

Organization Information

EMS Agency: Yes
Organization Name: SMITH RIVER RESCUE SQUAD
Address Line1: 9962 WOOLWINE HIGHWAY
Address Line2:
City: WOOLWINE State: VA Zip: 24185
City/County: PATRICK Phone Number: (276)930-3280
Regional Council: Western Virginia EMS Council FIN#: 542007157
Organization Structure: EMS - Volunteer Organization Type: Non-Governmental

Personnel Information**Number of Certified Personnel**

First Responder: 0 EMT: 16 Paramedic: 3 Advance EMT: 7 Enhanced: 0
Intermediate: 4 Advanced Life Support Coordinator: 0 Education Coordinator: 0

Certification

First Responder: 0 EMT: 15 Paramedic: 4 Advance EMT: 0 Enhanced: 5
Intermediate: 4 Advanced Life Support Coordinator: 0 Education Coordinator: 0
Driver Only: 3 Other: **Total: 31**

Personnel

Career: 0 Volunteer: 31 **Total: 31**

Comments:

We have 3 members that are not certified providers and are only drivers. We have one less EMT, one more Paramedic and 2 less Advanced EMT.

Call Activity and Demographics

BLS Calls: 108 ALS Calls: 38 Calls Unable To Respond: 262
Calls Outside Primary Service Area: 0 Avg Call Time(minutes): 180 Average Round Trip Mileage: 76
Avg Mileage To Nearest Hospital: 34
Square Miles of Service Area: 129 Population of Service Area: 3,357 Total Number of Stations: 1

Comments:

Our Agency serves most of the Smith River District in Patrick County. We have no local hospital resulting on extended transport and call times. As a result, it has become very difficult to find volunteers to cover calls, specifically during traditional working hours.

Statement of Need:

Call Activity and Demographics

Our squad serves a very rural area with an aging population that has no local hospital, since it closed in 2017. We are now traveling over 30 miles to a hospital and that has significantly extended our transport times. What was once a one to one-half hour call can easily take three to four hours. The extended transport time, some of our older members that cannot run because of health issues or the pandemic and others due to work obligations, has reduced the number of personnel that are able to respond to a call. This device will greatly assist our providers when chest compressions are needed, allowing them to provide other life savings measures. In addition, with high quality, non-stop chest compressions being provided, it will also keep them fresh and alert so they can focus on collecting information, performing other treatments and transporting the patient. This is even more useful as we typically only have 2 providers per call. We currently have 2 ambulances and typically use the newer one for most calls. However, if it is in use or unavailable for maintenance and/or repairs, we feel it is prudent to have a device in each vehicle to ensure that, if needed, it is readily accessible.

Agency Vehicle Information

This Organization has additional ambulances not listed: No

Are any vehicles used by other jurisdictions? No

Unit#	VIN	Chassis Box Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage	Engine Hours
410	3D6WD6ELXAG111103	2010/2010	DODGE	4500	TYPE III AMBULANCE	Ambulance	Y	38911	
411	3C7WRNCL4JG291122	2018/2018	DODGE	5500	TYPE III AMBULANCE	Ambulance	Y	19000	

Financial Information**Assets**

Cash Balance: \$123,713.00

Real Estate: \$153,502.00

Investments (unrestricted): \$33,264.00

Equipments, Vehicles, etc: \$244,107.00

Restricted Funds: \$0.00

Restricted Funds Description:

No restricted funds at this time.

Liabilities

Balance of Open Accounts: \$0.00

Notes or Mortgages Owed: \$0.00

Indebtedness / Obligations: \$0.00

Description of Indebtedness / Obligations:

No indebtedness/Obligations at this time.

Other Fees

Amount received from EMS Fee for Service for Last Fiscal Year: \$31,312.00

Service Fee Charged: Yes Service Fee per Call: \$632.00 Cost Recovery: 38.00%

Financial Information			
Receipts/Revenue		Expenditures	
Local Government:	\$16,075.00	Operational Expenses:	\$32,736.00
26% Return to Locality:	\$0.00	Personnel Costs:	\$0.00
Donations:	\$8,085.00	Capital Expenditures:	\$7,972.00
EMS Fee for Service:	\$31,312.00	Other Expenses:	\$47.00
Fund Raising:	\$28,498.00	Non Operational:	\$21,362.00
Interest Dividends:	\$18.00		
Grants:	\$5,000.00		
Other Revenue:	\$10,344.00		
<u>Description of Receipts/ Revenue:</u>		<u>Definition of Capital Expenditures:</u>	
Sale of old ambulance - \$6000.00 Insurance Claim to repair ambulance - \$4035.00 Mscellaneous - \$309		Building improvements/renovations. Vehicles and equipment costing more than \$2000.	
Finance Summary			
Total Assets:	\$554,586.00	Net Worth:	\$554,586.00
Total Liabilities:	\$0.00	Beginning Balance:	\$123,713.00
Total Receipts:	\$99,332.00	Cash Difference:	\$37,215.00
Total Expenditures:	\$62,117.00	Ending Balance:	\$160,928.00
Budget Narrative:			
<p>The budget attached provides income and expenses for FY22. We have funds set aside for the purchase of equipment as match funds for grants. Extended transport times, due to the loss of the local hospital, have made it very difficult for volunteers to cover calls. This resulted in a significant decline in revenues from the soft billing from FY2020 to FY 2021. We have an annual fundraiser to help with operational and maintenance costs. Data above is for the following reporting period: 1/1/2021 to 12/31/2021.</p>			
Requested Items Information			
Item Name: LUCAS 3, v3.1			
Item Type:	Rescue Equipment - Misc.	Requested Quantity: 2	
Funding Level:	50 / 50	Action: Add	Current Quantity: 0
Total Price:	\$34,160.10	Matching Funds: \$17,080.05	State Funds: \$17,080.05
Comments:	We are requesting a 50/50 grant for the purchase of two (2) LUCAS devises. These devises will greatly assist our providers in the event of a cardiac arrest call or if it should occur during a call.		

Requested Items Information			
Item Name: LUCAS 3, v3.1			
Supporting Documents			
Name	Type	Description	Size
f-1763965707/revised-stryker-quote....	Quote	LUCAS 3, v3.1 Chest Compression System Stryker Quote	112 KB

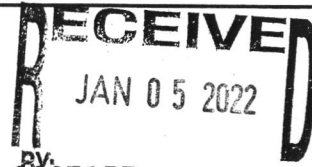
Affirmation			
Brief Project Description:			
<p>The two (2) LUCAS systems will greatly improve the quality of patient care and will allow our providers to focus on other life saving measures should they face a cardiac arrest situation. It will also reduce the possibility of injury to the patient and our members. We have seen a decline in membership over the past couple years and there are usually only 2 members that respond to a call. This device would be very helpful in the event that additional members are not available or have an extended ETA to assist on the call. We utilize the newer ambulance for most calls, but we do continue to use the older one to be sure it is still in good operating order. Since there is no way to know when we might be faced with a cardiac arrest, it is prudent that each truck be equipped with this life saving device so that it is available when needed.</p>			
Project /Equipment Sustainability:			
<p>All squad personnel will be trained in the operation and maintenance of the LUCAS system. We will keep in contact with Stryker for maintenance while it is under warranty. Once the warranty expires, we will keep the equipment in good working order and all major issues will be repaired through Stryker.</p>			
Supporting Documents			
Name	Type	Description	Size
f-502374525/990-irs.pdf...	IRS Letter / 990 / W9		1256.16 KB
f178932100/budget.pdf...	Budget		452.12 KB

Authorized Agent			
First Name: DEBORAH	Last Name: FOLEY	Phone#: (276)694-4466	
Email: DEVOEMILLER@YAHOO.COM		Signature: Deborah Foley	
Financial Officer			
First Name: Deborah	Last Name: Johnson	Phone#: (276)692-8413	
Email: CANTRETIRE@VA.NET		Signature: Deborah F. Johnson	
Operational Medical Director			
First Name: JASON	Last Name: EDSALL	Phone#: (336)719-7000	
Email: JASONEDSALL@ROADRUNNER.COM		Signature: Jason W Edsall	

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning

, and ending



54-2007157

SMITH RIVER RESCUE SQUAD INC.

Net Asset / Fund Balance at Beginning of Year

464,207

Revenue

Contributions	52,443
Program service revenue	29,449
Investment income	39
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	26,624
Direct expenses	21,200
Net income	5,424
Other income	1,125
Total revenue	88,480

Expenses

Program services	81,763
Management and general	4,280
Fundraising	
Total expenses	86,043

Excess / (deficit)

2,437

Changes

Net Asset / Fund Balance at End of Year

466,644

Reconciliation of Revenue

Total revenue per financial statements	88,480
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	88,480

Reconciliation of Expenses

Total expenses per financial statements	86,043
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	86,043

Balance Sheet

	Beginning	Ending	Differences
Assets	467,231	466,644	
Liabilities	3,024		
Net assets	464,207	466,644	2,437

Miscellaneous Information

Amended return

Return / extended due date 11/15/21

Failure to file penalty

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

OMB No. 1545-0047

2020
Open to Public
Inspection
A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="text-align: center; font-weight: bold;">SMITH RIVER RESCUE SQUAD INC.</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="display: flex; justify-content: space-between;"> P.O. BOX 122 </div> City or town, state or province, country, and ZIP or foreign postal code <div style="display: flex; justify-content: space-between;"> WOOLWINE VA 24185 </div>	D Employer identification number <div style="text-align: center; font-weight: bold;">54-2007157</div> E Telephone number G Gross receipts \$ 109,680
F Name and address of principal officer: <div style="text-align: center; font-weight: bold;">CRYSTAL HARRIS 763 RIDGE ROAD WOOLWINE VA 24185</div>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ◆
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◆ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ◆ N/A		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ◆		L Year of formation: M State of legal domicile:

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <div style="text-align: center; font-weight: bold;">SEE SCHEDULE O</div>			
	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	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	0	
		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	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 40,035	Current Year 52,443	
	9	Program service revenue (Part VIII, line 2g)	50,840	29,449	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44	39	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,046	6,549	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,965	88,480	
	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)		0	
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)	106,588	86,043	
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	106,588	86,043	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-2,623	2,437	
	20	Total assets (Part X, line 16)	Beginning of Current Year 467,231	End of Year 466,644	
	21	Total liabilities (Part X, line 26)	3,024	0	
	22	Net assets or fund balances. Subtract line 21 from line 20	464,207	466,644	

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			
	DEBBIE JOHNSON	TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	WALTER P MILLER, JR.	WALTER P MILLER, JR.	11/09/21		P00740550
	Firm's name	Firm's EIN			
	WALTER P. MILLER, JR. PO BOX 986 STUART, VA 24171-0986	54-2021734			
	Firm's address	Phone no.			
		276-694-2115			

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

SMITH RIVER RESCUE SQUAD - BUDGET 2022

INCOME:	2022	2021	
Soft Billing	18000	35000	
Donations	4000	4000	
Memorials	1750	1500	
Use Of Building	0	150	
EMS Training (4 for life)	0	1200	
Patrick County Supervisors	16075	16075	
Pat Co Cap Equip	0	0	
Pat. Co. Decals	500	500	
Aux. Donations	0	0	
Truck Raffle	27000	27000	
Misc. - Covered Bridge Fest., etc	100	0	
VOLSAP	600	600	
Interest on Savings & CD	20	40	
Grants	66400	43500	
TOTAL INCOME	\$134,445	\$ 129,565	
EXPENSES:			
Medical Supplies	3000	5000	
Medical equipment	83000 A	82000 A	A- Power load system/stretchers \$50,000
Radio Equipment	800	1000	2 Lucas devices \$32,000
Ambulance Maintenance	5000	5000	
Fuel	4000	5000	
Electric	4500	4500	
Telephones	1800	1800	
Insurance	11000	11500	
Training & shots	5500	5500	
Garbage	360	330	
O2	100	100	
Dues/Registrations	600	600	
Office Expense	500	700	
Heating Gas	2500	2500	
Flowers/Food	400	400	
Cleaning/Mowing	1700	1700	
Building Maintenance	6000	8000	
Furniture/Equipment	500	500	
VOLSAP	600	600	
Invest in CD's	15	10000	
Truck Raffle Expenses	20000	20000	
Auditing Services	2600 1)	1350	
1st Lieutenant's awards	5400 1)	2500	
Memorial Plaques	100	100	
Shirts/Jackets Members& Aux	200	200	
IT Equip, software, maint.	4500 B	4500	B-Updates for Office and Quickbooks
Refund Co. Decals		0	
Misc./Laundry	200	250	
Lighting for Bay			
Landing Zone/Clearing Land		0	
Hotspots	2000	1850	
Thank you to others for assist.	3000	3000	
TOTAL EXPENSES	\$169,875	\$ 180,480	
INCOME LESS EXPENSES	\$ (35,430)	\$ (50,915)	1) expenses for '21 paid in '22
	<u>w/o CD</u>	<u>with CD</u>	
Beginning Balance 1/1/22	\$ 190,385	\$ 194,908	
Plus Budgeted Income	\$ 134,445	\$ 134,445	
Total Projected Resources	\$ 324,830	\$ 329,353	
Less Budgeted Expenses	\$ 169,875	\$ 169,875	
Projected Ending Balance	\$ 154,955	\$ 159,478	

Grants to Apply For:
Power Stretcher and Power Loader
2 Lucas devices



Diana Foley - LUCAS3

Quote Number: 10498855

Remit to: **Stryker Medical**

P.O. Box 93308

Version: 1

Chicago, IL 60673-3308

Prepared For: SMITH RIVER RESCUE SQUAD

Rep: Chris Elting

Attn:

Email: chris.elting@stryker.com

Phone Number:

Quote Date: 03/07/2022

Expiration Date: 06/05/2022

Delivery Address

Name: SMITH RIVER RESCUE SQUAD

Account #: 1301832

Address: 9962 WOOLWINE HWY

WOOLWINE

Virginia 24185

End User - Shipping - Billing

Name: SMITH RIVER RESCUE SQUAD

Account #: 1301832

Address: 9962 WOOLWINE HWY

WOOLWINE

Virginia 24185

Bill To Account

Name: SMITH RIVER RESCUE SQUAD

Account #: 1301832

Address: 9962 WOOLWINE HWY

WOOLWINE

Virginia 24185

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99576-000063	LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device	2	\$14,915.10	\$29,830.20
2.0	11576-000060	LUCAS Desk-Top Battery Charger	2	\$1,122.85	\$2,245.70
3.0	11576-000071	LUCAS External Power Supply	2	\$355.30	\$710.60
4.0	11576-000080	LUCAS 3 Battery - Dark Grey - Rechargeable LiPo	2	\$686.80	\$1,373.60
Equipment Total:					\$34,160.10

Price Totals:

Estimated Sales Tax (0.000%):	\$0.00
Freight/Shipping:	\$0.00
Grand Total:	\$34,160.10

Prices: In effect for 90 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

Capital Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's Acute Care capital terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html. A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.