

**Organization Information**

EMS Agency: Yes  
Organization Name: CASCADE VOLUNTEER FIRE DEPARTMENT  
Address Line1: 5497 CASCADE RD  
Address Line2:  
City: CASCADE State: VA Zip: 24069  
City/County: PITTSYLVANIA Phone Number: (434)685-1522  
Regional Council: Western Virginia EMS Council FIN#: 542034163  
Organization Structure: EMS - Volunteer Organization Type: Non-Governmental

**Personnel Information****Number of Certified Personnel**

First Responder: 0 EMT: 8 Paramedic: 2 Advance EMT: 0 Enhanced: 0  
Intermediate: 5 Advanced Life Support Coordinator: 0 Education Coordinator: 0

**Certification**

First Responder: 0 EMT: 7 Paramedic: 1 Advance EMT: 0 Enhanced: 0  
Intermediate: 3 Advanced Life Support Coordinator: 0 Education Coordinator: 0  
Driver Only: 0 Other: 0 **Total: 11**

**Personnel**

Career: 0 Volunteer: 11 **Total: 11**

**Comments:**

The data entered in the boxes above is accurate and up to date.

**Call Activity and Demographics**

BLS Calls: 120 ALS Calls: 88 Calls Unable To Respond: 0  
Calls Outside Primary Service Area: 25 Avg Call Time(minutes): 60 Average Round Trip Mileage: 25  
Avg Mileage To Nearest Hospital: 10  
Square Miles of Service Area: 32 Population of Service Area: 1,767 Total Number of Stations: 1  
Comments:

**Statement of Need:**

Cascade Community Volunteer Fire Department (CVFD) is a volunteer organization of 11 members, covering 32 square miles and over 1,700 citizens. Between January and December of 2021, CVFD responded to 208 calls (BLS and ALS calls), 25 of which were outside our primary service area. There were zero calls that we did not respond to. As first responders to fires, public safety, and medical emergencies and disasters, the CVFD protects the lives and property of Cascade residents and visitors. The department advances public safety through its fire prevention, investigation, and education programs and

**Call Activity and Demographics**

disseminating safety tips and alerts through social media outlets. We constantly strive to be well-equipped and prepared when our services are needed. Being an EMS worker is a demanding job, both physically and emotionally. The repetition of loading and unloading cots in and out of an ambulance daily can toll the body. 1 in 4 EMS workers will suffer a career-ending back injury within their first four years in the field with the number one cause- lifting. Since the bulk of our call volume now is EMS, we must lift and carry most of our patients to the ambulance via a stretcher. We are 100% volunteer ran, and quite often, we have only two members on a call. Having a small team increases the chances of injury to our members and our patients. To further reduce and prevent injury, CVFD is requesting funds to purchase a Stryker Power Load system to improve operator and patient safety by supporting the cot throughout the loading and unloading process. The reduction in spinal load helps prevent cumulative trauma injuries. The use of this stretcher technology has proven to reduce spinal loading, resulting in reduced injuries, lost or modified workdays, Workers' Compensation costs, and increased recruitment and retention. CVFD providers have used this device on other agency transports and feel that this technology will significantly benefit providers and our patients.

**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
R382	1FDWF37F4XEA66788	1999/1999	FORD	350	TYPE I AMBULANCE	Ambulance	Y	116232	1937
R383	3C7WRLBL5GG295422	2016/2016	DODGE	4500	TYPE I AMBULANCE	Ambulance	Y	14734	906

**Financial Information****Assets**

Cash Balance:	\$92,011.00
Real Estate:	\$323,824.00
Investments (unrestricted):	\$0.00
Equipments, Vehicles, etc:	\$435,238.00
Restricted Funds:	\$61,670.00

Restricted Funds Description:

The amount of funding we received that has restrictions, whether it is for the building, equipment, training, etc.

**Liabilities**

Balance of Open Accounts:	\$0.00
Notes or Mortgages Owed:	\$29,876.00
Indebtedness / Obligations:	\$0.00

Description of Indebtedness / Obligations:

We currently have an outstanding loan obligation with Carter Bank & Trust.

**Other Fees**

Amount received from EMS Fee for Service for Last Fiscal Year: \$0.00

Service Fee Charged: N      Service Fee per Call: \$0.00      Cost Recovery: 0.00%

Financial Information			
<b>Receipts/Revenue</b>		<b>Expenditures</b>	
Local Government:	\$26,660.00	Operational Expenses:	\$27,253.00
26% Return to Locality:	\$0.00	Personnel Costs:	\$14,867.00
Donations:	\$11,081.00	Capital Expenditures:	\$64,317.00
EMS Fee for Service:	\$16,687.00	Other Expenses:	\$0.00
Fund Raising:	\$18,071.00	Non Operational:	\$3,360.00
Interest Dividends:	\$122.00		
Grants:	\$21,425.00		
Other Revenue:	\$14,732.00		
<u>Description of Receipts/ Revenue:</u>		<u>Definition of Capital Expenditures:</u>	
Other revenue is from the VA Fire Program.		N/A	
Finance Summary			
<b>Total Assets:</b>	<b>\$912,743.00</b>	<b>Net Worth:</b>	<b>\$882,867.00</b>
<b>Total Liabilities:</b>	<b>\$29,876.00</b>	<b>Beginning Balance:</b>	<b>\$92,011.00</b>
<b>Total Receipts:</b>	<b>\$108,778.00</b>	<b>Cash Difference:</b>	<b>-\$1,019.00</b>
<b>Total Expenditures:</b>	<b>\$109,797.00</b>	<b>Ending Balance:</b>	<b>\$90,992.00</b>
<b>Budget Narrative:</b>			
The 2020/2021 Proposed Budget for the Cascade Community Volunteer Fire Department (CVFD) is based upon the current needs for operation of the department for the fiscal year 2020/2021. The element of cost given in each line-item of the Budget Document is derived from actual cost of operation during the previous two years. Operational trends such as increase cost for supplies, equipment cost, maintenance and continuing requirements associated with providing Fire & Emergency Medical Services to the Citizens of Cascade and surrounding areas are factored into the budget processed. Challenges that have been realized during the past five to ten years are now impacting the ability of the CVFD to provide consistent response to Fire and Emergency Medical Calls. This is due to the availability of trained volunteers on a daily and timely basis. The implementation of the Stipend Program is now in place that provides a degree of stipend on a per call basis. In addition the CVFD now has call-duty status where two certified members provide standby duty for Fire & EMS Response a minimum of 4 days per week. Days for standby duty are based upon peak call data and when volunteers are not as available to response to calls. The Stipend Program was implemented July of 2020 and now the CVFD has maintained a 100% call response as a result of the program and the dedication of its volunteers. The C/O Requests are based on actual committed indebtedness we have. Additional C/O request are for the enhancement and replacement of equipment that is in need of replacement or for vital support of operations. Additional C/O project request are included and are based upon attaining the funds necessary to acquire the specified equipment pending final approval by the CVFD Board of Directors. The funding request submitted in the 2020/2021 Budget is what is required for operations and addressing needs for improvements in a conservative and cost effective manner.			

Requested Items Information			
<b>Item Name: MTS Power Load/ Power Pro</b>			
Item Type:	Other	Requested Quantity: 1	
Funding Level:	80 / 20	Action: Add	Current Quantity: 0
Total Price:	\$49,202.15	Matching Funds: \$9,840.43	State Funds: \$39,361.72
Comments:	<p>Cascade Community Volunteer Fire Department respectfully requests the hardship funding level, where we would provide 20% of the total cost, and the RSAF grant would cover 80%. When COVID hit, our station switched from a first responder agency to a transport agency, with no increased funding to do so. CVFD made that switch to better serve our community during the pandemic. Because of this, we had to readjust our budget to purchase new vehicles to operate as an efficient transport agency in Pittsylvania County. Cascade, Virginia is also identified by the government as an "underserved community," making the donations we receive very limited. A Stryker MTS Power Load and Power-Pro XT MTS costs approximately \$49,202. Cascade Volunteer Fire Department would use funds from our savings account to fund 20% of the cost.</p>		
Hardship Justification:	<p>There are many reasons for our justification for the hardship?the first reason being the rural area that we serve, Pittsylvania County. According to the most recent census, 14% of the people in Pittsylvania County live in poverty. Pittsylvania County is also the largest county in Virginia, with over 968 square miles of land and a population totaling 65,501. Cascade Community Volunteer Fire Department (CVFD) is committed to providing the best quality of care with timely delivery of these life-saving services. Second, we switched from a first responder agency to a transport agency at the start of the pandemic, with no help or funding from the Commonwealth of Virginia or Pittsylvania County. CVFD continued to operate on a first responder budget (\$25,000) from Pittsylvania County. We purchased two used ambulances (one is 23 years old) and incurred this debt to better serve our community. We now deliver basic life support and advanced life support care to our patients throughout the year. CVFD has some of the oldest fire trucks in the county, which is why we recently signed a contract on a new fire truck that will be delivered in 2023.</p>		
Supporting Documents			
Name	Type	Description	Size
f-1580612433/ccvfd-strker-quote-rsa...	Quote	Stryker Quote for Cascade Community Volunteer FD	115 KB
Affirmation			
<p>Brief Project Description:</p> <p>The purpose of this grant is to further reduce and prevent injury for our EMS workers by purchasing a Stryker MTS Power Load and Power-Pro XT MTS. CVFD providers have used this device on other agency transports and strongly feel that this technology will significantly benefit our providers and our patients. With the current stretcher type, the responders must bear the stretcher's weight, and the patient as the patient is loaded into the ambulance. This type of lifting has resulted in injuries to our providers (such as strained backs) and added additional risk to the patient of being dropped, possibly resulting in further injury and potential lawsuits. The CDC monitors EMS workers' injuries. More than 27,000 EMS workers experienced on-the-job injuries and illnesses in the most recent data set available. More than 21% of those injuries were to the lower back. Therefore, CVFD requests funds to install a Stryker Power Load and Power-Pro XT MTS. This device will safely allow the stretcher to lock into the ambulance via the Stryker locking device, safely lift up to 700 pounds, and let one person slide the stretcher into the ambulance. This stretcher will enable our responders to provide safe conditions for our patients and personnel. If we receive the hardship grant, providing 80% of the costs, we would immediately complete the purchase as we already have 20% of the total cost readily available in our savings account. Suppose this project is not funded through this grant opportunity. In that case, we will seek funding from local funders and identify other fundraising opportunities to purchase this equipment to best serve our community.</p>			

**Affirmation**

## Project /Equipment Sustainability:

Cascade Community Volunteer Fire Department has been operating since 2000. Over the years, we have learned the importance of sustaining our operations, equipment, vehicles, and volunteers. We will ensure this equipment is well maintained, as we do with all of our vehicles and other equipment. The Chief, Assistant Chief, and the Board of Directors work diligently to create effective systems to ensure the highest quality of service to our patients and personnel.

**Supporting Documents**

Name	Type	Description	Size
f-555652251/signed-w9.pdf...	IRS Letter / 990 / W9		808.71 KB
f-637642356/cvfd-structured-budget-...	Budget		38.63 KB
f1226984130/cvfd-irs-tax-determinat...	IRS Letter / 990 / W9		654.73 KB
f-1444391591/cvfd-irs-990-form-01ju...	IRS Letter / 990 / W9		1168.99 KB

**Authorized Agent**

First Name: Morgan

Last Name: Clark

Phone#:

Email: MORGAN@EPSTEINCLARK.COM

Signature: Morgan Epstein Clark

**Financial Officer**

First Name: ERIC

Last Name: CLARK

Phone#: (434)709-1024

Email: ERICBIOMED@YAHOO.COM

Signature: Eric Clark

**Operational Medical Director**

First Name: KAYLA

Last Name: LONG

Phone#: (540)797-4322

Email: KAYLA.W.LONG@GMAIL.COM

Signature: Kayla Long, D.O.

# Request for Taxpayer Identification Number and Certification



☐ Social Security Number (SSN)  
☒ Employer Identification Number (EIN)  
5 4 2 0 3 4 1 6 3

Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number. The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.

Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)  
1 4 8 6 7 5 8 4 1

Legal Name: Cascade Community Volunteer Fire Dept  
Business Name: Cascade Community Volunteer Fire Dept

Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual	<input type="checkbox"/> Professional Services	Exempt payee code (if any):  (from backup withholding)
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Medical Services	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Political Subdivision	Exemption from FATCA reporting code (if any):  
<input type="checkbox"/> Trust	<input type="checkbox"/> Legal Services	
<input type="checkbox"/> Estate	<input type="checkbox"/> Real Estate Agent	
<input type="checkbox"/> Government	<input type="checkbox"/> Joint Venture	
<input checked="" type="checkbox"/> Non-Profit	<input type="checkbox"/> VA Local Government	
<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Tax Exempt Organization	
<input type="checkbox"/> Disregarded Entity	<input type="checkbox"/> Federal Government	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> OTH Government	
<input type="checkbox"/> Partnership	<input type="checkbox"/> VA State Agency	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other	

## Contact Information

Legal Address: 5497 Cascade Road City: Cascade State: VA Zip Code: 24069	Name:	Eric Clark, Chief (CVFD)
	Email Address:	ericbiomed@yahoo.com
	Business Phone:	
Remittance Address: PO Box 130 City: Cascade State: VA Zip Code: 24069	Fax Number:	
	Mobile Phone:	(434) 709-1024
	Alternate Phone:	

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined later in general instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

Printed Name: Eric Clark  
Authorized U.S. Signature: *Eric Clark* Date: 02/17/2022

	<b>Budget Work Sheet 2021/2022</b>		
	<b>Cascade Community Vol. Fire Department</b>		
<b>EXPENDITURE CODE</b>	<b>Exped. Amt. 2020/21</b>	<b>Dept. Request 2021/22</b>	<b>BRIEF NARRATIVE JUSTIFICATION</b>
<b>General Fnd.Begin.B</b>	<b>\$ 32,104.97</b>		
		)	
EMS Supplies	\$ 3,930.23	\$ 4,710.00	These Funds are required for the referbising of medical supplies , for replacement of expired items as required. Vital for the Operation Abulances and providing EMS Servs.for assigned area
M/R EMS Equipment	\$ 1,441.52	\$ 3,600.00	These funds are needed for vital equipment used in operation of EMS/Abulance Services Provided by the CCFVD, projected cost for the year 2020/2021
M/R Vehicles	\$ 3,182.78	\$ 3,000.00	Projected cost for P.M & Maintenance of CCFVD Vehicles for for the year. Cost based on required maintenance and the age of fleet.
Fuel/ Vehicles	Pd. Thru. Co.		Fuel for vehicles is provided through special fund allocations provided by the County and cost is identified under indirect cost for CCFVD in General Ledger & Expend. Summary Reports
Fuel/ Off Road	\$ -		Fuel for Off-Rd. Use is now included in Vehicle Fuel Cost Pd. by County for the CCFVD under Indirect Cost
M/R Equipment Fire	\$ 1,094.37	\$ 1,000.00	These funds are needed for the maintaining of specialized equip used on Fire Apparatus Equipment required for responding to the various types of Fire Fighting Operations.
Departmental Supplies	\$1,324.12	\$ 1,000.00	These funds are needed for general cleaning and related suppli es for the maintaining of equipment/ vehicles
Telephone	\$ 693.70	\$ 500.00	Based upon the recent upgrade and current cost for the Land-line for phone service now provided by Zito that now owns the former Chatmoss Cable Co.
Telephone-Call-EM All	\$ 420.00	\$ 440.00	As a vital part of communion with the Board and members of the Department, Call-Em All is a essential component & funds requested are based on current monthly cost.

Telephone-Long Dist.	\$ 123.01	\$ -	This cost is no longer incurred by the department.
Fund Raiser Expendit.	\$ 2,760.35	\$ 4,700.00	Based upon Fundraiser efforts and the success of recent fund raiser events, requested funds will be needed for the 2020/2021 Fiscal Year.
Utility Cable	Donated By Chatmoss C	\$ -	Zito, the current owner provides cable/internet service to the CCVFD at no cost, no cost incurred to date for this service.
Training	\$ 5,309.73	\$ 500.00	Funds are being requested for training activities for the fiscal yr . We now have resources that provides us with training at no cost and we are able to provide specialized training in-house now.
Pertmits/Fees	\$ 2,148.11	\$ 7,576.00	Due to Land Project Acquisition, and other annual fees & permits required, these funds will be needed for the FY 2020/2021
Miscellaneous	\$ 903.98	\$ 1,810.00	These funds are needed based on small expeditis not falling under other line-item codes. Minimal use under this line-item will be utilized.
Office Supplies	\$ 247.62	\$ 1,000.00	Funds are required for Office Supplies (i.e.) ink cartrages, paper Postal Supplies and other supplies required for administrative operations of the CCVFD
Safety Equip./PPE	\$ 794.23	\$ 25,004.00	Funds are needed for the purchase of specific Safety PPE Equipment. Acquired grant funds will be used to cover the greater portion of expenditures for equipment that is important for the well-being of staff short & long-term.
C/O Vehicles	\$ 22,824.64	\$ 25,000.00	These funds are needed for current committed C/O expedit. for the FY 2020/2021 approved by the Board of Directors
Equipment	\$ 1,071.27	\$ 2,140.00	Funds are being requested for small tools & equipment needed



			for firefighting and departmental operations of the CCVFD
Advertisement	\$ -	\$ -	With the utilization of our current media resources, we are able to communicate information to the public and the utilization of the the current letter drive program now in place.
M/R Building & Ground	\$ 4,650.29		Funds are needed to handle installation cost for Generator and
		\$ 5,600.00	, upgrade of electrical system Bld. 1 & 2 and general M/R of buildings & grounds of the CCVFD.
C/O Equipment	\$ 25,774.78	\$ 35,000.00	These funds are needed to cover cost of C/O equipment purchased or being purchased in FY 2020/2021. Grant & ATL Funds will be used for the greater portion if not all for these expendits.
C/O Building	\$ 3,021.34	\$ 6,042.00	Funds are being requested for the installaton of covering of bre ezeway between buildings, for land purchase approved by Board
C/O Safety/PPE Equip	\$ 12,696.88	\$ 20,000.00	Funds requested includes the upgrading of PPE as part of an ongoing replacement program of PPE, funds are earmarked coming from the County for the greater part of this line-item.
Stipend Allocation	\$ 14,867.31	\$ 40,000.00	Funds are requested for Stipend based upon the essential need for the assurance EMS & Fire Personnel are available and to provide a degree of compensation for call response to members and update Stipend System for total required compliance.
<b>Total Year Expenditure</b>	<b>\$ 109,799.88</b>	<b>\$ 188,622.00</b>	<b><i>Total Funds Requested \$188,622.00 - Funds Approved:</i></b>
<b>Total Deposits G.F.</b>	<b>\$ 122,159.27</b>		
<b>Earned Interest Savings</b>	<b>\$ 52.62</b>		
<b>Total Deposits Savings/Conting.</b>			
<b>Total Revenues G.F./Sa</b>	<b>\$ 132,281.89</b>		
<b>Direct Cost Pd. Through Pitts. Co.</b>			<b>Direct Cost Pd. Through Pitts. Co.</b>
Utility Gas	\$ 2,656.02	\$ 2,900.00	Approved Amount for Utility Heating Fuel 2020/2021
Utility Electric	\$ 3,838.48	\$ 3,800.00	Approved amount for Electricity for Blds. 2020/2021 FY

Insurance Building	\$ 2,200.00	\$ 2,200.00	Funding amount based on preveious yr. allocation by Coounty
Insurance Vehicles	\$ 2,200.00	\$ 2,200.00	Funding amount based on preveious yr. allocation by County
Fuel for Vehicles	\$ 5,225.74	\$ 5,500.00	Approved amount for Vehicle Fuel 2020/2021 FY
Total Estim.Pd.Directly by	\$ 15,920.24		
<b>Total Identified annual C</b>	<b>\$ 125,720.12</b>	<b>\$ 16,600.00</b>	Total verified via report from County Finance Dept.
			Note: allocated funds from County included in CCVFD Funding
			Requested Budget Amount for 2020/2021 FY
			Total Budget Approved by Board for 2020/2021 FY

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 30 2008

CASCADE COMMUNITY VOLUNTEER FIRE  
DEPARTMENT INC  
C/O JEROME ADAMS  
PO BOX 130 5497 CASCADE RD  
CASCADE, VA 24069

Employer Identification Number:  
54-2034163

DLN:  
17053210338018

Contact Person:  
TODD COLE

ID# 75901

Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
June 30

Public Charity Status:  
170(b)(1)(A)(vi)

Form 990 Required:  
Yes

Effective Date of Exemption:  
July 18, 2000

Contribution Deductibility:  
Yes

Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

CASCADE COMMUNITY VOLUNTEER FIRE

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Publication 4221-PC

Letter 947 (DO/CG)

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2020

Open to Public  
Inspection

<b>A</b> For the 2020 calendar year, or tax year beginning <u>7/1/2020</u> , and ending <u>6/30/2021</u>	
<b>B</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	<b>C</b> Name of organization <u>Cascade Community Volunteer Fire Department</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>5497 Cascade Road - P O Box 130</u> City or town State ZIP code <u>Cascade VA 24069</u> Foreign country name Foreign province/state/county Foreign postal code _____ <b>F</b> Name and address of principal officer: <u>Jerome Adams 621 Tender Lane, Cascade, VA 24069</u>
<b>D</b> Employer identification number <u>54-2034163</u> <b>E</b> Telephone number <u>434-685-7616</u> <b>G</b> Gross receipts \$ <u>108,782</u>	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶ _____	
<b>I</b> 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	
<b>J</b> Website: ▶ <u>N/A</u>	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ Volunteer <b>L</b> Year of formation: <u>2000</u> <b>M</b> State of legal domicile: <u>VA</u>	

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>To Provide Emergency Fire and Medical Services to Citizens in Cascade VA and Surrounding Areas</u>			
	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	14	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	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	18	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
		Prior Year	Current Year		
8		Contributions and grants (Part VIII, line 1h)	130,591	108,729	
9		Program service revenue (Part VIII, line 2g)	0	0	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119	53	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	65,000	0	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,710	108,782	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	161,861	109,800	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	161,861	109,800	
	19	Revenue less expenses. Subtract line 18 from line 12	33,849	-1,018	
	Net Assets or Fund Balances			Beginning of Current Year	End of Year
20		Total assets (Part X, line 16)	716,542	759,989	
21		Total liabilities (Part X, line 26)	0	0	
22		Net assets or fund balances. Subtract line 21 from line 20		716,542	759,989

## 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				
	<u>Jerome Adams - Chairman of Board</u>	<u>10-21-21</u>				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>Wayne Rakestraw</u>		<u>Wayne Rakestraw</u>	<u>10/21/2021</u>		<u>P01387854</u>
	Firm's name ▶ <u>Wayne Rakestraw</u>		Firm's EIN ▶			
	Firm's address ▶ <u>405 N Bridge Street, Eden, NC 27288</u>		Phone no. <u>336-627-7684</u>			

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No



## Eric Clark

Quote Number: 10479693

Version: 1

Prepared For: CASCADE COMMUNITY VFD

Attn:

Remit to:

**Stryker Medical**

P.O. Box 93308

Chicago, IL 60673-3308

Rep:

Chris Elting

Email:

chris.elting@stryker.com

Phone Number:

Quote Date: 01/21/2022

Expiration Date: 04/21/2022

### Delivery Address

Name: CASCADE COMMUNITY VFD

Account #: 1333811

Address: 4969 CASCADE RD

CASCADE

Virginia 24069

### End User - Shipping - Billing

Name: CASCADE COMMUNITY VFD

Account #: 1333811

Address: 4969 CASCADE RD

CASCADE

Virginia 24069

### Bill To Account

Name: CASCADE COMMUNITY  
VOLNTR FIRE DEPT

Account #: 1333810

Address: PO BOX 130

CASCADE

Virginia 24069

### Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	639005550001	MTS POWER LOAD	1	\$26,264.56	\$26,264.56
2.0	650605550002	Power-PRO XT MTS Mid: Dual wheel lock, x-restraint package, retractable head section 02 bottle holder, 3-stage IV pole PR, equipment hook, H/E storage flat, XPS side rail, XPS mattress, Trendelenburg, dual compatibility, backrest storage pouch	1	\$22,402.59	\$22,402.59
3.0	77100500	ProCare Power-LOAD Installation	1	\$535.00	\$535.00
Equipment Total:					\$49,202.15

### Price Totals:

Estimated Sales Tax (0.000%):	\$0.00
Freight/Shipping:	\$0.00
Grand Total:	\$49,202.15

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](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>.