

EXTENDED RETURN

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2021**
Open to Public
InspectionA For the 2021 calendar year, or tax year beginning **07/01/21**, and ending **06/30/22**

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

FAIRVIEW VOLUNTEER FIRE DEPARTMENT

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

PO BOX 244

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FAIRVIEW NC 28730-0244

D Employer identification number

56-1243703

E Telephone number

828-628-2001

G Gross receipts \$ 4,995,566

F Name and address of principal officer:

JEFF AUGRAM

FAIRVIEW

NC 28730

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

J Website: WWW.FAIRVIEWFIRE.COM

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1960

M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:			
	FIRE PROTECTION			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	61	
	6 Total number of volunteers (estimate if necessary)	6	0	
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	498,550	271,823	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,794,486	4,526,795	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,659	25,583	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,745	39,873	
		4,367,440	4,864,074	
	Expenses	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)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,470,885	2,647,304	
16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,227,974	1,096,808	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,698,859	3,744,112	
19 Revenue less expenses. Subtract line 18 from line 12		668,581	1,119,962	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	4,635,121	6,028,537
	22 Net assets or fund balances. Subtract line 21 from line 20	1,226,118	1,281,590	

Part II Signature Block

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

Sign Here

Signature of officer

Date

JEFF AUGRAM

PRESIDENT/CHAIRMAN

Type or print name and title

Paid

Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if PTIN self-employed

P00061110

HARVEY W. JENKINS, C.P.A.

Firm's name ▶ GOULD KILLIAN CPA GROUP, P.A.

Firm's EIN ▶ 56-1042836

Firm's address ▶ 100 COXE AVE
ASHEVILLE, NC 28801-2354

Phone no. 828-258-0363

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)