DLN: 93493226009240 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable ELFINWILD VOLUNTEER FIRE CO ☐ Address change 25-6048717 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2807 MT ROYAL BLVD ☐ Amended return ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 160,750 F Name and address of principal officer H(a) Is this a group return for ☐Yes **☑**No subordinates? H(b) Are all subordinates ☐Yes ☐No ıncluded? Tax-exempt status 501(c)(3) 4947(a)(1) or 501(c) (4) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ L Year of formation 1932 M State of legal domicile PA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROVIDE FIRE & RESCUE SERVICES Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 52 4 52 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 125,222 109,751 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,057 29,755 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,735 20,612 162,014 160,118 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . 4,087 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 116,114 213,981 120,201 213,981 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 41,813 -53,863 Net Assets or Fund Balances Beginning of Current Year End of Year 1,783,589 2,342,322 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 497,822 22 Net assets or fund balances Subtract line 21 from line 20 . 1,783,589 1,844,500 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-05 Signature of officer Sign Here CHERYL GARBER TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-08-06 P00733679 Paid self-employed Firm's name David M Florijan CPA Inc Firm's EIN ► 87-0760206 Preparer Use Only Firm's address > 1405 Mt Royal Blvd Phone no (412) 486-8214 Glenshaw, PA 15116 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)				Page 2
Pa	nt III Statement	t of Program Service Acc	omplishments		
	Check if Sche	edule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission			
PRO\	/IDE FIRE & RESCUE !	SERVICES			
2	-		ram services during the year which		
	the prior Form 990 o	or 990-EZ?			🗌 Yes 🔲 No
		ese new services on Schedule (
3			nificant changes in how it conducts,		
					☐ Yes ☐ No
	If "Yes," describe th	ese changes on Schedule O			
4	Section 501(c)(3) ai		olishments for each of its three larg required to report the amount of gr ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program serv	ices (Describe in Schedule O)			
·u	(Expenses \$	including g	rants of \$) (Revenue \$)
4e	Total program ser			· · · · · · · · · · · · · · · · · · ·	·
<u></u>	p				Form 990 (2019)

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Nο Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . .

5 6

No No 7 Nο

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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian

8 No Nο 9

for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

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

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 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

No

Yes 11a No 11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Nο

No

Nο

No

No

Form **990** (2019)

Form	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see 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	20-		NI -
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of any material described in fine 200. If Test, complete senedate 2, Fait 19.	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Do	Statements Regarding Other IRS Filings and Tax Compliance			

-orm	940 (2014)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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 solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
"	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
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	16		No
				. (2010)

orm	990 (2019)			Page 6									
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to i	lines 🗸									
Se	ction 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 52												
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O												
b	Enter the number of voting members included in line 1a, above, who are independent 1b 52												
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No									
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .												
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No									
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No									
6	Did the organization have members or stockholders?	6	Yes										
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?	7a	Yes										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes										
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following												
а	The governing body?	8a	Yes										
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes										
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 in Schedule O	9		No									
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)										
			Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a		No									
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b											
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes										
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes										
13	Did the organization have a written whistleblower policy?	13	Yes										
14	Did the organization have a written document retention and destruction policy?	14	Yes										
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?												
а	The organization's CEO, Executive Director, or top management official	15a	Yes										
b	Other officers or key employees of the organization	15b	Yes										
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No									
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											

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records •CHERYL GARBER 1019 OLGETHORPE AVENUE PITTSBURGH, PA 15201 (412) 486-2843

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Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or 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 instructions for the order in which to list the persons above

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (A) (F) (B) (D) (E) Name and title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation compensation amount of other hours per week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the (W-2/1099-(W-2/1099for related organization and Officer Highest compensatemployee indrwdual trustee or director organizations MISC) MISC) related In stitutional below dotted organizations emplo: line) .00 Trustee 5 00 (1) CRAIG PEARSON Х 0 PRESIDENT 0 00 5 00 (2) CHERYL GARBER Х 0 TREASURER 0 00 5 00 (3) TIM GIZZI Х 0 0 VICE PRESIDENT 0.00 5 00 (4) DEBORAH LANG Х 0 0 ASST TREASURER 0 00 5.00 (5) CRAIG BETTINELLI O Χ 0 SECRETARY 0 00

Form 990 (2019)					Page 8									
Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related									

organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations

1b Sub-Total						

1b Sub-Total			٠.			>					•	
c Total from continuation sheets to Pa	art VII, Section	Α.				▶[
d Total (add lines 1b and 1c)						>		0		0		

1b Sub-Total										

1b Sub-Total	 	Щ.	Щ.	•			<u>.</u>	
c Total from continuation sheets to Pa	-	-	_	•				
d Total (add lines 1b and 1c)	 			▶	0	0		0

d ·	Total (add lines 1b and 1c)	0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0	

	or reportable compensation from the organization > 0				
			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the				

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Nο

Νo

(C)

Compensation

Form **990** (2019)

5

(B)

Description of services

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

5

Section B. Independent Contractors

compensation from the organization >

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

ı aıı					respo	onse or note to any l	ine in this Part VIII			<u> 🗆</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
, s	1:	Federated campa	aigns		1a			revenue		312 311
ons, cints, crants Similar Amounts		b Membership due:	s.	•	1 b					
ב ב		c Fundraising even	its .	•	1 c					
ar A		d Related organiza			1d					
ع ري ⊒: د		e Government grants		·	1e	17,954				
בי יצ	1	 All other contribution and similar amount 	ns, g s not	ıfts, grants, ıncluded	1f	91,797				
Contributions, Gins, Grants and Other Similar Amounts	١.	above Noncash contribution	ns in	cluded in						
E 9		lines 1a - 1f \$			1 g					
and		h Total. Add lines	1a-1	f	•	•	109,751			
	_					Business Code				
	2a									
E.	h									
₽. ×	b	·								
<u>c</u> e	c									
Program Service Revenue	d									
-an	u									+
rogr	е									
Δ.	f	All other program	serv	ice revenue						
		Total. Add lines 2			. •			1		
		Investment Income			ends, ı	nterest, and other	29,755	29,755		
		similar amounts). Income from invest			· mpt be	ond proceeds >	25,733	23,733		
		Royalties								
				(ı) Rea	al	(II) Personal				
	6a	Gross rents	6a		8,944					
		Less rental			-,					
		expenses	6b		632	2				
	С	Rental income or (loss)	6с		8,312	2				
	C	Net rental income	or ((loss)			8,312	8,312		
	_			(ı) Secur	ities	(II) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less cost or other basis and	7b							
		sales expenses								
	С	Gain or (loss)	7c							
		Net gain or (loss)								
<u>e</u>	8a	i Gross income from fu (not including \$		ısıng events of						
/en		contributions reporte See Part IV, line 18								
Re	ŀ	Less direct expen			8a 8b					
Other Revenue		: Net income or (los				ents 🕨	I			
O#	_	Constitution								
	Уa	Gross income from See Part IV, line 19	gamı •	ing activities	9a					
	Ŀ	Less direct expen	ses		9b					
	c	: Net income or (los	s) fr	om gaming	activit	ies •	•			
	10:	aGross sales of inve	-ntor	rv. less						
	-0.	returns and allowa	inces	5	10a					
	Ŀ	Less cost of good	s sol	ld	10 b					
	C	Net income or (los			ınvent					
	11	Miscellaneo	us R	evenue		Business Code 541900	12,300	12,300		
		MISC INCOME				3,1330	12,550	12,300		
	Ŀ	·								+
	_									
	c	:								+
	c	All other revenue								+
		Total. Add lines 1		l1d		>	12,300			<u> </u>
	12	: Total revenue. S	ee ır	nstructions						
							160,118	50,367	<u> </u>	Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organization	ons must complete colu	ımn (A)
Check if Schedule O contains a response or note to an	y line in this Part IX			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,750		1,750	
	1,730		1,730	
d Lobbying				
e Professional fundraising services See Part IV, line 17	5.077			
f Investment management fees	5,077		5,077	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	4,629		4,629	
L3 Office expenses	2,873		2,873	
14 Information technology	2,225		2,225	
L5 Royalties				
L6 Occupancy	36,716		36,716	
L7 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	345		345	
20 Interest	18,271		18,271	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,013		76,013	
23 Insurance	11,274		11,274	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a BANQUET AND PARTY EXPENSES	6,682		6,682	
b REFUND	1,200		1,200	
c EQUIPMENT MAINTENANCE	33,023		33,023	
d SUPPLIES	5,419		5,419	
e All other expenses	8,484		8,484	
25 Total functional expenses. Add lines 1 through 24e	213,981	0	213,981	
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)				

		Check if Schedule O contains a response or not	te to any	/ line in this Part IX			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			148,979	1	108,723
	2	Savings and temporary cash investments .	[2		
	3	Pledges and grants receivable, net	. [3		
	4	Accounts receivable, net		4			
	5	Loans and other payables to any current or forr key employee, creator or founder, substantial c entity or family member of any of these person		5			
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in s		6			
S	7	Notes and loans receivable, net		7			
ssets	8	Inventories for sale or use		8			
AS	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,115,137			
	b	Less accumulated depreciation	10b	2,330,097	203,974	10 c	785,040
	11	Investments—publicly traded securities .			1,430,636	11	1,448,559
	12	Investments—other securities See Part IV, line	11 .	[12	
	13	Investments—program-related See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,783,589	16	2,342,322
	17	Accounts payable and accrued expenses				17	

11	Investments—publicly traded securities .	1,430,636	11	1,448,559
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,783,589	16	2,342,322
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
1				

	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,783,589	16	2,342,322
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	497,822
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	497,822

Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,783,589 27 1,844,500 27 28 Net assets with donor restrictions . 28 Organizations that do not follow FASB ASC 958, check here ▶ □ and

Net Assets or Fund Balances complete lines 29 through 33. 29 Capital stock or trust principal, or current funds . 29

30 Paid-in or capital surplus, or land, building or equipment fund . . . 30 31 Retained earnings, endowment, accumulated income, or other funds 31

1,783,589

1,783,589

32

33

1,844,500 2,342,322

Form **990** (2019)

32

33

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Form	990 (2019)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
	Total revenue (must equal Part VIII, column (A), line 12)	1			160,118
1 2	Total expenses (must equal Part IX, column (A), line 25)	2			213,981
3	Revenue less expenses Subtract line 2 from line 1	3			-53,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,783,589
5	Net unrealized gains (losses) on investments	5			114,774
6	- · · · · ·	6			114,774
_	Donated services and use of facilities	7			
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,844,500
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	•	• •		
				Yes	No
1	Accounting method used to prepare the Form 990 🗹 Cash 🔲 Accrual 🔲 Other				ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	<u> </u>
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2019)

Additional Data

Software Version:

EIN: 25-6048717

Software ID:

Name: ELFINWILD VOLUNTEER FIRE CO

Form 990 (2019)

Form 990, Part III, Line 4a:

SAFELY PROVIDED FIRE AND RESCUE SERVICES TO THE SHALER COMMUNITY DURING 2019

SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

DLN: 93493226009240 OMB No 1545-0047

Schedule D (Form 990) 2019

Cat No 52283D

Internal Revenue Service

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** ELFINWILD VOLUNTEER FIRE CO Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the 5 organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III	Organizations M	aintaining Collections	of Art, Hist	<u>tor</u> i	cal T	reası	ires, o	<u>r Othe</u> r	Similar As	sets (conti	nued)	
3		the organization's acq (check all that apply)	uisition, accession, and othe	r records, che	eck a	any of	the fo	ollowing t	that are a	significant u	ise of its coll	ection	
а		Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			e		Othe	r					
c		Preservation for future	e generations										
4	Provid Part X		organization's collections and	d explain how	the	ey furtl	her th	e organiz	zation's e	xempt purpo	se ın		
5			anızatıon solıcıt or receive do nds rather than to be mainta							nılar	☐ Yes	□ N	lo
Pa	rt IV		t odial Arrangements. ganızatıon answered "Yes	s" on Form 9	990	, Part	IV, I	ine 9, o	r reporte	ed an amou	nt on Form	990,	Part
1 a		organization an agent ed on Form 990, Part	t, trustee, custodian or other X?	ıntermediary	for	contri	butior	s or othe	er assets	not	☐ Yes	□ N	lo
ь	If "Yes	s." explain the arrange	ement in Part XIII and compl	ete the follow	vina	table				A	mount		_
c		ning balance							1c				_
d	_	ons during the year							1d				_
е	Distrib	outions during the year	r						1e				_
f	Ending	g balance							1f				_
2 a	Dıd th	- e organization include	an amount on Form 990, Pa	rt X, line 21,	for	escrow	v or cu	ıstodıal a	account lia	ability?	☐ Yes	□ N	lo
b	If "Yes	s," explain the arrange	ement in Part XIII Check her	e if the expla	nati	on has	s been	provide	d in Part :	XIII			
Pa	rt V	Endowment Fun											
		Complete If the or	ganization answered "Yes						ears back	[/d) There was	()		.
1 a	Reginni	ng of year balance .	(a) Curre	nt year ((D) P	rior yea	1	(c) Iwo y	ears back	(d) Three yea	ars back (e) h	our yea	rs back
	_	utions											
		estment earnings, gair	ns and losses										
		or scholarships	·				-						
	Other e	xpenditures for facilities											
_		grams					-						
		strative expenses .					-						
_		year balance											
2		•	ntage of the current year end	d balance (lin	ie 1	g, colu	mn (a)) held a	ıs				
а		designated or quasi-e	endowment >										
Ь		inent endowment ►											
С		orarily restricted endov		00/									
3a	Are th	ere endowment funds	i, 2b, and 2c should equal 10 not in the possession of the		that	t are h	eld ar	ıd admın	ıstered fo	r the			
	-	ızatıon by related organızatıons									3a(i)	Yes	No
	` '	lated organizations			•	•		• •			3a(ii)		
Ь		_	lated organizations listed as	required on S	Sche	dule R	? .				3b		
4			ended uses of the organization	•									
Pa	rt VI	Land, Buildings,	and Equipment.										
	Descrip		ganization answered "Yes (a) Cost or other basis	" on Form 9						rm 990, Pai). ook valu	ie
	'F	, , , , , , , ,	(investment)										
1 a	Land .												
b	Building	gs	1,245,758							1,085,554			160,204
c	Leaseho	old improvements											
	_		1 060 270	1				1		4 244 542			624 026

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

785,040

	(Form 990) 2019					Page 3
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV Ju	ne 11h	See Form 990 F	Part X line	12
	(a) Description of security or category	(b)	110	(c) Metho	d of valuation	n
	(including name of security)	Book value		Cost or end-of-	year marke	t value
(1) Financia	al derivatives					
	held equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	Investments—Program Related.	•				
Part VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 11c	. See Form 990,	Part X, line	e 13.
	(a) Description of investment			(b) Book value		nod of valuation nd-of-year market
					Cost of el	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 13)		•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Dart IV Jur	ne 11d	See Form 990 Par	+ V lung 15	
	(a) Description	raic IV, iii	ic iiu.	See Form 550, Far		b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
					•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV. lır	ne 11e	or 11f.See Form	990. Part 1	X. line 25.
1.	(a) Description of liability					(b) Book value
(1) Federal	income taxes					
(2)						\dashv
(3)						
(4)						
(5)			_			
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 25)			•		
	or uncertain tax positions. In Part XIII, provide the text of the footno o's liability for uncertain tax positions under FIN 48 (ASC 740). Check					

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

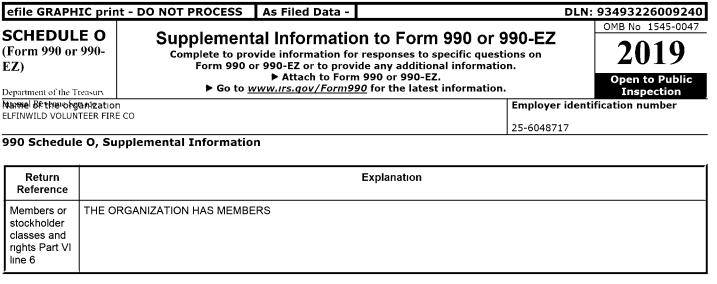
1

Schedule D (Form 990) 2019

Page 4

а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ities	2b		
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII) $\ \ .$		2d		
e	Add lines 2a through 2d			. 2е	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)		5	
Par		penses per Audited Financial Statem Ization answered 'Yes' on Form 990, Part		s per Retur	n.
1	Total expenses and losses per au-	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facili	ities	2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII) $\ \ .$		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line $\mathbf{2e}$ from line 1 .			3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 .	4a		
b	Other (Describe in Part XIII) $\ \ .$		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIIII Supplemental Info	ormation			
		art II, lines 3, 5, and 9, Part III, lines 1a and s 2d and 4b Also complete this part to provide			e 4, Part X, line 2, Part
	Return Reference	Explanation			

<u> </u>	orm 990) 2019	Page 5	
Part XIII	Supplemental Info		
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2019



990 Schedule O, Supplemental Information Return Explanation Reference THE MEMBERS ELECT THE GOVERNING BODY Member election for additional members Part VI line

Return Reference Coverning THE MEMBERS VOTE ON MANY OF THE DECISIONS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Governing THE MEMBERS VOTE ON MANY OF THE DECISIONS OF THE GOVERNING BODY body decisions Part VI line

990 Schedule O, Supplemental Information Return Reference Explanation

Form 990

UPON COMPLETION OF THE FORM 990 REPORT PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT, THE OFFI
governing

CERS WILL MEET AND REVIEW THE INFORMATION CONTAINED IN THE REPORT ALL OFFICERS WILL BE AF
body review

FORDED THE OPPORTUNITY TO REVIEW AND DIRECT QUESTIONS TO THE PREPARER OF SAID DOCUMENT UP
ON SATISFACTORY REVIEW BY ALL OFFICERS, THE PREPARER WILL THEN SUBMIT THE COMPLETED REPORT

ALL MEMBERS ARE ENTITLED TO REVIEW THIS COMPLETED REPORT UPON REQUEST

990 Schedule O, Supplemental Information Return Explanation Reference Conflict of A conflict of interest policy is in effect ınterest policy compliance Part VI line 12c

990 Schedule O, Supplemental Information Return Explanation Reference CEO THERE IS NO CEO OR EXECUTIVE DIRECTOR executive director top management comp Part VI line 15a

990 Schedule O, Supplemental Information Return **Explanation** Reference Other officer THERE IS NO OFFICER COMPENSATION or key employee compensation Part VI line 15b

990 Schedule O, Supplemental Information Return Explanation Reference NO DOCUMENTS ARE AVAILABLE TO THE PUBLIC Governing documents etc available to public Part

VI line 19