## **SOUTHWEST RANCHES VOLUNTEER FIRE- RESCUE, INC.**

Board of Directors Meeting Agenda JUNE 25, 2020

Southwest Ranches Council Chambers 6:30 p.m.

13400 Griffin Road Southwest Ranches, FL 33330

- 1) Roll Call
- 2) Pledge of Allegiance
- 3) Approval of Meeting Minutes
  - a. June 27, 2019
- 4) Reports of Committee
- 5) Reports of Officers
- 6) Old and Unfinished Business
- 7) New Business
  - a) Approval of FY 2019 (Calendar 2018) IRS Form #990 Return of Organization Exempt from Income Tax
  - b) Approval of FY 2020-2021 Volunteer Fire Fund (A blended component unit of the Town of Southwest Ranches) and Public Safety - Fire Operational Budget
  - c) FY 2019-2020 4<sup>th</sup> Quarter (July 1-September 30, 2020) Stipend discussion for Firefighters/Driver Engineers
- 8) Good in Welfare
- 9) Adjournment

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# **SOUTHWEST RANCHES VOLUNTEER FIRE- RESCUE, INC.**

Board of Directors Regular Meeting Minutes June 27, 2019

Southwest Ranches Council Chambers	13400 Griffin Road
6:30 p.m.	Southwest Ranches, FL 33330

1) Roll Call – Meeting was called to order at 6:36 p.m.

Chair - Doug McKay – Present Vice Chair - Gary Jablonski– Present Board Member – Freddy Fisikelli - Present Board Member - Bob Hartmann – Present (arrived later in the meeting) Board Member - Denise Schroeder - Present

- 2) Pledge of Allegiance
- 3) Approval of Minutes
  - a. June 28, 2018

The following motion was made by Vice Chair Jablonski, seconded by Chair McKay and passed by 4-0 roll call vote. The vote was as follows: Board Members Fisikelli, Schroeder, Vice Chair Fisikelli, and Chair McKay voting Yes. Board Member Hartmann was not present for the vote.

MOTION: TO APPROVE THE MINUTES.

- 4) Reports of Committee None.
- 5) Reports of Officers None.
- 6) Old and Unfinished Business None.
- 7) New Business
  - a) Approval of FY 2019-2020 Volunteer Fire Fund (A blended component unit of the Town of Southwest Ranches) and Public Safety Fire Operational Budget

The following motion was made by Vice Chair Jablonski, seconded by Board Member Hartmann and passed by 5-0 roll call vote. The vote was as follows: Board Members Fisikelli, Hartmann, Schroeder, Vice Chair Jablonski, and Chair McKay voting Yes.

**MOTION:** TO APPROVE THE FY 2018-2019 VOLUNTEER FIRE FUND SUBJECT TO AMENDING THE BUDGET TO INCLUDE \$42,000 TO STAFF A THIRD VOLUNTEER RESCUE PERSON ON SHIFT.

b) Approval of FY 2018 (Calendar 2017) IRS Form #990 Return of Organization Exempt from Income Tax

The following motion was made by Vice Chair Jablonski, seconded by Board Member Schroeder and passed by 5-0 roll call vote. The vote was as follows: Board Members Fisikelli, Hartmann, Schroeder, Vice Chair Jablonski, and Chair McKay voting Yes.

**MOTION:** TO APPROVE THE FY 2018 (CALENDAR 2017) IRS FORM #990 Return of Organization Exempt from Income Tax.

c) Appointment of Robert M. Sahdala as Assistant Chief, Vice President, and Treasurer

The following motion was made by Vice Chair Jablonski, seconded by Chair McKay and passed by 5-0 roll call vote. The vote was as follows: Board Members Fisikelli, Hartmann, Schroeder, Vice Chair Jablonski, and Chair McKay voting Yes.

**MOTION:** TO APPROVE THE APPOINTMENT OF ROBERT M. SAHDALA AS ASSISTANT CHIEF, VICE PRESIDENT, AND TREASURER.

d) Appointment of Volunteer Captain Darren Bock to Volunteer Station Captain

The following motion was made by Vice Chair Jablonski, seconded by Board Member Schroeder and passed by 5-0 roll call vote. The vote was as follows: Board Members Fisikelli, Hartmann, Schroeder, Vice Chair Jablonski, and Chair McKay voting Yes.

**MOTION:** TO APPROVE THE APPOINTMENT OF VOLUNTEER CAPTAIN DARREN BOCK TO VOLUNTEER STATION CAPTAIN.

e) Stipend discussion for Volunteer Chiefs, Station Captain, and Firefighters/Driver Engineers

The following motion was made by Vice Chair Jablonski, seconded by Chair McKay and passed by 5-0 roll call vote. The vote was as follows: Board Members Fisikelli, Hartmann, Schroeder, Vice Chair Jablonski, and Chair McKay voting Yes.

**MOTION:** TO APPROVE AN INCREASE TO THE STIPEND FOR THE VOLUNTEER FIRE CHIEF TO \$18,000 ANNUALLY, THE VOLUNTEER ASSISTANT FIRE CHIEF TO \$10,000 ANNUALLY, THE STATION CAPTAIN TO \$2,000 ANNUALLY WITH THE ABILITY TO BE PAID FOR SHIFTS WORKED, FIREFIGHTERS TO \$100 PER SHIFT, AND DRIVER/ENGINEERS TO \$125 PER SHIFT.

- 8) Good in Welfare
- 9) Adjournment Meeting was adjourned at 6:53 p.m.

Respectfully submitted:

Russell Muñiz, Assistant Town Administrator/Town Clerk

Adopted by the Town Council on this <u>25<sup>th</sup></u> day of <u>June</u>, 2020.

Doug McKay, Chair

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Fo	orm 990	Under se	Return of O	or 4947(a)(1) of th	e Internal Rev	enue Code (ex	cept private fou	ndations)	омв No. 1545-0047 2018
	partment of the Trea emal Revenue Servio	sury ce	Do not enter so Go to www.i	ocial security nun rs.gov/Form990 f	nbers on this to the struction	form as it may I s and the latest	be made public. information.	,	Open to Public Inspection
A B	Check if applicable:	calendar year, or tax	year beginning SOUTHWES	<u>0/01/18</u> , RANCHES	and ending	09/30/	19	D Employe	r identification number
	Address change Name change	Doing business as	RESCUE, 1						086624
$\square$	Initial return Final return/	Number and street (or P. C/O M. SHEF City or town, state or pro-	WOOD 13400	GRIFFIN R	s) 20AD		Room/suite	E Telephone	e number
	terminated Amended return	SOUTHWEST R	ANCHES	<b>FL 33330</b>	to Access of Access of Access of			G Gross rece	ipts\$ 197,312
	Application pending	F Name and address of pri		(insert no.)	4047/0)/(1) an		H(a) Is this a gro H(b) Are all sub If "No,"	ordinates inclu	
J		/A			4947(a)(1) or	527	H(c) Group exer	mption numbe	r 🕨
	Form of organization	: X Corporation Tr Immary	ust Association	Other 🕨		L Ye	ear of formation: 2		M State of legal domicile: FL
Activities & Governance	<ul> <li>3 Number</li> <li>4 Number</li> <li>5 Total nur</li> <li>6 Total nur</li> <li>7a Total unr</li> </ul>	ECTION OF HUN R CALAMITY WI is box I if the orga of voting members of the of independent voting mber of individuals em nber of volunteers (es- elated business reven	THIN THE T anization discontin the governing bod members of the g ployed in calenda timate if necessar ue from Part VIII,	OWN OF SOU ued its operation y (Part VI, line 1a overning body (F r year 2018 (Part y) column (C), line	ITHWEST is or disposed a) Part VI, line 11 V, line 2a)	RANCHES , d of more than	FLORIDA . 25% of its net	assets. 3 4 5 6	4 4 35 10 0
	b Net unre	ated business taxable	income from For	n 990-T, line 38	anter ante	W. DEST COMPANY	<u></u>	. 7b	0
Revenue	10 Investme	ions and grants (Part service revenue (Part nt income (Part VIII, c	olumn (A), lines 3,	4, and 7d)	Name of Star	ie minst -	2	,994 ,101	Current Year 13,264 0 1,156
	12 Total rev	enue (Part VIII, colum enue – add lines 8 thro	in (A), lines 5, 6d, ouah 11 (must eau	8c, 9c, 10c, and al Part VIII, colu	11e) mn (A) line 1			<u>,984</u> ,079	<u>182,892</u> 197,312
ses	<ul><li>13 Grants at</li><li>14 Benefits</li><li>15 Salaries,</li></ul>	nd similar amounts pai baid to or for members other compensation, e	id (Part IX, columr s (Part IX, column employee benefits	(A), lines 1–3) (A), line 4) (Part IX, column	(A), lines 5–			,081	0 0 157,710
Expenses	<b>b</b> Total fund	nal fundraising fees (F draising expenses (Pa benses (Part IX, colum	rt IX, column (D),	line 25) 🕨	·····		26	,576	0 37,908
	18 Total exp	enses. Add lines 13-1	7 (must equal Par	t IX, column (A),	line 25)	·····	147	,657	195,618
roc	19 Revenue	less expenses. Subtra	act line 18 from lin	e 12			- 32 Beginning of Curre	, 578	<b>1,694</b> End of Year
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)					53	,562	67,929
Pund /		ilities (Part X, line 26) s or fund balances. Si	ubtract line 21 from	1 line 20	• • • • • • • • • • • • • • • • • • • •			<u>,157</u> ,405	<u>25,830</u> 42,099
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•	Only	5979	NW 151ST	ST STE 1			Firn	n's EIN ▶	75-3191276
		s this return with the p		ove? (see instruc	tions)		Pho	ne no.	305-231-2150 X Yes No
DAA		ROD Appual Mosting	ie separate instruc	tions.					Form <b>990</b> (2018)

0.241	Sta	atement of	Program Ser	ES VOLUNTEER FIRE		Page
	Ch	neck if Sche	edule O contain	ns a response or note to a	ny line in this Part III	
В	riefly descril	be the organiz	zation's mission:			
SĘ	E PAGE	I FOR	MISSION	STATEMENT		
• •						
• •						
D	id the organ	aization under	toko ony ojanificar	nt program services during the ye		
D	rior Form 90	0 or 990-EZ?				Yes X
			w services on Sch	hedule O		
				ake significant changes in how it	conducts any program	
	ervices?					Yes X
lf	"Yes," desc	ribe these cha	anges on Schedul	le O.	•••••••••••••••••••••••••••••••••••••••	
					hree largest program services, as me	easured by
					t the amount of grants and allocation	
				each program service reported.		
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# Form 990 (2018) SOUTHWEST RANCHES VOLUNTEER FIRE 65-1086624

#### Page 3

			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 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		-
v	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	111		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		444	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			-
4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
A	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u>A</u>
	for an fail and the Olif We wanted to Ocheckle F. Date Wanted W	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (20	18) SOUTHWEST	RANCHES	VOLUNTEER	FIRE	65-1086624
Part IV	<b>Checklist of Reg</b>	uired Sched	ules (continued)		

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Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete Schedule J			
242		23		X
2-70	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 Describes 24, 00000 (1971)			
	\$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			-
b		24a		X
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		-
	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	256		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		-
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		A
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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, or key employee? If "Yes," complete Schedule L, Part IV	28a	::::::::::::::::::::::::::::::::::::::	X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	200		
	Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	1	<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		42
	conservation contributions? If "Yes," complete Schedule M	30		x
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,"	- 51		
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		42
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Juli		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-	T	
	19? Note. All Form 990 filers are required to complete Schedule O.	38		x
Pa	MV Statements Regarding Other IRS Filings and Tax Compliance	1 90		
	Check if Schedule O contains a response or note to any line in this Part V			Π
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	ALS PER	X

Form 990 (2018)

F	Forn	990 (2018) SOUTHWEST RANCHES VOLUNTEER FIRE 65-1086 art V Statements Regarding Other IRS Filings and Tax Compliance (co	56 <u>2</u>	<u>4</u>		P	age <b>5</b>
-		Compliance (co	minu	eu)		1	
	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				Yes	No
		Statements, filed for the calendar year ending with or within the year covered by this return	20	35			
	b	If at least one is reported on line 2a, did the organization file all required federal employment tax	2a	35			SHARE
		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruct	return	IS ?	2b	X	
	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	uons)			MENT	7
	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Sched		•••••••••••••••••••••••••••••••••••••••	3a		X
	4a	At any time during the calendar year, did the organization have an interest in, or a signature or or	ther o	,	3b		
		a financial account in a foreign country (such as a bank account, securities account, or other fina	mer a	uthority over,			
	b	If "Yes," enter the name of the foreign country:	incial a	account)?	4a	JARAN	X
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance					
,	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea		Counts (FBAR).			7
	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra			<u>5a</u>		X
	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	nsacu	on?	5b		X
	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and o		••••••	5c		
		organization solicit any contributions that were not tax deductible as charitable contributions?	iia the				77
	b	If "Yes," did the organization include with every solicitation an express statement that such contril			<u>6a</u>		X
		gifts were not tax deductible?	bution	s or			
	7	Organizations that may receive deductible contributions under section 170(c).		•••••	6b	190613441	RELLER
	a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly					
	-	and services provided to the payor?	for go	ods			
	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		•••••	7a		
	c	Did the organization sell, exchange, or otherwise dispass of targible research research (		•••••••	7b		
	v	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which required to file Form 8282?	it was				
	d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	n er en en	•••••••••••••••••••••••••••••	7c	anderstellutur I.	a source and a
	e	Did the organization receive any funda, directly or indirectly to neurospin the second	7d				
	f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	fit con	itract?	7e		
		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or	ontrac	t?	7f		
	9 h	If the organization received a contribution of qualified intellectual property, did the organization file	e Forn	1 8899 as required?	7g		
8	2	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the orga	nizatio	on file a Form 1098-C?	7h	Transferrated in	o konstandaria
		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained	by the			
g		sponsoring organization have excess business holdings at any time during the year?			8	Table Laboratori D	alatat tatatat
		Sponsoring organizations maintaining donor advised funds.					
		Did the sponsoring organization make any taxable distributions under section 4966?			9a		
		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	A DESCRIPTION OF	100000000
10		Section 501(c)(7) organizations. Enter:					
		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:					
		Gross income from members or shareholders	11a				
		Gross income from other sources (Do not net amounts due or paid to other sources					
10			11b				
12		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		041?	12a		1000 2000
			12b				
13		Section 501(c)(29) qualified nonprofit health insurance issuers.					
1		s 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					
	1		13b				
	C	Enter the amount of reserves on hand	13c				
14		Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
		f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched			14b		
15		s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remu	unerat	ion or			
		excess parachute payment(s) during the year?			15		x
		f "Yes," see instructions and file Form 4720, Schedule N.					
16		s the organization an educational institution subject to the section 4968 excise tax on net investm	ent in	come?	16		X
		f "Yes," complete Form 4720, Schedule O.					
		이 이렇게 이렇게 가슴을 가슴을 알았는데. 이 가슴을 가슴을 가지 않는 것이 가지 않는 것이 가지 않는 것이 가지 않는 것이 있는 것이 있는 것이 있는 것이 있는 것이 같은 것이 같은 것이 같이 있다.	1				

# Form 990 (2018) SOUTHWEST RANCHES VOLUNTEER FIRE 65-1086624 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Page 6

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	. See	instru	ictions
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
		D. Statements	Yes	No
1a				
	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			
h	committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent <b>1b 4</b>			
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		X
°.	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		<u> </u>
	one or more members of the governing body?	-		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u>7a</u>		<u> </u>
	stockholders, or persons other than the governing body?	76		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	7b		X
а	The governing body?		X	13 <b>45</b> 66369
b	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	on	•	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	6		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven		nde )	
		40 0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	- Tou		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		X
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	.149425199999	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		The second
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		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	*****	X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		199925	<u>Mer</u>
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		10100055555 1100055555 1100055555	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		CONTRACTOR MAXIENT	
-	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 <b>NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request X Other (explain in Schedule O)			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
MA	ARTIN SHERWOOD TOWN FINANCL ADMIN 13400 GRIFFIN ROAD			
SC	DUTHWEST RANCHES FL 33330 954	-43	4-0	008
DAA		The support of the support of	990	the second s

#### Form 990 (2018) SOUTHWEST RANCHES VOLUNTEER FIRE 65-1086624

Part VII Compensation		Dire	ecto	ors,	, Tr	ust	ees	, Key Employees, H	ighest Compensated	Employees, and
Independent Co Check if Schedu		• a	reei	non	-	or n	ote	to any line in this Pa	<del>4</del> \/II	
								st Compensated Employe		<u> </u>
1a Complete this table for all personganization's tax year.										
• List all of the organization's	current officers	, dire	ctor	s, tri	uste	es (v	vheth	her individuals or organizat	tions), regardless of amour	nt of
compensation. Enter -0- in column	ns (D), (E), and	(F) if	no	com	pens	atio	n wa	s paid.		
<ul> <li>List all of the organization's</li> <li>List the organization's five c</li> </ul>										20)
who received reportable compens organization and any related orga	ation (Box 5 of	Form	W-2	2 an	d/or	Box	7 of	Form 1099-MISC) of more	e than \$100,000 from the	50)
• List all of the organization's \$100,000 of reportable compensation	former officers, ation from the or	key gani	emp zatic	loye on ar	es, nd a	and I ny re	highe	est compensated employe d organizations.	es who received more thar	L
• List all of the organization's organization, more than \$10,000	former director	ns or	trus	stee on fr	s that	at rea the c		ed, in the capacity as a form	mer director or trustee of th ganizations.	8
List persons in the following order	: individual trust	ees d								
compensated employees; and for Check this box if neither the o			elate	ed o	raar	izati	on c	ompensated any current o	fficer, director, or trustee.	
(A)	(B)	T			C)			(D)	(E)	(F)
Name and Title	Average			Pos	sition			Reportable	Reportable	Estimated
	hours per week					than is bot		compensation from	compensation from related	amount of other
	(list any hours for	off			directo	or/trus		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	or di	Institutional	Officer	Key	empl	Former	(W-2/1099-MISC)	(11-2) 1000-44100)	organization
	organizations below dotted	idual	ution	<b></b>	Key employee	oyee	Ter			and related organizations
그렇게 물건물 관계를 보다면서?	line)	Individual trustee or director	alta		oyee	mper				
		ee	trustee			Highest compensated employee				
(1) STEVE BREITKRUI	Z									
	2.00									
DIRECTOR	0.00	X						0	0	0
(2) GARY JABLONSKI	2.00									
DIRECTOR	0.00	x						0	o	0
(3) DOUG MCKAY								¥		
	2.00									
SECRETARY	0.00	X		X				0	0	0
(4) DENISE SCHROED										
DIRECTOR	2.00	x						0	o	0
(5) CHIEF LEE BENNI		-						•	U	
.,	24.00									
PRESIDENT	0.00			X				18,000	0	0
(6) ASSISTANT CHIE!	FROBERT	S	HI	<b>PAI</b>	A					
VICE PRES/TREASURER	24.00			x				2,308		0
(7)	0.00	1						2,300	0	<b>U</b>
(1)										
	•••••••••••••••••••••••••••••••••••••••									
(8)										
(0)		-								
(9)										
•••••••••••••••••••••••••••••••••••	••	•								
(10)										
		-		ļ						
(11)										
		·								

DAA

Page 7

For	m 990 (2018) SOUTHWES art VII. Section A. Officer	T RANCHE	CS rust	VC ees,	Key	/NI / En	'EE ploy	R /ees	FIRE 65-108 s, and Highest Compensa	6624 Ited Employees (contin	Page <b>8</b> ued)
	(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than is boti pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensatec employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
. !											
· · · · ·											
	· · · · · · · · · · · · · · · · · · ·								- · · ·		
1b c	Sub-total Total from continuation she					10.000	0.00		20,308		
d 2	Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	ncluding but not	t limi	ted				▶ d abo	20,308 ove) who received more th	an \$100,000 of	
3 4 5 Sect	Did the organization list any f employee on line 1a? <i>If "Yes,</i> For any individual listed on lir organization and related orga <i>individual</i> Did any person listed on line for services rendered to the o <b>ion B. Independent Contract</b>	former officer, d " complete Sch ne 1a, is the sur anizations greate 1a receive or a organization? If	lirect edul n of er th	tor, c e J f repo an \$	or su ortab 150, mpei	le co 000 nsat	indivi ompe ? If " ion fr	duai ensa Yes, om	i tion and other compensation " complete Schedule J for any unrelated organization	on from the such	Yes No 3 X 4 X 5 X
1	Complete this table for your fi compensation from the organ	ive highest com	pens com	sateo	d ind satio	lepe n foi	nder r the	t col cale	endar year ending with or w	vithin the organization's t	ax year.
	Name and	(A) business address							Descriptio	B) In of services	(C) Compensation
								•••••			
<b>2</b>	Total number of independent received more than \$100,000 SWRVED BOD Annual Mer	of compensation								0	Form 990 (2018)

Fo	rm 99 <b>art</b> 1	00 (2018) SO	JTHWEST	RANCHE	S VOLUN	TEER FIRE	65-108662	4	Page 9
	<b>AI \$</b>	Check	k if Schedule	O contains	s a respon	se or note to any	line in this Part V	111	
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated businéss revenue	(D) Revenue excluded from tax under sections
tut	1a	Federated ca	mpaions	1a			revenue	-	<u>512-514</u>
, Grant	ł	Membership	dues	1b					
Å,		Fundraising e	events	1c	13,264				
Gifts,	d	Related orga	nizations	1d					
Su:	e	Government grants		1e					
rio	1	All other contribution	ons, gifts, grants,						
libu		and similar amoun	ts not included above	1f					
Program Service Revenue Contributions,	g		ons included in lines 1						
U a	<u>h</u>	Total. Add lin	ies 1a-1f	<u></u>	<u> 🕨</u>	13,264			
Jue/					Busn. Code				
Rev	2a	• • • • • • • • • • • • • • • • • • • •							-
6	b	• • • • • • • • • • • • • • • • • • • •							
Per			• • • • • • • • • • • • • • • • • • • •						
E			• • • • • • • • • • • • • • • • • • • •						
gra	f		ram service reve						
Pro	a		es 2a-2f						
			come (including			1	Participation and an arranged ranged		
						1,156	1,156		
	4		investment of tax						
	5								
			(I) Real		) Personal				
	6a	Gross rents							
	b	Less: rental exps.							
	c	Rental inc. or (loss)							
	d 7a	Net rental inc Gross amount from			🕨	Constant port for the second state of the second state.			
	14	sales of assets	(i) Securities		(ii) Other				
		other than inventor	/						
	Ø	Less: cost or other							
		basis & sales exps							
		Gain or (loss)	oss)				i Riadolati de la filita de la filita		
¢			om fundraising eve						
Other Revenue		(not including \$	on randraiding ove						
eve			reported on line 1c	····					
r R			18						
the	b		xpenses						
0			(loss) from fund		ts 🕨	a		THE REAL PROCESSION OF THE PROPERTY OF THE PROCESSION OF THE PROPERTY OF THE PROCESSION OF THE PROCESSION OF THE	
			om gaming activitie						
			19						
	b	Less: direct e	xpenses	. b					
e			r (loss) from gan	-	🕨		r Bardaffo Martar (),000 - 10 - 11 - 11 - 11 - 10 - 10 - 10		
	10a		f inventory, less						
			lowances						
			goods sold						
	c		(loss) from sale ellaneous Revenue	es of inventor	<u>Y</u> Busn. Code		n en se en se En se en s	Internet and the second provide second	
	11a		FROM GENER	AT. FILME	Dusil, Code	182,892	182,892		LUPPERSERVED STREET STREET
	b		FROM GENERA			202,072	402,032		
	c								
	d		nue						
		Total. Add line	44 441			182,892			
	12	Total revenue	e. See instruction	ns	🕨	197,312	184,048	0	0

Form 990 (2018)

#### Form 990 (2018) SOUTHWEST RANCHES VOLUNTEER FIRE 65-1086624

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Sec	tion 501(c)(3) and 501(c)(4) organizations must contains a respo	omplete all columns. All o	other organizations must	complete column (A).	
Do	not include amounts reported on lines 6b,				(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1				goneral expenses	expenses
	and domestic governments. See Part IV, line 21	•			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	chante and earler accidiance to foreight				
	organizations, foreign governments, and foreign			a de la companya de La companya de la comp	
	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	20,308	20,308		
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	126,194	126,194		
8	Pension plan accruais and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,208	11,208		
11	Fees for services (non-employees):				
a					
b					
C d	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
f					
	Other. (If line 11g amount exceeds 10% of line 25, column				
Я	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,282	2,282		
13		4,404	4,404		
14	Office expenses				
15	Rovalties				
16	Royalties				
17	Occupancy Travel				
18	•••••••••••••••••••••••••••••••••••••••				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	755	755		
23	Insurance	31,559	31,559		
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.)				
а	FIRE AND RESCUE SUPPLIES	3,312	3,312		
b					
c					
d					
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	195,618	195,618	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

# Form 990 (2018) SOUTHWEST RANCHES VOLUNTEER FIRE 65-1086624 Part X Balance Sheet

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					(A) Beginning of year		(B) End of year
Т	1	Cashnon-interest bearing			47,177	1	60,425
	2	Savings and temporary cash investments	•••••			2	
	3	Pledges and grants receivable, net	•••••	·····		3	
	4	Accounts receivable, net		이번 방법은 이 동안에 많은 말을 걸려 있는 것을 가격했다. 물건이 많이		4	
	5	Loans and other receivables from current and former					
		trustees, key employees, and highest compensated e			a an		
-		Complete Part II of Schedule L	anderen het die stelle ferste konstenden en die stelle stelle stelle stelle stelle stelle stelle stelle stelle	5	ala kana kana kana kana kana kana kana k		
	6	Loans and other receivables from other disqualified p					
		4958(f)(1)), persons described in section 4958(c)(3)(I					
		sponsoring organizations of section 501(c)(9) volunta					
3		organizations (see instructions). Complete Part II of S			6	277 - 214 - 1 A A BARRIS AN	
ASSELS	7	Notes and loans receivable, net			3,017	7	3,930
ξ	8	Inventories for sale or use				8	
			•••••		2,613	9	3,574
	10a	Land, buildings, and equipment: cost or	T				
		other basis. Complete Part VI of Schedule D	10a	238,488			
	b	Less: accumulated depreciation	10b	238,488	755	10c	al de pous present an provinsion
	11					11	
1	12		•••••	•••••••		12	
	13	Investments-program-related. See Part IV, line 11	•••••			13	
	14	Intangible assets				14	
		Other assets. See Part IV, line 11	• • • • • • • • • • • • • • • • •			15	
	16	Total assets. Add lines 1 through 15 (must equal line	e 34)		53,562	16	67,929
_		Accounts payable and accrued expenses			13,157	17	25,830
	18	Grants payable				18	
		Deferred revenue		그는 사람이 집에 다 물러 가격하는 것을 물러 생각이 했다.		19	
		Toy evenue hand liebilities				20	
1		Escrow or custodial account liability. Complete Part IN				21	
1		Loans and other payables to current and former office					
		trustees, key employees, highest compensated employees		-,	an an ann an Ann an Ann an		an an ann ann an ann an an an an an an a
		disqualified persons. Complete Part II of Schedule L		736	a da de destadorador de destas de la substancia de la substancia de la substancia de la substancia de la subst Nota	22	36 den Angeles an succession de la success Internet de la succession d
١ E		Secured mortgages and notes payable to unrelated ti		•••••••		23	
	24	Unsecured notes and loans payable to unrelated third	narties	••••••••		24	
		Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2					
		of Schedule D	1998년 - 1993년 - 1997년 - 1997년 - 1997년 - 1997년 - 1997년 - 1997년			25	
	26	Total liabilities. Add lines 17 through 25	• • • • • • • • • • • • • • • • • • • •		13,157	26	25,830
		Organizations that follow SFAS 117 (ASC 958), ch	eck here	and			
3		complete lines 27 through 29, and lines 33 and 34					
		Unrestricted net assets		*21	LECTRONOMIC CONTRACTOR	27	29630 11 129 12213 2005 2407 2407 2613
						28	
						29	
		Organizations that do not follow SFAS 117 (ASC §	58), check	here			
5		complete lines 30 through 34.	,,				
3.						30	i alle internet en anternet alle alle alle alle alle alle alle al
		Paid-in or capital surplus, or land, building, or equipm	ent fund			31	
5	32	Retained earnings, endowment, accumulated income	or other fire	nde	40,405	32	42,099
	~	ristaneu earnings, endowment, accumulateu mcome			40,405	Concession of the local division of the loca	42,09
	33	Total net assets or fund balances		이 위한 것 같은 것 같이 가지 않았다. 11 m 3 m 1 m		33	

Form 990 (2018)

Forr	n 990 (2018) SOUTHWEST RANCHES VOLUNTEER FIRE 65-1086624			Page <b>12</b>
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19	7,312
2	Total expenses (must equal Part IX, column (A), line 25)	2	19	5,618
3	Revenue less expenses. Subtract line 2 from line 1	3		1,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	0,405
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 in Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
-	<u>33, column (B))</u>	10	4	2,099
Pa	Int XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	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			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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 in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	
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.			
			Form	990 (2018)

	HEDULE D rm 990)	Complete if the o	tal Financial Statements rganization answered "Yes" on Form 990, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
	ment of the Treasury		Attach to Form 990. m990 for instructions and the latest information		Open to Public
	of the organization		1930 for instructions and the latest morna		identification number
S	OUTHWEST RA	NCHES VOLUNTEER FIRI	3	CE 1	096604
able of the	<u>ESCUE, INC.</u> Intle Organiza	tions Maintaining Donor Advi	sed Funds or Other Similar Funds		086624
	Complete	if the organization answered "Y	es" on Form 990, Part IV, line 6.		uno.
	······		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end	of year			
2		ontributions to (during year)			
3		ants from (during year)			
4	Aggregate value at er	nd of year	······		
5			writing that the assets held in donor advised		☐ Yes ☐ No
			tion's exclusive legal control? dvisors in writing that grant funds can be used		
6			or or donor advisor, or for any other purpose		
					☐ Yes ☐ No
Pa	CONTRACTOR AND A DEC	ation Easements.	<u> </u>		
3643543974	Complete		es" on Form 990, Part IV, line 7.	1	
1	Purpose(s) of conser	vation easements held by the organizati	on (check all that apply).		
	Preservation of la	nd for public use (e.g., recreation or edu	ucation) 🗌 Preservation of a historically im	portant la	nd area
	Protection of natu	ral habitat	Preservation of a certified histor	ric structu	re
	Preservation of o				
2			ied conservation contribution in the form of a c		
	easement on the last			1. 0.0.000	leld at the End of the Tax Year
а					
b					
			ucture included in (a)	2c	
d		ion easements included in (c) acquired a			
	historic structure liste	d in the National Register		2d	luning the
3		ion easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization c	luring the
	tax year ►				
4		ere property subject to conservation eas	iodic monitoring, inspection, handling of		
5		ement of the conservation easements it			TYes No
e			handling of violations, and enforcing conservat	ion easem	
0		ours devoted to morntoring, inspecting,			
7	Amount of expenses	incurred in monitoring inspecting hand	ling of violations, and enforcing conservation e	asements	during the year
	► \$				
8	Does each conservat	ion easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	)(B)(i)	
			••••••		Yes 🗌 No
9			on easements in its revenue and expense stat		
	balance sheet, and in	clude, if applicable, the text of the footn	ote to the organization's financial statements t	hat descri	bes the
		nting for conservation easements.			
Pa	rt III Organiza Complete	ations Maintaining Collections e if the organization answered "Y	of Art, Historical Treasures, or Otl /es" on Form 990, Part IV, line 8.	ner Sim	ilar Assets.
1a	If the organization ele	ected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balan	ce sheet
			for public exhibition, education, or research in		ce of
			its financial statements that describes these it		
b			SC 958), to report in its revenue statement and		
			for public exhibition, education, or research in	Turtherand	je ot
	public service, provic	e the following amounts relating to these	e items:		¢
	(I) Revenue include	a on Form 990, Part VIII, line 1			Ψ ¢
~	(II) Assets included i	n Form 990, Part X	agurag or other similar passis for financial and	n provid-	Ψ the
2			asures, or other similar assets for financial gai	n, provide	
_		quired to be reported under SFAS 116 (		•	\$
					\$\$
For	Paperwork Reduction	Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2018
DAA	SWRVFD BOD Ar	nual Meeting			
	June 25, 2020				Page 17 of 31

Sche	dule D (Form 990) 2018 SOUTHWES	T RANCHES V	OLUNTEER	FIRE	65-1086	624		Page 2
Catero I' ma	Int III Organizations Maintaini						sets (cor	and the second division of the second divisio
3								
a	Public exhibition	d 🗌 La	an or exchange p	rograms				
b	Scholarly research	e 🗌 Of	ther					
C	Preservation for future generations							
4	Provide a description of the organization's	s collections and explai	n how they further	the organiza	ation's exempt pu	irpose in Part		
	XIII.							
5	During the year, did the organization solid	it or receive donations	of art, historical tre	easures, or c	ther similar			
	assets to be sold to raise funds rather that	n to be maintained as p	part of the organization	ation's collec	tion?		Yes	No
Pa	TTIV Escrow and Custodial A Complete if the organizat		" on Form 990	, Part IV, I	ine 9, or repo	rted an am	ount on F	Form
	990, Part X, line 21.							
							. 🗌 Yes	🗌 No
b	If "Yes," explain the arrangement in Part >	(III and complete the fo	llowing table:					
							Amount	
						1c		
d	Additions during the year					1d		
e	Distributions during the year					<u>1e</u>		
f	Ending balance					1f		
	Did the organization include an amount of							
	If "Yes," explain the arrangement in Part >	(III. Check here if the e	xplanation has been	en provided	on Part XIII	<u></u>	<u> </u>	
<u> </u>	<b>TW</b> Endowment Funds. Complete if the organizat	ion answered "Yes	" on Form 990	, Part IV, I	ine 10.			
		(a) Current year	<b>(b)</b> Prior year	(c) Two ye	ars back (d) Tì	nree years back	(e) Four y	ears back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
	End of year balance							
	Provide the estimated percentage of the o	current year end balanc	e (line 1g, column	(a)) held as:				
	Board designated or quasi-endowment							
	Permanent endowment >%							
	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c							
3a	Are there endowment funds not in the pos	ssession of the organization	ation that are held	and adminis	tered for the			
	organization by:						Y	es No
	(i) unrelated organizations						3a(i)	
	(II) veloted an extention of						3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga							
4	Describe in Part XIII the intended uses of	the organization's endo	owment funds.					
Pa	rt VI Land, Buildings, and Eq	uipment.						
	Complete if the organizat	ion answered "Yes	" on Form 990	Part IV, I	ine 11a. See	Form <u>990,</u>	<u>Part X, li</u>	ne 10.
	Description of property	(a) Cost or other bas			(c) Accumulat		(d) Book va	lue
		(investment)	(oth	ier)	depreciation	n		
1a	Land							
b	Buildings							
C	Leasehold improvements							
	Equipment		2	38,488	238	,488		
e	Other							
Total	Add lines 1a through 1e. (Column (d) mu	ist equal Form 990, Pai	rt X, column (B), lir	ne 10c.)		🕨		

Schedule D (Form 990) 2018

	Complete if the organization answered "Yes" of	n Form 990 Part IV	line 11b See Form 990 Part X line
	(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial	desti veti veti		
	eld equity interests		
Other			
(A)	•••••••••••••••••••••••••••••••••••••••		
(B)			
(Ċ)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
art VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" of		
	(a) Description of Investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
)			
)			
)			
)			
5)			
') ;}			
))	n (h) must equal Form 990, Part X, col. (B) line 13)		
)) tal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets		
))	Other Assets.	on Form 990, Part IV	/ // line 11d. See Form 990, Part X, line
) tal. (Colum		on Form 990, Part IV	/ // line 11d. See Form 990, Part X, line (b) Book value
)) tal. <i>(Colum</i> ?art IX	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV	
) tal. (Colum Part IX )	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV	
) tal. (Colum <b>?art IX</b> ) )	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV	
) tal. ( <i>Colum</i> Part IX ) ) )	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV	
) tal. ( <i>Colum</i> <b>art IX</b> ) ) ) )	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV	
) tal. ( <i>Colum</i> <b>art IX</b> ) ) ) ) )	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV	
) al. ( <i>Colum</i> art IX ) ) ) ) ) )	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV	
) al. (Colum art IX ) ) ) ) ) ) ) )	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV	
) tal. (Colum 2art IX ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets. Complete if the organization answered "Yes" ( (a) Description	on Form 990, Part IV	
) tal. (Colum Part IX ) ) ) ) ) ) ) ) ) ) ) tal. (Colum	Other Assets.         Complete if the organization answered "Yes" (a) Description         (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)	on Form 990, Part IV	
<ul> <li>art IX</li> <li>art IX</li> <li>art IX</li> <li>art IX</li> <li>art IX</li> <li>art IX</li> <li>b)</li> <li>b)</li> <li>b)</li> <li>c)</li> <li>b)</li> <li>c)</li> <lic)< li=""> <li>c)</li> <lic)< li=""> <li>c)</li> <lic)< li=""> <lic)< li=""> <li>c)</li> <lic)< li=""> <lic)<< td=""><td>Other Assets. Complete if the organization answered "Yes" ( (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, col. (B) line 15.)</td><td></td><td>(b) Book value</td></lic)<<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></lic)<></ul>	Other Assets. Complete if the organization answered "Yes" ( (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
art (Column         Part (X)	Other Assets. Complete if the organization answered "Yes" of (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" of		(b) Book value
) tal. (Colum ?art IX ) ) ) ) ) ) ) ) ) ) tal. (Colum	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.	on Form 990, Part IV	(b) Book value
) al. (Colum art IX ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.         (a) Description of liability		(b) Book value
) art IX ) ) ) ) ) ) ) ) ) ) tal. (Colum art X	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.	on Form 990, Part IV	(b) Book value
) al. (Colum art IX ) ) ) ) ) ) ) ) ) tal. (Colum art X	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.         (a) Description of liability	on Form 990, Part IV	(b) Book value
) tal. (Colum Part IX ) ) ) ) ) ) ) ) ) ) tal. (Colum Part X	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.         (a) Description of liability	on Form 990, Part IV	(b) Book value
) tal. (Colum Part IX ) ) ) ) ) ) ) ) tal. (Colum Part X ) ) Federal ) ) )	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.         (a) Description of liability	on Form 990, Part IV	(b) Book value
) tal. (Colum ?art IX ) ) ) ) ) ) ) ) ) tal. (Colum ?art X ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.         (a) Description of liability	on Form 990, Part IV	(b) Book value
) art (Colum art IX ) ) ) ) ) ) ) ) ) ) art X art X ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.         (a) Description of liability	on Form 990, Part IV	(b) Book value
) tal. (Colum art IX ) ) ) ) ) ) tal. (Colum art X ) Federal ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.         (a) Description of liability	on Form 990, Part IV	(b) Book value
) al. (Colum art IX ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.         (a) Description of liability	on Form 990, Part IV	(b) Book value
) tal. (Colum art IX ) ) ) ) ) ) ) tal. (Colum art X art X ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.         Complete if the organization answered "Yes" of (a) Description         (a) Description         (a) Description         (a) Description         (b) must equal Form 990, Part X, col. (B) line 15.)         Other Liabilities.         Complete if the organization answered "Yes" of line 25.         (a) Description of liability	on Form 990, Part IV	(b) Book value

Schedule D (Form 990) 2018 SOUTHWEST RANCHES VOLUNTER	ER FIRE 65-108	6624 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.
Complete if the organization answered "Yes" on Form	990. Part IV. line 12a.	pornotarin
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••••••••••••••••••••••••••••••••••••	
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	<u>2c</u>	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	[ 44]	20
3 Subtract line 2e from line 1	•••••••••••••••••••••••••••••••••	20
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	••••••	
a Investment expenses not included on Form 990, Part VIII, line 7b	12	
b Other (Describe in Part XIII.)	4a 4b	
c Add lines 4a and 4b		
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	••••••••••••••••••••••••••••••••••••	<u>4c</u>
Part XII Reconciliation of Expenses per Audited Financial S	tatomonte With Expanse	
Complete if the organization answered "Yes" on Form	DOD Dort IV line 40-	es per keturn.
Total expenses and losses per audited financial statements	bou, Partiv, line 12a.	
the superiore and receive per addited interioral statements	•••••••••••••••••••••••••••••••••••••••	1
a Donated services and use of facilities	<u>2</u> a	
b Prior year adjustments	<u>2</u> b	
c Other losses	<u>2</u> c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included 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 4c. (This must equal Form 990, Part I, line 18.	)	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide any additional informatio	n.
	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
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·		
그는 것이 같은 것이 같은 것이 같은 아이는 물질에 잘 가지 않는다.		
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Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 SOUTHWEST	RANCHES	VOLUNTEER	FIRE	65-1086624	Page <b>5</b>
Part XIII Supplemental Information	(continued)				
				••••••	
	••••••••••		••••••	•••••••••••••••••••••••••••••••••••••••	
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(Form 990 or 990-EZ)	Supplemental Information to Form 990 Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info		2018
Department of the Treasury	Attach to Form 990 or 990-EZ.		Open to Public
	► Go to www.irs.gov/Form990 for the latest inforr THWEST RANCHES VOLUNTEER FIRE		Inspection
	CUE, INC.	65-1086	624
FORM 990, PAR	III, LINE 4D - ALL OTHER ACCOMPL	I SHMENT	
PROVIDING FOR	THE PROTECTION OF HUMAN AND ANIMAI	L LIFE AND PRO	PERTY AGAINS
	, OR OTHER CALAMITY WITHIN THE TOWN	N OF SOUTHWEST	RANCHES,
FLORIDA.		•••••••	
FORM 990, PART	F VI, LINE 11B - ORGANIZATIONS'S PR	ROCESS TO REVI	EW FORM 990
INCLUDES ACCEN	PTANCE AND APPROVAL BY THE BOARD OF	DIRECTORS AT	AN ANNUAL
MEETING.			
FORM 990, PART	C VI, LINE 19 - GOVERNING DOCUMENTS	B DISCLOSURE E	XPLANATION
		ORIDA PUBLIC	RECORD
STATUTES AND	VIA WEBSITE WWW.SUNBIZ.ORG. ORGANI	ZATION FINANC	IAL STATEMEN
	VIA WEBSITE WWW.SUNBIZ.ORG. ORGANI AS A COMPONENT UNIT WITHIN THE TOWN		
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# **Public Safety - Volunteer Fire Services Fund**

#### Services, Functions, and Activities:

The Voluntary Fire Services Fund is considered a blended component unit of the Town. In accordance with generally accepted governmental standards and accounting principles this fund is presented within the Town as a special revenue fund. It is an IRS 501(c)(4) non-profit corporation whose Board of Directors consist of the entire membership of the Town Council who preside and transact business independently.

Presently, this fund is comprised of a team of approximately 40 independent, professional volunteer firefighters who primarily provide additional Fire protection support to the entire Town and to lessen the burdens of government by protecting life and property against fire, disaster, natural catastrophe or other calamity in the Town of Southwest Ranches, Florida, and when, if requested, offer mutual aid and assistance to any surrounding municipality or other governmental entity.

# Volunteer Fire Fund Summary Fiscal Year 2021

FY 2020 Estimated	
Estimated Volunteer Fire Fund Revenues	204,232
Estimated Expenditures & Encumbrances	(198,193)
Estimated FY 2020 Excess of Revenue over Expenditures	6,039

### FY 2020 Projected Restricted Fund Balance

Audited Restricted Fund Balance 9/30/2019	38,525
Estimated FY 2020 Excess of Revenue over Expenditures	6,039
Appropriated Restricted Fund Balance in FY 2020	_
Projected Restricted Fund Balance 9/30/2020	44,564
Appropriated Restricted Fund Balance in FY 2021	
Projected Restricted Fund Balance 9/30/2021	44,564
	second

FY 2021 Budget Summary	
Proposed Revenues	
Contributions/Private Sources	10,000
Transfer from General Fund	223,768
Appropriated Restricted Fund Balance	
Total Revenues	233,768
Proposed Expenditures	
Personnel Costs	206,903
Operating Items	26,865
Total Expenditures	233,768

# **Volunteer Fire Fund Revenues**

	Line Item Prefix: 102-0000-:	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Budget	FY 2020 Projected	FY 2021 Proposed
364-36400	Disposition of Assets	1,550	-	-	-	
366-36610	Contributions/Donations-Private Sources	9,994	13,264	10,000	10,000	10,000
361-36117	Interest Earnings	551	1,156	_	1,100	
381-38101	Transfer from General Fund	139,033	182,892	192,506	193,132	223,768
399-39900	Appropriated Fund Balance	-	-	-	_	
TOTAL	Non-Operating Revenue	151,128	197,313	202,506	204,232	233,768
TOTAL	VOLUNTEER FIRE FUND	151,128	197,313	202,506	204,232	233,768

Note: The VFF is a blended component unit of the Town and whose annual budget was/is not adopted by the Town Council. However, it is presented for transparency purposes.

### **Volunteer Fire Fund Expenditures**

Li	ne Item Prefix: 102-3200-522:	FY 2018 Actual	FY 2019 Actual	FY 2020 Current Budget	FY 2020 Projected	FY 2021 Proposed
Suffix Code	Object Description					
13100	Part-Time Salaries & Wages	112,376	146,502	148,625	148,625	176,000
21100	Payroll Taxes	8,705	11,208	11,370	11,370	13,464
24100	Workers Compensation	10,983	16,453	15,140	18,472	17,439
TOTAL	PERSONNEL EXPENSES	132,063	174,163	175,135	178,467	206,903
45100	Property and Liability Insurance	13,201	15,106	17,371	14,665	16,865
48110	Promotional Activities	1,062	2,282	10,000	5,000	10,000
49100	Other Current Charges	574	3,312	-	61	-
TOTAL	OPERATING EXPENSES	14,838	20,701	27,371	19,726	26,865
581-91001	Transfer to General Fund	36,049	-	_	_	<u>-</u>
TOTAL	NON-OPERATING EXPENSES	36,049	-		-	-
TOTAL	VOLUNTEER FIRE FUND	182,950	194,863	202,506	198,193	233,768

Note: The VFF is a blended component unit of the Town and whose annual budget was/is not adopted by the Town Council. However, it is presented for transparency purposes.

#### Major Variance from Current Budget FY 2020 to Projected FY 2020

Code	Amount	Explanation
48110	(\$5,000)	Lower than anticipated fund raising expenses

#### Major Variance or Highlights of the Departmental Budget - FY 2020 Projected to FY 2021 Proposed

Code	Amount	Explaination
13100	\$27,375	Higher due to proposed increase in Volunteer stipend per shift
48110	\$5,000	Higher anticipated fund raising expenses

			Put	Public Safety -	Fire Detail
EXPENDITURES	ADOPTED FY 2019/2020	Station 112 (Davie)	Station 82 INDIRECT (VFD)	Station 82 DIRECT (VFD)	PROPOSED FY 2020/2021
* Studies/Services * Capital Improvements * Town of Davie Fire Services	41,100 30,000 3,474,318	3,627,556	1,100 49,500		<ul> <li>1,100 1.1k for IRS #990 Filing</li> <li>49,500 New/Replace Fire Wells - per Davie's Wells Testing, Protective Awning for 19.5K</li> <li>3,627,556 Davie contract (6,169,941.25*1.045)*.555) plus 50k Appar ann for 5 years</li> </ul>
Sub-Total: Fire Admin	\$ 3,545,418	\$ 3,627,556	\$ 50,600	\$	\$ 3,678,156
Professional Services	13,500			15,000	15,000 Drug Testing/Background Checks/Polygraph 11.5k + ADP 3.5k
Telecommunications Flactricity	10,700	6,000	6 260	6,000	12,000 Utility-Comcast (internet \$113 + \$217)/AT&T - \$150 plus 6.240k for alert sys maint
Water & Sewer	3,500	1.750	1.750		2,500 Utility-FPL Allocated 50%/50% 3 2 Pr Crustal So 2 2 Pr Crustar 3 500 I Hillity-Water/Cewer Allocated 50% (50% 1 20 Crustal So 2 20 Crust under
Building Maintenance	7,500	2,500	2,500		
Equipment Maintenance	000'6			000'6	
Miscellaneous Maintenance Vehicle Maintenance/Ponair	2,000			1,500	
venicie Maniteriance/ Acpan Uniforms	1 000			10,000	10,000 Attack truck (A82), Pumper Engine 82 maint
Gas	10,000			10,000	_
Supplies	10,000			12,400	
Training/Education	4,500			5,000	
Machinery/Equipment (Net)	16,808			20,208	20,208 2.808k Bk Gear, 12k for AED Replacement, 5.4K for fire hose
Contingency VFD Fire Apparatus Replacement	1			39,000	39,000 VFD Apparatus Replacement Prog-15k+10k(Pumper Trks)+14k(Attack trk)
Rosenbauer Pumper-Note Payment	29,486			29,486	29,486 Approved amort schedule to FY 2024 - Payment #5 of 8 years
Volunteer Stipends	148,625			176,000	176,000 Staffing 3@\$400 daily x 365 days (including Chiefs+Station Capt 30k in total)
stipend Payroll Taxes Volunteer W/Comp & Liability Ins	11,370 32,511			13,464 34,305	13,464 SS/FICA+Medicare 34.305 VFIS=4.247gliab+8.162auto+3.103 accid+1.354 flond/sirk+w/r 16 430+1K misc
Sub-Total: VFD Public Safety Ops+Fire Fd	\$ 331,000	\$ 15,500	\$ 9,500 \$	\$ 383,363 \$	408,363
Grand Total: Public Safety-Fire	\$ 3,876,418	\$ 3,643,056	\$ 60,100 \$	383,363	383,363 \$ 4,086,519
Less: * Studies/Services	(41,100)		(1 100)		(1 100) 1 1K for IBS #000 Eiling
* Capital Improvements * Town of Davie Fire Services	(30,000) (30,474,318)	(3,627,556)	(49,500)		(49,500) New/Replace Fire Wells - per Davie's Wells Testing, Protective Awning for 19.5K (3,627,556) Davie contract (6,169,941.25*1.045)*.555) plus 50k Appar ann for 5 years
Total Stat.#112(DAVIE)and Stat.#82(VFD)	\$ 331,000	\$ 15,500	\$ 9,500 \$	\$ 383,363 \$	408,363 Represents total proposed VFD budget = \$392,863
					vs \$315 150 adouted in EV 2020 (increase of \$77 713)

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June 17th, 2020

Stipend History and Proposal Information

In 2011 the Town Council changed the fire service delivery model. While the change was being planned in 2010, the Department was asked to staff an Engine 24/7 with three personnel. That service model also included three contract personnel from Pembroke Pines that responded to calls for service. The current service model has remained the same since 2011 and was the model recommended as the most efficient use of resources to provide the level of service to the Town by the fire study commissioned in 2014.

It was recognized that having members give up 24 hour periods of their time to be at the station without some sort of compensation would be unfair to them. Furthermore every Tuesday night from 7-10pm all members are required to attend unpaid training. They are also required to volunteer their time for Town special events. It would also be unsustainable for the Department's staffing because members all have other jobs as primary sources of income. Lastly, since the Department's members would become primary responders on incidents it rightly warrants a stipend.

After thorough review, the Department and Town Administration agreed on providing a stipend of \$200 per 24 hour shift for each member (a total of \$600 per day). That amount was budgeted when the new service model took effect in June of 2011.

The stipend continued at that level until November 2014. The Town Council voted to reduce the on-duty Engine crew to two personnel and decrease the stipend amounts to \$125 and \$100 per person (\$225 total per day).

Because of safety and operational concerns, the Fire Advisory Board recommended that the staffing level be returned to three on-duty personnel per shift for FY2019. This was approved by the Town Council and the third member on-duty would also receive \$100 per shift (New total of \$325 per day).

Because the stipend amount has remained low, the Department has had difficulty filling shifts. Members must still choose between working their regular jobs or spending time with their families. Since 2014, the Town's finances have also improved. All other Town Departments have received increased staffing and

### SOUTHWEST RANCHES FIRE-RESCUE 17220 Griffin Road Southwest Ranches, FL 33331 Fire Chief Lee Bennett (954) 868-2057



Town positions have received increased compensation. Because of these factors, the Fire Advisory Board recommended that the stipends be returned to their former level for FY2023 with the officer position receiving an additional \$25 per shift because of that position's increased responsibilities. During the February 2020 Fire Advisory Board Meeting the Board discussed the proposal with members of the public, Town Administration and the Department. It was agreed that an immediate increase (July 1, 2020 - September 1 - 2020) in the current budget year \$25 per shift increase per person along with additional \$25 per shift increases for each of the following three fiscal years would be the fairest way to return the stipends to their original levels.

Department members on shift continue to work side by side, including all holidays, with the contract providers (currently Davie Fire Rescue) to provide professional service. Department members are often first on scenes and are able to provide both fire suppression and Basic Life Support (BLS) services to the Town at the same level as the contract providers. And also provide Advanced Life Support (ALS) services when the rescue arrives. They are an integral part of the Town's fire rescue response plan.

The current stipend level hurts morale and operations. Since members have primary income sources outside of the Department, they must choose between working a shift for a minimal stipend, working their primary job for income at a much higher level and/or spending time with their families. The low stipend makes it difficult for members to justify working shifts to themselves and their families. The low stipend also impacts recruiting because potential members, who again already have primary jobs for their income, do not have the time to commit to the Department at the level that is required.

Sincerely,

fer Bent

Fire Chief Lee Bennett

