
Chief 18	1,194.62 2,088.58	2,000.00 2,000.00
E-18-2 (FN 102)	2,088.58 3,021.68	3,000.00
E-18-3 (FN 104)	5,891.28	2,000.00
E-18-4 (FN 105) E-18-5 (FN 101)	1,861.02	3,000.00
E-18 (FN 108)	5.015.88	4,000.00
FP Trailer	48.03	1,000.00
I.C. Unit (FN 305)	0.00	0.00
Ladder 18 (FN 701)	7,978.20	5,000.00
Medic 18 (FN 301)	5,044.18	3,000.00
Ranger 18 (FN 601 Polaris)	0.00	1,000.00
Rescue Boat 18 (FN 801)	467.57	1,000.00
Service 18-2	44.35	1,000.00
Service 18-3	0.00	1,000.00
Service 18 (FN 502)	2,690.89	3,000.00
Squad 18	1,387.16	3,000.00
Tac 18	5,952.06	2,000.00
Tanker 18-3 (FN 103)	4,345.54	3,000.00
Tanker 18-4 (FN 107)	787.17	3,000.00
Tanker 18 (FN 106)	3,517.89	3,000.00
Truck 18 (FN 302)	11,955.20	1,000.00
Truck Stock Supplies	1,509.09	2,500.00
Total TRUCK MAINTENANCE	69,787.76	54,500.00
Turnout Gear	39,633.77	50,000.00
Turnout Gear State Grant	41,235.34	
VOLUNTEER PROGRAM	0.004.40	15.550.00
Aflac Insurance	8,981.43	10,000.00
Awards	886.39	5,000.00
Christmas Party	6,525.60	10,000.00
Critical iliness Code 3 20,000	0.00	20,000.00
Donations and Sponsorships	1,500.00 28,518.00	10,000.00 10.000.00
Dues and Fees Employee Meals	208.99	5,000.00
Firefighter Bucks	13,728.97	15,000.00
Flowers	366.28	3,000.00
Food	763.71	5,000.00
Gifts	579.00	5,000.00
Insurance for Lifetime members	0.00	10,000.00
Kid's Christmas Party	167.71	3,000.00
Ladies Auxilary	756.00	~;~~~ <del>~</del>
Longevity Incentive	23,353.00	40,000.00
Physicals	4,585.00	12,000.00
Uniforms	14,970.52	15,000.00

2:09 PM 04/01/25 **Accrual Basis** 

	Jul '24 - Jun 25	Budget
vending machine Volunteer Fuel Reimbursement	59.76 71,442.00	20,000.00
Total VOLUNTEER PROGRAM	177,392.36	198,000.00
Total Expense	2,143,864.63	3,060,937.00
Net Income	1,233,872.48	0.00

	\$ Over Budget
Income	
INCOME.	
Code 3 Insurance Fire Sta#2 Fundraising	-74,804.47
Henderson County Fire Tax	20,680.34
Interest	-52,950.81
Misc. Refunds	3,858.37
NC State Grant (Turnout Gear)	-116,865.48
PILT Money (Federal Land)	-20,000.00
Sales Tax Refund Income	15,560.36
Town of Fletcher	17,390.11
Town of Mills River	-229,077.85
Total INCOME.	330,200.11
Misc. from equipment sales State Owned Property	-15,000.00
Total Income	316,800.11
Expense	
ADMINISTRATION	0.500.00
Accountant Fees	-8,530.00
Bank Charges	-31.98
Computers, Software	7,126.34 -3.632.00
Copier Maintenance Management Solutions	-2,322.50
Office Supplies/Misc Fees	-8,973.09
Quick Books	-209.01
subscriptions	-12,560.64
Total ADMINISTRATION	-29,132.88
COMMUNICATIONS	
Cell Phones	1,789.02
Maintenance/Batterles	-7,571.15
New Equipment	9,677.16
Total COMMUNICATIONS	3,895.03
	-,
Deposit Paid	0.00
Transfer Deposit Paid - Other	0.00
Deposit Faid - Other	
Total Deposit Paid	0.00
EMERGENCY MEDICAL EQUIPMENT	4 050 00
Emergency Medical Supplies EMERGENCY MEDICAL EQUIPMENT - Other	1,859.99 12,467.72
Total EMERGENCY MEDICAL EQUIPMENT	14,327.71
FINANCE PAYMENT	
Apparatus	0.00
Bullding	-627,715.45
FINANCE PAYMENT - Other	0.00
Total FINANCE PAYMENT	-627,715.45
FIRE EDUCATION & PREVENTION	-8,348.80
FIREFIGHTING EQU YRLY TESTING	4 000 00
Ground Ladder Testing Hose Testing	-4,000.00 513.95
Ladder Truck Testing	-4,000.00
Pump Testing	135.00
Rescue Equip Testing-Amkus	-3,674.18
SCBA Testing	-3,276.94
Total FIREFIGHTING EQU YRLY TESTING	-14,302.17

2:09 PM 04/01/25 **Accrual Basis** 

	\$ Over Budget
FIREFIGHTING EQUIPMENT	
Fire Prevention	
Firefighting	-1,281.83
Haz-Mat	-5,000.00
Hose	66.26
Portable Equipment	-4,165.74
Rehab SCBA	-1,000.00 9,693.08
Training	-18,811.00
Water Points	-1,000.00
Water Rescue Equipment	-7,768.03
Wildland	•
Fire Fighting (Big Hungry) Fema	
Wildland - Other	-3,000.00
Total Wildland	-2,291.13
FIREFIGHTING EQUIPMENT - Other	<u> </u>
Total FIREFIGHTING EQUIPMENT	-28,834.72
FUEL	
Diesel	-10,404.97
Gasoline	-13,863.95
Total FUEL	-24,268.92
GIFT	-2,000.00
Hurricane Relief Efforts I.T.	-4,000.00
INSURANCE	4,000.00
Accident/Sickness	-28,115.35
Building and General Liability	-35,000.00
Life Insurance (25 year min)	-20,000.00
Vehicles	-20,000.00
Total INSURANCE	-103,115.35
MISC	8,420.35
NEW STATION	0.00
PAYROLL	
401-K	34,144.74
Aflac-Insurance	-21,590.45
Employment Security	-14,325.15 -22,173.79
Federal/941/944/943 Group Term Life Insurance	-22,173.79 -22.000.00
Insurance-Blue Cross	-15,822.60
NC Payroll Tax	-12,712.00
Payroll	-597,097.44
Payroll-Transfer to Payroll Acc	
Quarterly Tax	-4,000.00
Salary	-140,000.00
Soc. Security / Medicare	-7,989.01
PAYROLL - Other	0.00
Total PAYROLL	-743,565.70
Payroll Expenses	
Payroll Expenses Social Securit	18.855.55
RESCUE EQUIPMENT	-12,000.00

	\$ Over Budget
SALES TAX PAID OUT Alamance Buncombe Burke Cleveland Henderson Nash Pitt	
Total SALES TAX PAID OUT	
STATION 1 Building Maintenance Cable Electricity Garbage Grounds Upkeep Heating Fuel- Natural Gas HVAC Service Internet Pest Control (Spraying) Plymovent Service Station Supplies Telephone Water and Sewer	44,210.24 -1,822.84 -11,296.74 50.32 -1,162.58 73.39 -2,500.00 2,107.21 -795.00 -4,000.00 -4,813.48 -4,000.00 -2,138.98
Total STATION 1	13,911.54
STATION 2 Building Maintenance Electricity Grounds Upkeep Heating Fuel- Natural Gas HVAC Service Internet Pest Control (Spraying) Plymovent Service Rebuild after the fire Supplies Water and Sewer	-33,142.28 -985.41 412.15 -607.87 868.09 -900.00 -1,000.00
Total STATION 2	-14,536.65
STATION 3 Building Maintenance Electricity Grounds Upkeep Heating Fuel- Propane HVAC Service Internet Pest Control (Spraying) Supplies Telephone Water and Sewer	12,238.80 -519.40 30.00 578.47 461.93 393.84 -795.00 0.00 -2,250.00
Total STATION 3	10,538.62

	\$ Over Budget
STATION 4	
Building Maintenance	15,410.76
Electricity	659.81
Grounds Upkeep	-1,110.00
Heating Fuel - Natural Gas	-1,314.58
HVAC Service	-873.00
Internet	-410.96
Pest Control (Spraying)	-795.00
Supplies	
Telephone	-1,500.00
Water and Sewer	8,905.21
Total STATION 4	19,416.20
TRAINING	2,158.99
TRUCK MAINTENANCE	
ATV - 4 Wheeler	-1,000.00
Brush 18-2 (FN 403)	-1,288.96
Brush 18 (FN 401)	2,276.33
Chief 18	-805.38
E-18-2 (FN 102)	88.58
E-18-3 (FN 104)	21.68
E-18-4 (FN 105)	3,891.28
E-18-5 (FN 101)	-1,138.98
E-18 (FN 108)	1,015.88
FP Trailer	-951.97
I.C. Unit (FN 305)	0.00
Ladder 18 (FN 701)	2,978.20 2,044.18
Medic 18 (FN 301) Ranger 18 (FN 601 Polaris)	-1,000.00
Rescue Boat 18 (FN 801)	-532.43
Service 18-2	-955.65
Service 18-3	-1,000.00
Service 18 (FN 502)	-309.11
Squad 18	-1,612.84
Tac 18	3,952.06
Tanker 18-3 (FN 103)	1,345.54
Tanker 18-4 (FN 107)	-2,212.83
Tanker 18 (FN 106)	517.89
Truck 18 (FN 302)	10,955.20
Truck Stock Supplies	-990.91
Total TRUCK MAINTENANCE	15,287.76
Turnout Gear	-10,366.23
Turnout Gear State Grant	
VOLUNTEER PROGRAM	
Aflac Insurance	-1,018.57
Awards	-4,113.61
Christmas Party	-3,474.40
Critical Illness Code 3 20,000	-20,000.00
Donations and Sponsorships	-8,500.00
Dues and Fees	18,518.00
Employee Meals	-4,791.01
Firefighter Bucks	-1,271.03
Flowers	-2,633.72 4,336.30
Food	-4,236.29
Gifts Insurance for Lifetime members	-4,421.00 -10,000.00
	-10,000.00 -2,832.29
Kid's Christmas Party	-2,032.29
Ladies Auxilary Longevity Incentive	-16,647.00
Physicals	-7,415.00
Uniforms	-7,415.00 -29.48
Olinoinia	-20.70

2:09 PM 04/01/25 **Accrual Basis** 

	\$ Over Budget
vending machine Volunteer Fuel Reimbursement	51,442.00
Total VOLUNTEER PROGRAM	-20,607.64
Total Expense	-917,072.37
Net Income	1,233,872.48

### MILLS RIVER FIRE AND RESCUE DEPARTMENT, INC.

### Independent Auditor's Report

on the

**Financial Statements** 

for the years ended June 30, 2024 and 2023

## MILLS RIVER FIRE AND RESCUE DEPARTMENT, INC. Mills River, North Carolina

### **Contents**

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Notes to Financial Statements	6

### WAYNE J. PARRIS, CPA

### CERTIFIED PUBLIC ACCOUNTANT

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#### INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Mills River Fire and Rescue Department, Inc.

### Opinion

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

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

### **Basis for Opinion**

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

#### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Mills River Fire and Rescue Department'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 Mills River Fire and Rescue Department, Inc.'s internal control. Accordingly, no such
  opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that
  raise substantial doubt about Mills River Fire and Rescue Department'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 January 3, 2025

## MILLS 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	\$ 2,696,789.16 28,013.55 89,551.29 \$ 2,814,354.00	
FIXED ASSETS Property and equipment Less: Accumulated depreciation TOTAL FIXED ASSETS	\$16,416,585.68 (4,352,912.26) \$12,063,673.42	(4,005,643.24)
TOTAL ASSETS	<u>\$14,878,027.42</u>	<u>\$14,083,001.25,</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES  Accounts payable Accrued expenses payable Accrued wages payable Accrued payroll taxes payable Accrued vacation payable Current portion of long-term debt TOTAL CURRENT LIABILITIES	\$ 10,809.63 1,250.93 22,240.56 1,701.40 11,820.91 186,414.79 \$ 234,238.22	576.08 0.00 0.00 0.00 266,308.52
LONG-TERM LIABILITIES Long-term debt TOTAL LONG-TERM LIABILITIES TOTAL LIABILITIES	\$ 7,144,233.10	\$ 7,330,647.89 \$ 7,330,647.89 \$ 7,645,934.19
NET ASSETS Without donor restrictions With donor restrictions TOTAL NET ASSETS TOTAL LIABILITIES AND NET ASSETS	\$ 7,410,004.81	\$ 6,362,362.40 74,704.66 \$ 6,437,067.06 \$14,083,001.25

### MILLS 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					
Revenues and gains Henderson County Town of Fletcher Town of Mills River State of NC and federal property coverage Contributions Fundraising Gain on sale of assets Grant income Interest income Miscellaneous income Sales tax refunds TOTAL REVENUES AND GAINS WITHOUT DONOR RESTRICTIONS	\$	312,434.77 23,987.53 2,421,053.37 22,158.00 2,898.50 49,707.39 0.00 130,000.00 52,480.00 29,769.24 28,959.64	\$ \$	265,910.90 128,185.00 1,813,223.50 0.00 21,444.77 50,805.85 570,734.40 0.00 1,522.19 469.00 179,307.49	
NET ASSETS RELEASED FROM RESTRICTIONS Restrictions satisfied by payments TOTAL NET ASSETS RELEASED FROM	\$ \$	0.00	\$	0.00	
RESTRICTIONS	Ψ	0.00	φ	0.00	
TOTAL REVENUES, GAINS, AND OTHER SUPPORT WITHOUT DONOR RESTRICTIONS	\$	3,073,448.44	\$	3,031,603.10	
Expenses Program Services Supporting Services Fundraising TOTAL EXPENSES	\$	1,809,604.98 213,471.35 2,729.70 2,025,806.03	\$	1,276,448.51 92,400.97 5,912.19 1,374,761.67	
INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS	\$	1,047,642.41	\$	1,656,841.43	
CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS Relief Fund supplement Interest income on relief fund Net assets released from restrictions INCREASE (DECREASE) IN NET ASSETS WITH	\$ ~	14,066.75 779.88 0.00	\$	12,748.00 92.85 0.00)	
INCREASE (DECREASE) IN NET ASSETS NET ASSETS AT BEGINNING OF YEAR	\$	1,062,489.04 6,437,067.06	\$ \$	12,840.85 1,669,682.28 4,767,384.78	
NET ASSETS AT END OF YEAR	\$	7,499,556.10	\$	6,437,067.06	

## MILLS 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				
	Program			Services	Program	Services	Supporting Services	
		Management			Management			
	Fire & Rescue	and General	Fundraising	Total	Fire & Rescue	and General	Fundraising	Total
Compensation and related expenses								
Salaries and wages	\$ 577,262.78	\$ 42,235.20	\$ 0.00	\$ 619,497.98	\$ 525,888.02	\$ 0.00	\$ 0.00 \$	525,888.02
Employee benefits	54,814.95	13,024.02	0.00	67,838.97	73,444.92	0.00	0.00	73,444.92
Payroll taxes	45,001.87	3,230.99	0.00	48,232.86	41,680.78	0.00	0.00	41,680.78
Retirement contributions	17,980.42	2,111.76	0.00	20,092.18	16,468.00	0.00	0.00	16,468.00
Compensation and related expenses	\$ 695,060.02	\$ 60,601.97	\$ 0.00	\$ 755,661.99	\$ 657,481.72	\$ 0.00	\$ 0.00 \$	657,481.72
Bank charges	1,606.58	0.00	0.00	1,606.58	0.00	0.00	0.00	0.00
Building and grounds maintenance and supplies	69,163.36	7,684.82	0.00	76,848.18	41,233.45	4,581.49	0.00	45,814.94
Cellular phones and service	5,204.73	0.00	0.00	5,204.73	5,150.36	0.00	0.00	5,150.36
Communications	22,551.19	0.00	0.00	22,551.19	196.08	0.00	0.00	196.08
Computers and software	19,371.87	0.00	0.00	19,371.87	742.50	0.00	0.00	742.50
Copier	0.00	1,641.75	0.00	1,641.75	0.00	0.00	0.00	0.00
Depreciation	347,269.02	0.00	0.00	347,269.02	98,266.73	0.00	0.00	98,266.73
Dues and subscriptions	0.00	20,113.06	0.00	20,113.06	0.00	7,128.00	0.00	7,128.00
EMT equipment and supplies	18,841.34	0.00	0.00	18,841.34	9,129.58	0.00	0.00	9,129.58
Fire education and prevention	12,123.40	0.00	0.00	12,123.40	22,057.04	0.00	0.00	22,057.04
Firefighting equipment and supplies	48,695.89	0.00	0.00	48,695.89	39,648.69	0.00	0.00	39,648.69
Food, refreshments, and vending	0.00	5,194.67	0.00	5,194.67	0.00	6,812.12	0.00	6,812.12
Fuel reimbursement	21,957.00	0.00	0.00	21,957.00	36,172.44	0.00	0.00	36,172.44
Fundraising expenses	0.00	0.00	2,729.70	2,729.70	0.00	0.00	5,912.19	5,912.19
Insurance-general, building, and vehicles	79,568.00	0.00	0.00	79,568.00	43,312.00	0.00	0.00	43,312.00
Interest expense	199,363.96	0.00	0.00	199,363.96	112,636.24	0.00	0.00	112,636.24
Legal and professional fees	0.00	10,418.00	0.00	10,418.00	0.00	3,296.00	0.00	3,296.00
Longevity incentive	26,975.00	0.00	0.00	26,975.00	12,400.00	0.00	0.00	12,400.00
Management solutions	0.00	2,588.53	0.00	2,588.53	0.00	0.00	0.00	0.00
Miscellaneous	0.00	16,072.53	0.00	16,072.53	0.00	10,953.67	0.00	10,953.67
Office supplies and expenses	0.00	8,293.94	0.00	8,293.94	0.00	16,924.31	0.00	16,924.31
Personal gear	20,407.36	0.00	0.00	20,407.36	19,739.35	0.00	0.00	19,739.35
Physicals	9,035.40	0.00	0.00	9,035.40	8,355.00	0.00	0.00	8,355.00
Postage and stamps	0.00	0.00	0.00	0.00	0.00	240.00	0.00	240.00
Rescue equipment and supplies	8,518.64	0.00	0.00	8,518.64	1,777.19	0.00	0.00	1,777.19
Sales tax paid-current year	0.00	29,496.92	0.00	29,496.92	0.00	16,188.65	0.00	16,188.65
Training and education	8,046.77	0.00	0.00	8,046.77	6,757.89	0.00	0.00	6,757.89
Turnout gear	62,306.66	0.00	0.00	62,306.66	35,932.68	0.00	0.00	35,932.68
Utilities								
Electricity	23,082.73	2,564.75	0.00	25,647.48	9,724.81	1,080.54	0.00	10,805.35
Internet service	5,016.91	557.44	0.00	5,574.35	2,223.88	247.10	0.00	2,470.98
Natural gas and propane	7,756.77	861.86	0.00	8,618.63	5,834.42	648.27	0.00	6,482.69
Telephone	4,603.96	511.55	0.00	5,115.51	9,804.34	1,089.37	0.00	10,893.71
Television	0.00	760.08	0.00	760.08	0.00	1,171.10	0.00	1,171.10
Waste removal	2,221.83	246.87	0.00	2,468.70	1,649.21	183.25	0.00	1,832.46
Water	5,045.57	560.62	0.00	5,606.19	1,646.25	182.92	0.00	1,829.17
Vehicles								
Maintenance and supplies	65,749.94	0.00	0.00	65,749.94	71,868.25	0.00		71,868.25
Fuel	20,061.08	0.00	0.00	20,061.08	22,708.41	0.00	0.00	22,708.41
Volunteer program expenses	0.00	45,301.99	0.00	45,301.99	0.00	21,674.18		21,674.18
Total Expenses	\$1,809,604.98	\$ 213,471.35	\$ 2,729.70	\$2,025,806.03	\$1,276,448.51	\$ 92,400.97	\$ 5,912.19 \$	1,374,761.67

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

For the Years Ended June 30, 2024 and 2023

	6-30-24	6-30-2023
CASH FLOWS FROM OPERATING ACTIVITIES Cash received from governments Cash received from contributors Cash received from fundraising Interest received Cash received from sales tax refunds Cash received from other revenue sources Cash paid to employees and suppliers Interest paid NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ 2,944,010.76 2,898.50 49,707.39 53,259.88 14,207.86 43,835.99 (1,303,074.51) (199,363.96) \$ 1,605,481.91	21,444.77 50,805.85 1,615.04 179,307.49 13,217.00 (1,114,157.00) (112,636.24)
CASH FLOWS FROM INVESTING ACTIVITIES Sale of property, building, and equipment Payments for property and equipment Construction in progress NET CASH USED BY INVESTING ACTIVITIES	\$ 0.00 (1,209,791.44) 0.00 \$(1,209,791.44)	(4,599,987.29)
CASH FLOWS FROM FINANCING ACTIVITIES Proceeds from borrowing from First Bank Payments to First Citizens Bank NET CASH PROVIDED BY FINANCING ACTIVITIES	\$ 0.00 ( 265,008.52) \$( 265,008.52)	\$ 4,491,551.04 ( 83,207.64) \$ 4,408,343.40)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	\$ 130,681.95	\$ 463,675.87
BEGINNING CASH AND CASH EQUIVALENTS ENDING CASH AND CASH EQUIVALENTS	2,655,658.50 \$ 2,786,340.45	2,191,982.63 \$ 2,655,658.50
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	\$ 1,062,489.04	\$ 1,669,682.28
Noncash revenues and expenses Depreciation	347,269.02	98,266.73
Changes in current assets and liabilities (Increase) Decrease in taxes receivable Increase (Decrease) in accounts payable Increase (Decrease) in accrued expenses payable Increase (Decrease) in accrued wages payable Increase (Decrease) in accrued payroll taxes payable Increase (Decrease) in accrued vacation payable	198,178.20 ( 38,892.07) 674.85 22,240.56 1,701.40 11,820.91	( 212,005.99) 49,518.00 576.08 0.00 0.00 0.00
Net cash provided by operations	\$ 1,605,481.91	<u>\$ 1,606,037.10</u>

### MILLS RIVER FIRE AND RESCUE DEPARTMENT, INC. NOTES TO THE FINANCIAL STATEMENTS June 30, 2023

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

### **Nature of Activities**

Mills River Fire and Rescue is located in Henderson County, North Carolina, and provides fire and rescue protection to approximately 9,000 citizens in a 67.29 square mile area, 29.7 square miles of which are inside the Pisgah National Forest.

We were organized in 1968 by a group of active community leaders. The land where the main station sits off Schoolhouse Road was donated by Mr. and Mrs. Ed Brown and Mrs. Ginger Brown Weisberg. The first apparatus was a 1965 International sewer truck which the firefighters converted to a modest fire truck. This conversion work was done in a farm shed owned by one of the founding firefighters, Mr. David Brown. There was no money for a building to be built at the time, so this truck was stationed at another founding firefighter's residence on North Mills River Road, Mr. Max Carland. Through many fundraising events and the establishment of a fire tax district, a fire station was built in 1969 consisting of a small training/meeting room and four apparatus bays.

During the early years, the firefighters were notified by phone for emergency responses as pagers could not be afforded. As funding would allow, radio receivers for receiving dispatch information, and protective structural clothing gear, were purchased for each of the 24 founding firefighters. Some of these firefighters even paid for their own gear and radios. As the community and department grew, two additional apparatus bays were added in 1977. Again, as the department grew, another addition was added in 1986. This addition consisted of four apparatus bays, two offices, two restrooms, a kitchen, and a larger training/meeting room. Much of this work, as well as for the first two projects, was donated by members of the department.

In 1983, Mills River Fire and Rescue became the first rural fire department in Western North Carolina to achieve better than a Class 9 insurance rating as a result of much hard work and dedication. This new rating was a Class 7. In 1999 this rating was improved again to a Class 5, and in 2009 was improved to a Class 4. In 2019 this rating was improved again to our current Class 3.

In 1975, Mills River was one of the first two fire departments in the area to have firefighters certified as emergency medical technicians (EMT's) to begin providing emergency medical care. In 1991, Mills River was the first fire department in the area to upgrade our emergency medical care by providing defibrillation and advanced airway care for victims of cardiac arrest. We were also the first area fire department to have volunteers certified as North Carolina Level II Firefighters.

In 2001, due to exceptional commercial and industrial growth in the northern portion of our fire district, the North Carolina Department of Insurance recommended the construction of

### MILLS RIVER FIRE AND RESCUE DEPARTMENT, INC. NOTES TO THE FINANCIAL STATEMENTS June 30, 2023

a substation in this area. Land for this station was donated by an early firefighter and his wife, Mr. and Mrs. Robert Pryor, and this construction was completed in 2003. In 2006, again due to growth, the Department of Insurance recommended construction of a second substation in the Boylston/Longview area of our district. Land for this station was purchased from Mr. and Mrs. Max Hutchins and construction was completed in 2008.

In 2007, again due to growth and an upcoming rating inspection, the Department of Insurance recommended construction of another substation in the upper North and South Mills River area. Land for this station was donated by Mrs. Alice Krebs, whose family members resided here and owned land in this area for many years. Construction of this station (The George Mullinax Station) was also completed in 2008.

In 2014, Mills River Fire and Rescue purchased 7 acres of the former "Ritter Airport" property on Boylston Highway from Mr. and Mrs. Joe Wright for the construction of a new main fire station. Construction of this new station began in 2021 and was completed in 2023. An open house and dedication was held on June 3, 2023.

The department now has 54 volunteer firefighters, 4 junior cadet volunteer firefighters, 1 paid career chief, 1 paid career daytime Battalion Chief, 3 paid career shift Captains, 10 paid part-time shift firefighters, and 1 paid part-time administrative assistant. We also have a very active volunteer auxiliary group which is a very important part of our department. Well over half of our firefighters are NC Level II certified and half of our firefighters also hold emergency medical certifications, either as EMT's or Medical Responders.

The emergency calls which the department responds to vary widely from one to another. Over half of these calls are emergency medical calls and vehicle accidents in which we assist Henderson County EMS. Other calls include fires of all types, searches for lost persons, downed power lines and trees, flooding rescues, plane crashes, and assisting other fire departments as needed.

The number of emergency calls during the early years was very few, less than 20 per year. However, as our community has grown, so too have the number of emergency calls we respond to. This number is now approximately 1,700 per year.

### **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

### MILLS RIVER FIRE AND RESCUE DEPARTMENT, INC. NOTES TO THE FINANCIAL STATEMENTS June 30, 2023

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, 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 instrumented and those estimates do not materially differ from the aggregate carrying values of the financial instruments as recorded in the Statement of Financial Position.

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

### Cash and Cash Equivalents

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

### Promises to Give

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

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

### **Property and Equipment**

It is the Department's policy to capitalize property and equipment over \$1,000.00. Lesser amounts are expensed in the year of acquisition. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as contributions without donor restrictions unless the donor has restricted the donated asset for a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as contributions with donor restrictions. Absent donor stipulations regarding how long those assets must be maintained, the Department reports expiration of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Department reclassifies net assets with donor restrictions to net assets without donor restrictions at that time. Property and equipment are depreciated using the straight-line method over their estimated useful lives.

### **Contributed Services**

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

### Contributions

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

#### Income Tax Status

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

### NOTE B-RESTRICTIONS ON NET ASSETS

#### Net assets with donor restrictions

All of the restrictions on net assets at June 30, 2024 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 for the Firemen's Local Relief Fund as of June 30, 2024 and 2023 amounts to \$89,551.29 and \$74,704.66, 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.

	2024	2023
Financial assets at year-end	\$2,814,354.00	\$2,881,850.25
Less those unavailable for general expenditures within one year, due to:		
Donor-restricted for relief fund	89,551.29	74,704.66
Financial assets available to meet cash needs for general expenditure within one year	<u>\$2,724,802.71</u>	\$2,881,850.25

### NOTE D-TAXES RECEIVABLE

Taxes receivable represents amounts collected on behalf of the Mills River Fire District by Henderson County, the Town of Fletcher, and the Town of Mills River, 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 local 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 amounting to \$3,866.12 and \$3,731.11, the Town of Fletcher contract amounting to \$1,705.49 and \$29,222.62, and the Town of Mills River contract amounting to \$21,121.32 and \$28.115.96.

The Department has also applied for a refund of sales taxes paid over the past three years from the State of North Carolina. The total refunds applied for and subsequently received as of June 30, 2024 and 2023 amounting to \$15,506.38 and \$179,307.49, respectively.

### NOTE E-PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	Beginning	Additions		Disposals	Ending
Land	\$ 1,110,000.00	\$ 0.00	\$(	0.00)	\$ 1,110,000.00
Buildings	10,406,429.33	1,041,918.58	(	0.00)	11,448,347.91
Communications	42,430.85	0.00		0.00	42,430.85
Firefighting and rescue equipment	173,334.00	0.00	(	0.00)	173,334.00
Furniture, fixtures and equipment	26,564.06	0.00	(	0.00)	26,564.06
Turnout gear and uniforms	0.00	93,151.86	(	0.00)	93,151.86
Vehicles	3,448,036.00	74,721.00	(	0.00)	3,522,757.00
	\$15,206,794.24	\$ 1,209,791.44	\$(	0.00)	\$16,416,585.68
Accumulated depreciation	(4,005,643.24)	( 347,269.02)		0.00	(4,352,912.26)
	\$11,201,151.00	\$ 862,522.42	\$(	0.00)	\$12,063,673.42

#### **NOTE F-LONG TERM NOTES**

### **Promissory Note**

On February 19, 2021, the Fire Department executed a Promissory Note with First Bank for the sum of \$7,500,000.00. The agreement is secured by a first lien on the real property and fire station located on NC-280 in Mills River, North Carolina. The loan proceeds are to be disbursed in installments as construction of the new fire station is completed. Repayment terms specifies monthly interest only payments until the construction reaches completion, followed by 161 monthly consecutive principal and interest payments of \$31,173.00. The final payment is due February 19, 2036. The interest rate on the principal outstanding shall be 2.590%. The principal balance at June 30, 2024 is \$7,330,647.89.

Schedule of N	<u>laturities</u>	
6-30-25	\$ 186,414.79	
6-30-26	\$ 191,300.66	
6-30-27	\$ 196,314.59	
6-30-28	\$ 201,459.92	
6-30-29	\$ 206,740.12	
Thereafter	\$ 6,348,417.81	

### NOTE G-RETIREMENT

The Department makes available a retirement plan to full-time employees. Employees are eligible to participate after six months of employment. The Department will equally match up to nine (9) percent of the base salary of any employee working 20 hours a week or more (a total of 1,000 hours per year). In order to receive matching contributions an employee must participate. If an employee chooses to participate in the retirement plan, an employee will sign a payroll deduction contract. The Department will deduct the specified

amount from the employee's paycheck and send the employee's contribution to the retirement plan trustee. The employee will have 100% vested interest in the retirement plan as set forth in the SEP guidelines.

#### NOTE H-RISK MANAGEMENT

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

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

### NOTE I-ECONOMIC DEPENDENCE

Approximately 79% of total revenues of the general fund for 2023-2024 came from special fire district ad valorem taxes levied by the Town of Mills River.

#### NOTE J-EVALUATION OF SUBSEQUENT EVENTS

The Department has evaluated subsequent events through January 3, 2025, the date which the financial statements were available to be issued.

### Form 990

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

OMB No. 1545-0047 2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	ne 2023 calen	dar year,	or tax ye	ar begin	ning 7/	01	, 2023,	, and ending	6/			<b>20</b> 20		
В	Check if	f applicable:	С								D Employ	yer identifi	cation	number	
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	Tax-e	exempt status:	X 501(c)	(3)	501(c) (	) (	insert no.)	4947(a)(1) or							
J		osite: N/								` '	exemption n			****	
K		of organization:	X Corpor	ation	Trust	Association	Other	L	Year of formatio	n: 196	8 M	State of leg	al dom	icile: NC	
Pá	irt I	Summar	y												·
	1	Briefly descri	be the or	ganizatio	n's missi	on or most	significant a	ctivities:TO	PROVIDE	SUPE	RIOR F	IRE P	ROT	ECTION	<u></u>
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Ш	137						d, 11f-24e)				6,691,			1,267,	
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Page 2

Pai	rt IV Checklist of Required Schedules			
		un —	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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		Х
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.			
a	a 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	
k	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
c	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
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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
1 <b>2</b> a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
ŀ	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
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>X</u> .
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	OF CORP. I. I. C. C. Lucian and a contributions on Bort VIII	18	Х	
19	the second of th	19		Х
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
1	<b>b</b> 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	21		X

ı uı	tre officerist of frequites continues		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
Ь	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		y % ····
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? If "Yes," complete Schedule L, Part II	26		Х
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		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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	Х	
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			No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		باروا	1989
k	n Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2023)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No-2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... 2a 31 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0..... 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?... 5h c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?.... 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ solicit any contributions that were not tax deductible as charitable contributions? ..... 6a b |f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6h not tax deductible?..... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7a services provided to the payor?..... b If "Yes," did the organization notify the donor of the value of the goods or services provided?..... c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7c Form 8282?..... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7e X 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... Sponsoring organizations maintaining donor advised funds. a 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: a Initiation fees and capital contributions included on Part VIII, line 12..... **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 11 Section 501(c)(12) organizations. Enter: **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year..... | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... c Enter the amount of reserves on hand ...... X 1**4**a 14a Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... If "Yes." complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would 17 result in the imposition of an excise tax under section 4951, 4952, or 4953?.....

If "Yes," complete Form 6069.

Par	a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	nges	on	_								
	Check if Schedule O contains a response or note to any line in this Part VI		5.5	- Δ								
Sec	tion 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											
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? SEE SCHEDULE O	2	X									
3	of officers, directors, trustees, or key employees to a management company or other person?											
4	4 Did the organization make any significant changes to its governing documents											
	since the prior Form 990 was filed?4											
6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders? SEE. SCHEDULE. Q.	5 6	Х	·X								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . SEE . SCHEDULE. O	<b>7</b> a	Х									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	521 2 3										
a b	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b	X									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)								
			Yes	No								
	Did the organization have local chapters, branches, or affiliates?	10a		X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1 <b>0</b> b										
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	-								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		37	250								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done SEE SCHEDULE 0	12c	X	77A' W								
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?			No. of								
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X								
a	The organization's CEO, Executive Director, or top management official	15b	X	-,,								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	135										
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	3)s on	ly)								
	Own website Another's website X Upon request Other (explain on Schedule O)	ble to										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year.  SEE SCHEDULE O  State the name, address, and telephone number of the person who possesses the organization's books and records.	inie (0										
20												
BAA	JERRY MOORE 4 TEEA0106L 08/23/23	Form	990	(2023)								

D 1 2 /61	Compensation of Officers,	Divontova	Turnetana	Kan Employees	Highoct	Composested	Employees	and
Part VIII	Compensation of Utilicers	Directors.	Trustees.	nev emblovees.	niuliesi	Collinelizaten	Filibiolecs,	anu
I CILL A III	Outiperisation of Officers,	D110000,	,	,,,				
	lle de i en de mà Cambra abarra							
	Independent Contractors							

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	hox.	unle:	ss oe	ition more rson	than one a both a elis both a elis both a elis for frusted employee	n Reportable ) compensation from	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JOHN BENJAMIN	2						0.	0.	0.
MEMBER	0	X					0.	0.	0.
(2) JASON DAVIS VICE CHAIRMAN	2	Х		Х			0.	0.	0.
(3) BRIAN COX	2								
MEMBER	0	X					0.	0.	0.
(4) TONY CORN	2							_	
MEMBER	0	X					0.	0.	0.
(5) JOSH ISRAEL	2								
MEMBER	0	X					0.	0.	0.
(6) GARY LIVINGSTON	2								
MEMBER	0	X	_	Х			0.	0.	0.
(7) FRED EDWARDS	2								
SECRETARY	0	X	_	Х			0.	0.	0.
(8) JERRY MOORE	2								_
CHAIRMAN	0	X	-	X	-	-	0.	0.	0.
(9)									
(10)									- 111
(11)									
(12)									
(13)			-		-				
			L						
<u>(14)</u>									200

Part VII Section A. Officers, Directors, 1rt	istees,	rey			oye C)	es,	anc	a righest con	iperisateu Linp	loyees (commuea)
(A)	(B)	(do	not c			than o	nne	(D)	(E)	(F)
Name and title	Average	box,	unle: er an	ss pe	rson	is both or/trust	n an 📗	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (list any hours for	Indiv	Insti	Officer	Key	High	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related
	related organiza-	/idual	tution	ĔĘ	Key employee	loyee	PEF			organizations
	tions below dotted	Individual trustee or director	Institutional trustee		оуее	mpe				
	line)	8	stee			Highest compensated employee				
(15)										
(16)										
(17)										
(18)										Photograp
(19)										
(20)			_							
		1		_						
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal		255.53						0.	0.	
c Total from continuation sheets to Part VII, Secti								0.	0.	0.
d Total (add lines 1b and 1c)	to those I	isted	abo	ve)	who	recei	ived			
from the organization 0										Yes No
3 Did the organization list any former officer, direct	tor, truste	ee, ke	еу е	mpl	oye	e, or	high	hest compensated	l employee	3 X
on line 1a? If "Yes,"complete Schedule J for suc	ch individu	ıal								3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual	reportabler than \$1	150,0	mp 00?	ensa If "	Yes	," co	mple	ete Schedule J fo	r	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	e compet	nsatio	nn fi	rom	anv	unre	elate	ed organization or	individual	
Section B. Independent Contractors										
Complete this table for your five highest comper compensation from the organization. Report comper	nsated ind Isation for	the c	ider aler	nt co ndar	ntra yea	ctors r end	s tha ing v	at received more t with or within the or	han \$100,000 of ganization's tax yea	
(A) Name and business add	lress							Description	) of services	(C) Compensation
9										
2 Total number of independent contractors (including		ited t	to th	ose	liste	d abo	ove)	who received more	than	
\$100,000 of compensation from the organization	0	TEEA	.0108	L 08/	/23/23	3			fig.	Form <b>990</b> (2023

ran	VII	Check if Schedul			a resn	onse or note to any	v line in this Part V	H <sub>est</sub>	**************************************	
		Shook ii Soneddi		30.110110	,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
หู้ ห	1a	Federated campaig	ns		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues.			1b					
5 2	С	Fundraising events		0300300	1c					
ar A	d	Related organization	ns.		1d					La
imil		Government grants (conf			1e	130,000.				
tion er S	f	All other contributions, g similar amounts not incl			1f	2,899.				
	а	Noncash contributions in				۷,055.				
orth nd (	•	lines 1a-1f			1g			13.4 75.5		
	h	Total. Add lines 1a	-1f			Business Code	132,899.			
Program Service Revenue	22	MTITC DTUED				Busiliess Code	2,421,053.	2,421,053.		
eve		MILLS_RIVER HENDERSON CO	 יזאדור				312,435.	312,435.		
S E		FLETCHER	70 III.	<del></del>			23,988.	23,988.		
θľζ		FEDERAL LANI		OVERAG	E		20,000.	20,000.		
Š		NC STATE OWN					2,158.	2,158.		
grar		All other program s					, =			
P.	g	Total. Add lines 2a	-2f				2,779,634			Butter all the
	3	Investment income (	inclu	ding divid	ends, ii	nterest, and	F0 060	F2 060		
	,	other similar amou	,				53,260.	53,260.		
	4	Royalties								
	5	Noyaines	-	(i) R		(ii) Personal		Walter Street		N. B. C. SULLAND
	62	Gross rents	6a	(5)						
		Less: rental expenses	6b							
		Rental income or (loss)	_							
1		Net rental income	-	oss)	171,171,171					
	7a Gross amount from (i) Securities			(ii) Other						
	, ,	sales of assets								
	b	other than inventory Less: cost or other basis								
		and sales expenses	7b							
	L	Gain or (loss)	7с							Curana
	-	Net gain or (loss).				# 4(A) A(A) #0(C)(C)C	Personal State of the State of	O FORENESS NO.	nunea escalable	
Ş.	8a	Gross income from fund	Iraisin	ig events						
/en		(not including \$ of contributions reported	d on li	ine 1c).						1 2 4 5 5 6 7 6 7
Other Revenue		See Part IV, line 18			8	a 49,707.				
<u>a</u>	ь	Less: direct expens			8					THE BUILDING
된		Net income or (los			aising		46,978.			
-	9a	Gross income from gam See Part IV, line 19			9	а				
	Ь	Less: direct expen			9					
		Net income or (los			ng acti	vities.				
	1								SPECTORS.	
		Gross sales of inventory returns and allowances			-	)a				
		Less: cost of good			20	)b			NAMES OF A LO	
	С	Net income or (los	s) fr	om sales	of inve				Division in the same	NEW TOTAL STREET
23	11					Business Code	20 760	29,769.		
Miscellaneous Revenue	11a b c d	MISCELLANEO					29,769. 28,960.	28,960.		
ig G	م ا	SALES TAX R RELIEF FUND		התתק" – "			14,067.	14,067.		
Re S	4	RELIEF FUND.		- <del></del>			14,007.	11,007.		
Σ		Total. Add lines 1				(10.00) 90 90 90 90 90 90 90 90 90 90 90 90 90	72,796.			
-	_	Total revenue, Ser					3,085,567.	2,905,690.	0.	0

	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a re				., X
	ot include amounts reported on lines o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
. (	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> (	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
3 (	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				Roll of the state
5 (	Compensation of current officers, directors, rustees, and key employees	0.	0.	0.	0.
٠,	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described n section 4958(c)(3)(B)	0.	0.	0.	0.
	Other salaries and wages	619,498.	577,263.	42,235.	
8 F	Pension plan accruals and contributions (include section 401(k) and 403(b)				
	employer contributions)	20,092.	17,980.	2,112. 13,024.	
	Other employee benefits	67,839. 48,233.	54,815. 45,002.	3, 231.	
	Fees for services (nonemployees):	48,233.	45,002.	3,231.	
	Management				
	_egal				
	Accounting.	10,418.		10,418.	
	_obbying	10,410.		10/110.	
	Professional fundraising services. See Part IV, line 17.				
	nvestment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)				
	Advertising and promotion	8,294.		8,294.	
	Office expenses	0,294.		0,234.	
	Information technology				
	Occupancy	125,523.	112,287.	13,236.	
	Travel	120,020.	110,007.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings.				
	Interest	199,364.	199,364.		
	Depreciation, depletion, and amortization	347,269.	347,269.		
	Insurance	79,568.	79,568.		
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	VEHICLE REPAIRS/MAINTENANCE	65,750.	65,750.		
	TURNOUT GEAR	62,307.	62,307.		
	FIREFIGHTING EXPENSES	48,696.	48,696.		
d	VOLUNTEER PROGRAM EXPENSES	45,302.		45,302.	
	All other expensesSEE.SCHO	274,925.	199,304.	75,621.	
25	Total functional expenses. Add lines 1 through 24e	2,023,078.	1,809,605.	213,473.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following				
	SOP 98-2 (ASC 958-720)	TEEA0110L 08			Form <b>990</b> (2023)

Page 11 \*Form 990 (2023) MILLS RIVER FIRE & RESCUE, INC. Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X...... **(B)** End of year (A) Beginning of year 1 2,786,340. 2,314,641 Cash — non-interest-bearing..... 2 Savings and temporary cash investments . . . . 439,900. 2 3 Pledges and grants receivable, net ..... 4 28,014 Accounts receivable, net ..... 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons............ 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net ..... 8 Assets Inventories for sale or use. 9 Prepaid expenses and deferred charges..... Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 16,416,586. 10b 10c 12,063,674 **b** Less: accumulated depreciation..... 4,352,912. 17,704,244 11 Investments — publicly traded securities..... 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11.... 13 14 Intangible assets ..... 14 15 Other assets. See Part IV, line 11.... 15 Total assets. Add lines 1 through 15 (must equal line 33)..... 16 14,878,028. 20,458,785. 16 Accounts payable and accrued expenses. 17 47,823 17 18 Grants payable..... 18 19 Deferred revenue..... 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to any current or former officer, director, trustee, 22 22 23 7,330,648 Secured mortgages and notes payable to unrelated third parties..... 7,596,976. 24 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 26 7,378,472 Total liabilities. Add lines 17 through 25..... 7,596,976 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions.... 27 28 Net assets with donor restrictions..... Fund X Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ö Capital stock or trust principal, or current funds..... 12,861,809. 29 7,499,556.

BAA

Net Assets

29

30

31

32

33

TEEA0111L 08/23/23

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

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

Total net assets or fund balances.....

14,878,028. Form 990 (2023)

7,499,556.

30

31

32

33

12,861,809

20,458,785

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_	990 (2023) MILLS RIVER FIRE & RESCUE, INC.				3- 1-
Par	t XI Reconciliation of Net Assets				V
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		85,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		62,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	12,8	61,8	309.
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).  SEE SCHEDULE O	9	-6,4	24,7	142.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		7 4	00 [	
_	column (B))	10	1,4	99,5	56.
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: X Cash 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			
	Were the organization's financial statements audited by an independent accountant?		2b		Х
b					lintes.
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	ate			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		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 audits, explain why on Schedule O and describe any steps taken to undergo such audits	lit 	3b		
BAA	TEC. 101101 00/03/03		Forn	n <b>990</b>	(2023)

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

lame (	of the	e organization					Employer identifica	tion number
MIL	LS	RIVER FIRE & RESCU	JE, INC.					
Par	1	Reason for Public Cha	rity Status. (All o	rganizations must	comple	te this	part.) See instruc	tions.
he o	rga	nization is not a private found	lation because it is: (l	For lines 1 through 12,	check or	ly one	box.)	
1		A church, convention of church	es, or association of ch	nurches described in <b>sect</b>	ion 170(b	)(1)(A)(i	).	
2		A school described in section	n <b>170(b)(1)(A)(ii)</b> . (Att	ach Schedule E (Form	990).)			
3	Н	A hospital or a cooperative h	ospital service organi	ization described in sec	tion 170	(b)(1)(A	)(iii).	
4		A medical research organizat	tion operated in conju	unction with a hospital o	described	in sec	tion 1 <b>70(b)(1)(A)(iii</b> ). Er	nter the hospital's
		name, city, and state:						***
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or opera	ted by	a governmental unit de	scribed in
6	Г	A federal, state, or local gove		ntal unit described in <b>s</b>	ection 17	70(b)(1)	(A)(v).	
7	X	An organization that normally r in <b>section 170(b)(1)(A)(vi).</b> (0	eceives a substantial p Complete Part II.)	eart of its support from a	governme	ntal unit	t or from the general pub	lic described
8		A community trust described		<b>A)(vi).</b> (Complete Part I	l.)			
9		An agricultural research organi: or university or a non-land-grar	zation described in <b>sec</b> nt college of agriculture	tion 170(b)(1)(A)(ix) operations). Enter	ated in co the name	njunctio e, city, a	n with a land-grant college on the college o	ge r
10	Г						utions membership for	se and gross receipts
10	L_	An organization that normally from activities related to its investment income and unrely June 30, 1975. See section 5	exempt functions, sub lated business taxabl <b>509(a)(2).</b> (Complete l	oject to certain exception e income (less section Part III.)	ns; and ( 511 tax)	(2) no n from bi	nore than 33-1/3% of its usinesses acquired by t	s support from gross
<b>1</b> 1		An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	509(a)(4).	
12		An organization organized ar or more publicly supported o lines 12a through 12d that de	rganizations describe escribes the type of s	ed in <b>section 509(a)(1)</b> o upporting organization	or <b>section</b> and com	n 509(a) plete lir	( <b>2).</b> See <b>section 509</b> (a) nes 12e, 12f, and 12g.	(3). Check the box on
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise	d or controlled by its sur	norted or	nanizati	on(s) typically by giving	the supported n. <b>You must</b>
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	zation supervised or coorganization vested in ions A and C.	the same persons that co	ontrol or i	manage	the supported organizati	on(s). Tou
С		Type III functionally integrated organization(s) (see instructi	. A supporting organizations). You must com	tion operated in connection plete Part IV, Sections	n with, an <b>A, D, anc</b>	d functio I <b>E.</b>	onally integrated with, its s	supported
d		Type III non-functionally integrated. The constructions). You must com	rated. A supporting org	janization operated in cor	nection v	vith its s	supported organization(s) t and an attentiveness	that is not requirement (see
е		Chack this boy if the organiz	ation received a writt	en determination from	the IRS t	hat it is	a Type I, Type II, Type	e III functionally
	Ξ	integrated, or Type III non-fu	inctionally integrated	supporting organization	١.			
t	E	nter the number of supported	organizations	d organization(s)			(SE)	
g		rovide the following informatio		(iii) Type of organization	(iv) Is	tha	(v) Amount of monetary	(vi) Amount of other
	(I) N	ame of supported organization	(ii) EIN	(described on lines 1-10 above (see instructions))	organizati in your go docum	on listed overning		support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(~)	-							
(E)								
Tota	ı				3,77			

## 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	tion A. Public Support						
begiı	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,575.	10,940.	1,515.	21,445.	132,899.	172,374.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,733,500.	1,969,444.	2,121,568.	2,160,435.	2,779,634.	10,764,581.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	1,739,075.	1,980,384.	2,123,083.	2,181,880.	2,912,533.	0.
6	Public support. Subtract line 5 from line 4						10,936,955.
Sec	tion B. Total Support						
Cale: begi:	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total .
7	Amounts from line 4	1,739,075.	1,980,384.	2,123,083.	2,181,880.	2,912,533.	10,936,955.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	357.	115.	1,382.	1,522.	53,260.	56,636.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						_0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	73,256.	66,138.	159,472.	6,865,640.	119,774.	7,284,280.
	Total support. Add lines 7 through 10						18,277,871.
12	Gross receipts from related activ	rities, etc. (see in	structions)	£		12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organizati	on's first, second	, third, fourth, or f	ifth tax year as a		* * * * * * * * * * * * * * * * * * * *
Sec	tion C. Computation of Pu	blic Support P	Percentage				
14	Public support percentage for 20	)23 (line 6, colum	n (f), divided by li	ine 11, column (f)	)	14	59.84 %
	Public support percentage from						55.83 %
	33-1/3% support test—2023. If t and stop here. The organization	qualifies as a pu	blicly supported o	organization			X
	33-1/3% support test—2022. If the and stop here. The organization	qualifies as a pu	blicly supported o	organization			inanananini
	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a -and-circumstanc	end-circumstances es test. The organ	s test, check this nization qualifies	box and <b>stop ner</b> as a publicly supp	oorted organizatio	n
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances t	and-circumstances est. The organiza	s test, check this tion qualifies as a	box and <b>stop ner</b> publicly supporte	e. Explain in Part ed organization	Vi now the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th		structions

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	tion A. Public Support						,
Calend	lar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
·	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  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					1	
¢	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				T	4 2 2222	(O.T.)
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	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)(3	
Sec	tion C. Computation of Pu	blic Support F	ercentage	12	2)	45	96
15	Public support percentage for 20						
16	Public support percentage from						5
Sec	tion D. Computation of Inv	estment Inco	me Percentag	e	(D)	143	0,
17	Investment income percentage f	or <b>2023</b> (line 10c	, column (f), divid	led by line 13, co	lumn (f))	17	
18	Investment income percentage f	rom <b>2022</b> Schedu	ıle A, Part III, line	9 17			
	33-1/3% support tests—2023. If is not more than 33-1/3%, check	< this box and <b>sto</b>	<b>p here.</b> The orga	nization qualifies	as a publicly supp	orted organizati	Office Control of the
	<b>33-1/3% support tests—2022.</b> If line 18 is not more than 33-1/3%	6, check this box	and <b>stop here.</b> Th	ne organization q	ualifies as a public	ly supported org	ganization
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b,	CHECK (HIS DOX AND	see instruction	S

Part IV Supporting Organizations

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

Sec	tion A. All Supporting Organizations			1000
-	Mon 7th 7th ouppointing organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	575	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		32 1
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		i a
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ŀ	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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 <b>Part VI</b> .	6		
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).	7		
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).	8		
98	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
ı	<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		/550.55
•	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.	9с		
10:	a 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.	10a	li logic	
l	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.)	10b		

	edule A (Form 990) 2023 MILLS RIVER FIRE & RESCUE, INC.			age 3
Par	rt IV Supporting Organizations (continued)	_		N.
11	Has the organization accepted a gift or contribution from any of the following persons?	-	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the governing body of a supported organization?	l1a		
b	A family member of a person described on line 11a above?	11b	No. I	10.57
С	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	during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		2001	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V	Ma
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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
i	The organization satisfied the Activities Test. Complete line 2 below.			
1	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	$\overline{\mathbf{c}}$ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	nstru	iction.	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the	TN.	MILL	
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	T.		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	За	Name of the last	CAND
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		1946

Schedule A (Form 990) 2023

BAA

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No ns must	v. 20, 1970 (explain ir complete Sections A	n Part VI). <b>See</b> 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		
Sec	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		
Ŀ	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
- 0	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		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	garalis den sind	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continue	ed)	
Sec	tion D — Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organization	s,	2	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide		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 <b>Part VI</b> ). See instructions.	n 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)	ons	(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 <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2023			10 5 4	
а	From 2018.				
b	From 2019				
C	From 2020			100	
C	From 2021				
•	From 2022				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
ŀ	Applied to 2023 distributable amount			B-Ad	
	i Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		The section	No.	
4	Distributions for 2023 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.			VPSS.	
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . 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.		Alles Brus		ion this is a serious
8	Breakdown of line 7:			11 (80)	
- 7	Excess from 2019			200	
	Excess from 2020	behalisabile a	d meats so of t	28	
- (	Excess from 2021			200	
	Excess from 2022			PER ST	

e Excess from 2023......

Schedule A (Form 990) 2023

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	<u> </u>	2020	_	2019
FUNDRAISING MISCELLANEOUS PROCEEDS FROM BORROWING	\$ 46,978. 29,769.	·	46,228. 469. 814,826.	\$	42,266. 79,756.	\$	39,585. 14,353.	\$	26,619 46,637.
SALE OF ASSETS	00 000		004,117.		26,000.		12,200.		
SALES TAX REFUNDS	28,960				11 / [0				
RELIEF FUND TOTAL	\$ 14,067. 119,774.	\$6,	865,640.	\$	11,450. 159,472.	\$	66,138.	\$	73,256.

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2023

Open to Public Inspection
Employer identification number

Name of the organization

MTT.	LS RIVER FIRE & RESCUE, INC.		
Par		unds or Other Similar on Form 990. Part IV.	Funds or Accounts line 6.
		nor advised funds	(b) Funds and other accounts
1	Total number at end of year	TOT CENTSOE TETTES	(a) · and and and
2	A corporate value of contributions to (during year)		
3	A severate value of events from (during year)		
⊿	Aggregate value at end of year		
	(1	ting that the ecoets hold in	deper advised funds
5	Did the organization inform all donors and donor advisors in writer are the organization's property, subject to the organization's except to the organization of the o	clusive legal control?	Tes No
6	Did the organization inform all grantees, donors, and donor advisor charitable purposes and not for the benefit of the donor or do impermissible private benefit?	onor advisor, or for any other	er burbose contenting
Par	Complete if the organization answered "Yes"		line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation or ec	· L_	ation of a historically important land area
	Protection of natural habitat	Preserva	ation of a certified historic structure
	Preservation of open space		
2		servation contribution in the fo	orm of a conservation easement on the
	last day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		1000
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic struction		
C	Number of conservation easements included on line 2c acquired a historic structure listed in the National Register		., 20
3	Number of conservation easements modified, transferred, released, etax year		the organization during the
4	Number of states where property subject to conservation easem	nent is located	
5	Does the organization have a written policy regarding the period and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing o	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	riolations, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line 2d above sa and section 170(h)(4)(B)(ii)?	atisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.	easements in its revenue a n's financial statements that	and expense statement and balance sheet, and the describes the organization's accounting for
Pai	Organizations Maintaining Collections of Ar Complete if the organization answered "Yes"	t, Historical Treasures on Form 990, Part IV,	s, or Other Similar Assets line 8.
1a	If the organization elected, as permitted under FASB ASC 958, historical treasures, or other similar assets held for public exhib Part XIII the text of the footnote to its financial statements that	ition, education, or research	statement and balance sheet works of art, n in furtherance of public service, provide in
ŀ	If the organization elected, as permitted under FASB ASC 958, historical treasures, or other similar assets held for public exhibition, following amounts relating to these items.	education, or research in furt	inerance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1		٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
	If the organization received or held works of art, historical treasures, amounts required to be reported under FASB ASC 958 relating	or other similar assets for fin to these items.	ancial gain, provide the following
	Revenue included on Form 990, Part VIII, line 1		\$ 
L	Assets included in Form 990 Part X		

Schedule D' (Form 990) 2023 MILLS Part III Organizations Maint	RIVER FIRE	& RESCUE, I	INC. torical Treasures.	or Other Similar As	ssets (		Page 2
3 Using the organization's acquisition, items (check all that apply).	accession, and other		ny of the following that moor exchange program	ake significant use of its	conection		
a Public exhibition		- H	or exchange program				
b Scholarly research	.liama	e Other					
c Preservation for future genera		بروطة بنيوط متوامييو لد	further the ergenization's	avamnt nurnaca in			
4 Provide a description of the organizar							
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintaine	d as part of the o	rganization's collection	?	Yes		No
Part IV Escrow and Custodi Complete if the orga Form 990, Part X, lin	nization änswer ne 21	red "Yes" on F			n amoi	unt or	1
1a to the organization an agent trust	tee custodian or o	other intermediary	for contributions or oth	er assets not included	Yes	Г	No
on Form 990, Part X?b If "Yes," explain the arrangement in						L	7110
b if "Yes," explain the arrangement in	Part Alli allu compi	ete the following ta	uic.		Amount		
c Beginning balance							
d Additions during the year			www.com.com.com.com.com.com.com.com.com.com	1d			
e Distributions during the year							
f Ending balance							
2a Did the organization include an ar	mount on Form 990	Part X line 21	for escrow or custodial	account liability?	Yes		No
<b>b</b> If "Yes," explain the arrangement	in Part XIII. Check	here if the expla	nation has been provide	ed in Part XIII.			1
b ii res, explain the arrangement	mir are zame oneo.						=
Part V Endowment Funds Complete if the orga	nization answei	red "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) Fo	our years	s back
1a Beginning of year balance	(a) our, one your	(a)	,,,,,				
<b>b</b> Contributions							
c Net investment earnings, gains,							
and losses  d Grants or scholarships		1					
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>q</b> End of year balance							
2 Provide the estimated percentage	of the current year	r end balance (lin	ie 1g, column (a)) held	as:			
a Board designated or quasi-endow	rment	િ					
<b>b</b> Permanent endowment	ે	,					
c Term endowment	%						
The percentages on lines 2a, 2b, ar	nd 2c should equal 1	00%.					
3a Are there endowment funds not in the	ne nossession of the	organization that a	are held and administered	I for the	-		
organization by:					_	Yes	No
(i) Unrelated organizations?					3a(i)		
(ii) Related organizations?					. 3a(ii)		
<b>b</b> If "Yes" on line 3a(ii), are the rela	ated organizations	listed as required	on Schedule R?		3b		
4 Describe in Part XIII the intended	l uses of the organ	ization's endowm	ent funds.				
Part VI Land, Buildings, and	d Equipment						
Complete if the organization	on answered "Yes"	on Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.			
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1a Land	. 10101010101		1,110,000.		1	,110	,000.
<b>b</b> Buildings			11,448,348.	749,749.	10	,698	,599.
c Leasehold improvements							
d Equipment			3,831,674.	3,587,225.		244	,449.
<b>e</b> Other			26,564.	15,938.		10	,626.
Total. Add lines 1a through 1e. (Column		orm 990, Part X,			12	,063	,674.
BAA				Sched	lule D (Fo		

Part VII	Investments -				
(a) Descri	otion of security or cated	ganization answered fes on ory (including name of security)	(b) Book value	11b. See Form 990, Part X, line	st or end-of-year market value
			(4, 222	(-)	
		S			
3) Other	mora oquity into oot				
(A)					
<u>(B)</u> — — — —					
<u>(C)</u>					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
		90, Part X, line 12, column (B))			
Part VIII	Investments -	- Program Related	Farm 000 Bort IV line	N/A 11c. See Form 990, Part X, line	12
	(a) Description of i	ganization answered "Yes" on	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
	(a) Description of	nvestment	(b) book value	(c) Method of Valuation, cos	t or one or your manner value
(1)					
(2)					
(3)					
(4)					
(5) (6)					
(7)					
(/)					
(8)					
(8)					
(9)					
(9) (10)	nn (b) must equal Form 9	90, Part X, line 13, column (B))			
(9) (10)	Other Assets		N/I	A 111 O. France 2020 Post V. lice	TE STATE OF THE ST
(9) (10) <b>Total</b> . (Colun	Other Assets	qanization answered "Yes" on	Form 990, Part IV, line	A e 11d. See Form 990, Part X, line	e 15. <b>(b)</b> Book value
(9) (10) Total. (Colun Part IX	Other Assets	qanization answered "Yes" on	N/I Form 990, Part IV, line scription	A e 11d. See Form 990, Part X, line	e 15. <b>(b)</b> Book value
(9) (10) Total. (Colum Part IX	Other Assets	qanization answered "Yes" on	Form 990, Part IV, line	A e 11d. See Form 990, Part X, line	e 15. <b>(b)</b> Book value
(9) (10) Total. (Colum Part IX (1) (2)	Other Assets	qanization answered "Yes" on	Form 990, Part IV, line	A e 11d. See Form 990, Part X, line	e 15. <b>(b)</b> Book value
(9) (10) Total. (Colum Part IX (1) (2) (3)	Other Assets	qanization answered "Yes" on	Form 990, Part IV, line	A e 11d. See Form 990, Part X, line	e 15. <b>(b)</b> Book value
(9) (10) Total. (Colum Part IX (1) (2) (3) (4) (5)	Other Assets	qanization answered "Yes" on	Form 990, Part IV, line	A e 11d. See Form 990, Part X, line	e 15. <b>(b)</b> Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6)	Other Assets	qanization answered "Yes" on	Form 990, Part IV, line	A e 11d. See Form 990, Part X, line	e 15. (b) Book value
(9) (10) Total. (Column (Colum	Other Assets	qanization answered "Yes" on	Form 990, Part IV, line	A e 11d. See Form 990, Part X, line	e 15. (b) Book value
(9) (10) Total. (Column (1)) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets	qanization answered "Yes" on	Form 990, Part IV, line	A e 11d. See Form 990, Part X, line	e 15. (b) Book value
(9) (10) Total. (Column (1)) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets	qanization answered "Yes" on	Form 990, Part IV, line	A e 11d. See Form 990, Part X, line	e 15. (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets Complete if the or	ganization answered "Yes" on (a) De	I Form 990, Part IV, line scription	e 11d. See Form 990, Part X, line	e 15. (b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column	Other Assets Complete if the or  umn (b) must equa	ganization answered "Yes" on (a) De	Form 990, Part IV, line scription	e 11d. See Form 990, Part X, line	(b) Book value
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets Complete if the or  umn (b) must equa	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Scolumn (B))	e 11d. See Form 990, Part X, line	X, line 25.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X  1.	Other Assets Complete if the or  umn (b) must equal Other Liabiliti Complete if the or	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Form 990, Part IV, line scription	e 11d. See Form 990, Part X, line	(b) Book value
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(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Feder (2) ROU	Other Assets Complete if the or  umn (b) must equal Other Liabiliti Complete if the or ral income taxes	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Scolumn (B))	e 11d. See Form 990, Part X, line	X, line 25.
(9) (10) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column Part X  1. (1) Feder (2) ROUI (3)	Other Assets Complete if the or  umn (b) must equal Other Liabiliti Complete if the or ral income taxes	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Scolumn (B))	e 11d. See Form 990, Part X, line	X, line 25.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Feder (2) ROUI (3) (4)	Other Assets Complete if the or  umn (b) must equal Other Liabiliti Complete if the or ral income taxes	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Scolumn (B))	e 11d. See Form 990, Part X, line	X, line 25.
(9) (10) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column Part X  1. (1) Feder (2) ROUI (3) (4) (5)	Other Assets Complete if the or  umn (b) must equal Other Liabiliti Complete if the or ral income taxes	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Scolumn (B))	e 11d. See Form 990, Part X, line	X, line 25.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Feder (2) ROUI (3) (4)	Other Assets Complete if the or  umn (b) must equal Other Liabiliti Complete if the or ral income taxes	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Scolumn (B))	e 11d. See Form 990, Part X, line	X, line 25.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Feder (2) ROUI (3) (4) (5) (6)	Other Assets Complete if the or  umn (b) must equal Other Liabiliti Complete if the or ral income taxes	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Scolumn (B))	e 11d. See Form 990, Part X, line	X, line 25.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Feder (2) ROUI (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the or  umn (b) must equal Other Liabiliti Complete if the or ral income taxes	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Scolumn (B))	e 11d. See Form 990, Part X, line	X, line 25.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Feder (2) ROUI (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets Complete if the or  umn (b) must equal Other Liabiliti Complete if the or ral income taxes	ganization answered "Yes" on (a) De  (a) Form 990, Part X, line 15, coies  ganization answered "Yes" or	Scolumn (B))	e 11d. See Form 990, Part X, line	X, line 25.
(9) (10) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X  1. (1) Feder (2) ROUI (3) (4) (5) (6) (7) (8) (9) (10) (11)	Other Assets Complete if the or  umn (b) must equa. Other Liabiliti Complete if the or  ral income taxes NDING	rganization answered "Yes" on (a) De  I Form 990, Part X, line 15, coies rganization answered "Yes" or (a) Descr	column (B))	e 11d. See Form 990, Part X, line	X, line 25.  (b) Book value

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Schedule D. (Form 990) 2023	MTTTC	DIVED	TTDT	۲.	DESCITE	TNC
Schledille I) (Form 990) 2023	MI LILS	RIVER	LIKE	Δz	KESCUE.	TINC.

Part )	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	turn N/A
	Complete if the organization answered "Yes" on Form 990, F		
1 To	otal revenue, gains, and other support per audited financial statements.		1
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:	li di	
a N	et unrealized gains (losses) on investments.	2a	
<b>b</b> D	onated services and use of facilities.	2b	
сR	ecoveries of prior year grants	2c	33.4
<b>d</b> O	other (Describe in Part XIII.)	2d	
e A	dd lines 2a through 2d		2e
<b>3</b> S	ubtract line 2e from line 1		3
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:		<b>关</b>
	ovestment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> 0	other (Describe in Part XIII.)	4b	
сА	dd lines <b>4a</b> and <b>4b</b>		4c
5 T	otal revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.).		5
Part )		nts With Expenses per F	Return N/A
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
1 T	otal expenses and losses per audited financial statements	***********	1
	mounts included on line 1 but not on Form 990, Part IX, line 25:		
	onated services and use of facilities.	2a	
<b>b</b> P	rior year adjustments	2b	
	Other losses	2c	
<b>d</b> O	Other (Describe in Part XIII.)	2d	
e A	dd lines 2a through 2d	vaaggressag.s.g.g.gesagssy	2e
<b>3</b> S	Subtract line <b>2e</b> from line <b>1</b>		3
	mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b.	4a	
	Other (Describe in Part XIII.)		
	dd lines 4a and 4b		4c
<b>5</b> T	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
D 13	XIII Supplemental Information		

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

### SCHEDULE G (Form 990)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

partment of the Treasury Ernal Revenue Service  Go	to www.irs.go	ov/Form99	0 for instru	uctions and the latest i	information.	Open to Public Inspection
me of the organization					Employer identific	ation number
ILLS RIVER FIRE & RESCU	E, INC.		( 10) ( 11	5 000 D-18/ E	1.7	
art I Fundraising Activities. Comple	equired to comp	olete this p	art.			
1 Indicate whether the organization	raised funds th	rough any	of the follo			
a X Mail solicitations			e	Solicitation of non-	-	
h Internet and email solicitation	S		t	Solicitation of gove X Special fundraising		
c Phone solicitations			g	X Special fundraising	j events	
<b>d</b> In-person solicitations <b>2 a</b> Did the organization have a written of	r oral agraemer	at with any	individual (i	ncluding officers directo	irs trustees or kev	
employees listed in Form 990, Pa	rt VII) or entity	in connec	tion with pi	rofessional fundraising	services!	Yes X No
b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the	viduals or entitie ne organization	s (fundrais	ers) pursuar	nt to agreements under v	which the fundraiser is to	be
	T	T	funduning		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by) organization
			ibutions?		column (i)	organization
_		Yes	No			
1						
2						
3						
_						
4						
5						
6						
7						
8						
9						
0						
otal			secure po			0
3 List all states in which the organizat	ion is registered	or license	d to solicit o	contributions or has been	notified it is exempt from	
or licensing.	ŭ					

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

ne		and our risk over the man gives a re-	(a) Event #1  LETTER DRIVE (event type)	(b) Event #2 FLOWERS (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))		
Revenue	1	Gross receipts.	33,081.	16,626.		49,707.		
~	2	Less: Contributions						
	3	Gross income (line 1 minus line 2).	33,081.	16,626.		49,707.		
	4	Cash prizes	4.0					
	5	Noncash prizes.						
uses	6	Rent/facility costs.						
Direct Expenses	7	Food and beverages						
rect F	8	Entertainment						
莅	9	Other direct expenses	2,348.	381.	,	2,729.		
	10	Direct expense summary. Add lines 4 thro	ough 9 in column (d)			2,729.		
	11	Net income summary. Subtract line 10 fro	om line 3, column (d)			46,978.		
Par	t III	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, line	tion answered "Ye e 6a.	s" on Form 990, Pa	rt IV, line 19, or re	eported more		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
~	1	Gross revenue.						
ses	2	Cash prizes						
Exper	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses.		0	Yes %			
	6	Volunteer labor	Yes%	Yes %	Yes %			
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)					
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)				
ā	alstI	er the state(s) in which the organization cone organization licensed to conduct gaming	activities in each of the	nese states?				
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							

Sche	edule G (Form 990) 2023 MILLS RIVER FIRE & RESCUE, INC.		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	···· Yes	No
	Indicate the percentage of gaming activity conducted in:  a The organization's facility	la	%
2	b An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		0
14	The the hame and address of the person who property the organization organization of gammigropools.		
	Name		
	Address		<b>_</b>
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization \$ and the arcof gaming revenue retained by the third party \$  c If "Yes," enter name and address of the third party:		No
	Name		<sub>-</sub>
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	No
	organization's own exempt activities during the tax year \$	2005	
Pa	<b>Tt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, colum and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a information. See instructions.	ns (III) and ( dditional	v);

#### 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.

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

MILLS RIVER FIRE & RESCUE, INC.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

RICK LIVINGSTON AND GARY LIVINGSTON ARE BROTHERS

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

ORGANIZATION HAS VOLUNTEER MEMBERS WHO ELECT BOARD OF DIRECTORS.

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

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

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

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

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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

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

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

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

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

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	_FUNDRAISING_
BANK CHARGES	1,607	1,607.		
CELL PHONE	5,205.	5,205.		
COMMUNICATIONS	22,551.	22,551.		
COMPUTERS & SOFTWARE	19,372.	19,372.		
COPIER	1,642.		1,642	
DUES	20,113.		20,113.	
EMT SUPPLIES/EQUIPMENT	18,841.	18,841.		
FIRE EDUCATION & PREVENTION	12,123.	12,123.		
FOOD, REFRESHMENTS, & VENDING	5,195.	•	5,195.	
FUEL REIMBURSEMENT	21,957.	21,957.		
LONGEVITY INCENTIVE	26,975.	26,975.		
MANAGEMENT SOLUTIONS	2,589.	,	2,589.	

Name of the organization

MILLS RIVER FIRE & RESCUE, INC.

Employer identification number

## FORM 990, PART IX, LINE 24E (CONTINUED) OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	_FUNDRAISING
MISCELLANEOUS PERSONAL GEAR	16,073. 20,407.	20,407	16,073.	
PHYSICALS RESCUE EQUIPMENT & SUPPLIES SALES TAX PAID	9,035. 8,519. 29,497.	9,035. 8,519.	29,497.	
TELEPHONE TRAINING & EDUCATION	5,116. 8,047.	4,604 8,047 20,061.	512.	
VEHICLE FUEL TOTAL	20,061. \$ 274,925. \$	199,304.	\$ 75,621.	\$ 0.

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

INITIAL AUDIT ADJUSTMENTS AND DEPRECIATION OF ASSETS... \$ -6,424,742. TOTAL \$ -6,424,742.

## FEDERAL WORKSHEETS

PAGE 1

### MILLS RIVER FIRE & RESCUE, INC.

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

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES GRANTS REVENUE	1,809,605. 0.	0.	PART IX, LINE 25, COL. B PART IX, LINES 1-3, COL. B PART VIII, LINE 2, COL. A

## FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

PAGE 1

### MILLS RIVER FIRE & RESCUE, INC.

	2023	2022	DIFF
REVENUE CONTRIBUTIONS AND GRANTS PROGRAM SERVICE REVENUE INVESTMENT INCOME OTHER REVENUE	132,899	21,445	111,454
	2,779,634	2,160,435	619,199
	53,260	565,732	-512,472
	119,774	5,874,271	-5,754,497
TOTAL REVENUE	3,085,567	8,621,883	-5,536,316
EXPENSES SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	755,662	584,180	171,482
	1,267,416	6,691,158	-5,423,742
TOTAL EXPENSES	2,023,078	7,275,338	-5,252,260
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.	1,062,489	1,346,545	-284,056
	14,878,028	20,458,785	-5,580,757
	7,378,472	7,596,976	-218,504
	7,499,556	12,861,809	-5,362,253

### **GENERAL INFORMATION**

PAGE 1

MILLS RIVER FIRE & RESCUE, INC.

### FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH D, SCH G, SCH O, 8868

### **CARRYOVERS TO 2024**

NONE

### PREPARER E-FILE INSTRUCTIONS - FEDERAL

MILLS RIVER FIRE & RESCUE, INC.

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

### PRIOR TO TRANSMISSION OF THE RETURN

**FORM 8868** 

NO SIGNATURE IS REQUIRED WITH FORM 8868.

**EVEN RETURN** 

NO PAYMENT IS REQUIRED.

### AFTER TRANSMISSION OF THE RETURN

RECEIVE ACKNOWLEDGEMENT OF YOUR E-FILE TRANSMISSION STATUS.

WITHIN SEVERAL HOURS, ACCESS THE PROGRAM AND GET YOUR FIRST ACKNOWLEDGEMENT (ACK) THAT THE PROGRAM HAS RECEIVED YOUR TRANSMISSION FILE.

ACCESS THE PROGRAM AGAIN AFTER 24 AND THEN 48 HOURS TO RECEIVE YOUR FEDERAL ACKS.