Form **990**

Department of the Treasury Internal Revenue Service

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 2022

> Open to Public Inspection

For the 2022 calendar year, or tax year beginning 2022, and ending , 20 B Check if applicable: C Name of organization CANNON COUNTY RESCUE SOUAD D Employer identification number Doing business as CANNON CO RESCUE SOUAD INC Address change 62-1637420 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return 618 LEHMAN ST 615-318-2688 Final return/ City or town, state or province, country, and ZIP or foreign postal code G Gross terminated WOODBURY TN 37190 135,295 receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Yes X No Application pending ATTACHMENT H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 4947(a)(1) or If "No," attach a list. See instructions. J Website: N/AH(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: M State of legal domicile: TN Part I Summary Briefly describe the organization's mission or most significant activities: RESCUE SQUAD PUBLIC CHARITY Activities & Governance Check this box | | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a) b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** Contributions and grants (Part VIII, line 1h) 41,309 55,122 Revenue 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 184 319 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 73,980 79,854 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 115,473 135,295 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 107,90 138,090 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 107,907 138,090 7,566 -2,795**End of Year Beginning of Current Year** Total assets (Part X, line 16)..... 122,527 85,609 21 Net assets or fund balances. Subtract line 21 from line 20 122,527 85,609 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 Signature of officer Date Here LARRY POWELL CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN Paid DEBRA WAGONER DEBRA WAGONER 02-10-2023 self-employed |P01507927|Preparer Firm's name H AND R BLOCK Firm's EIN 261214912 Use Only Firm's address 940 S MCCRARY ST Phone no. WOODBURY TN 37190 (615)563-5773May the IRS discuss this return with the preparer shown above? See instructions Yes X For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

Forr	m 990 (2022) CANNON COUNTY RESCUE SQUAD 62-1637420	Page 2
Pa	art III Statement of Program Service Accomplishments	rage Z
	Check if Schedule O contains a response or note to any line in this Part III	П
1	Briefly describe the organization's mission:	
	PUBLIC CHARITY RESCUE SQUAD	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990–EZ?	X No
	If "Yes," describe these new services on Schedule O.	Мио
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?Yes	X No
	If "Yes," describe these changes on Schedule O.	NO NO
4		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	the total expenses, and revenue, if any, for each program service reported.	
4a	### (Code:) (Expenses \$including grants of \$) (Revenue \$	
	SEE ATTACHMENT #2	
		-
		Á
4b	Code: (Code: (Revenue \$	4)
		<i>y</i>
40	(Code:) (Expenses \$ including grapts of \$	
70	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4		
4d	Other program services (Describe on Schedule O.)	
	(Evponence \$	
	Total program service expenses (Revenue \$)	

Part IV Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
6	assessments, or similar amounts as defined in Rev. Proc. 98–19? If "Yes," complete Schedule C, Part III	5		
٠	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
	complete Schedule D, Part III	8		Х
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 donor-restricted endowments			
	or in 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110		v
b	Did the organization report an amount for investments other securities in Part X, line 12, that is 5% or more	11a		<u>X</u>
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	7	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	€.	$\langle 2 \rangle$	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	<u>X</u>
Т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.7
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
124	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		Χ
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	252.000		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.5		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u>X</u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV,	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20-	If "Yes," complete Schedule G, Part III	19		_X_
zua h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? \mathbb{N} $/\mathbb{A}$ Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_		37
	Tes, complete schedule i, Paris i and ii	21		X

Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	1 77		881
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots \dots \mathbb{N}/\mathbb{A}$.	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	À		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		21
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			111 = =
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			2.5
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"			
	complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		4	
	"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	š. A	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	or Sub-	X	
24	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,"			57
33	complete Schedule N, Part II	32		X
33	sections 301.7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	22		37
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
04	or IV, and Part V, line 1	24		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		Λ
	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	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		21
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	- 07	- Water	
	19? Note: All Form 990 filers are required to complete Schedule O	38		Χ
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	50		71
	Check if Schedule O contains a response or note to any line in this Part V			П
	and the state of t		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	No
b	Enter the number of Forms W–2G included on line 1a. Enter –0– if not applicable			
Ĉ	Did the organization comply with backup withholding rules for reportable payments to vendors and			0007
	reportable gaming (gambling) winnings to prize winners?	1c		X
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Part	Statements Regarding Other IRS Filings and Tax Compliance (co	ontinu	ed)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a)		
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax re	urns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	N./.A.	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S	Sched	ule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of	or othe	r authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other	financ	ial account)?N./.A.	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax			5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r trans	action?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		100000000000000000000000000000000000000
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, are		AND THE RESERVE AND THE PARTY OF THE PARTY O			
	organization solicit any contributions that were not tax deductible as charitable contributions?		Account Comment Commen	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such co					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	檀				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and contr					2 2
	and services provided to the payor?	ACCOUNT OF		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	100		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for where the file Form 20003	00000A				7.7
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year			7c		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal by		control 2	7.		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		A CONTRACTOR OF THE CONTRACTOR	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		COLUMN ACCOUNT	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	400		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	CONTRACTOR OF THE PARTY OF THE	*CONTRACTOR OF THE PROPERTY OF			23
	sponsoring organization have excess business holdings at any time during the year?	67 YELL	EUA, "EUADED"	8	á	Х
9	Sponsoring organizations maintaining donor advised funds.				F	
а	Did the sponsoring organization make any taxable distributions under section 4966?	.		9a	$\langle 0 \rangle$	Χ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor advisor.	WEST COSTS		9b		X
10	Section 501(c)(7) organizations. Enter:				** <u>.</u>	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		5.7		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	CONTRACTOR I	m 1041?	12a		X
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	O CONTROL OF CONTROL O			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		X
b .	Enter the amount of reserves the organization is required to maintain by the states in which	. U.	÷			
- 4	the organization is licensed to issue qualified health plans	10h				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	1		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in r			140	-	
	excess parachute payment(s) during the year?		N/Z	15		Χ
	If "Yes," see the instructions and file Form 4720, Schedule N.			.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	stmen	t income?	16		Χ
	If "Yes," complete Form 4720, Schedule O.					- 1
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953	?		17		Χ
	If "Yes," complete Form 6069.					
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Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,	and for	a "No	,"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See inschedule O contains a response or note to any line in this Part VI	structio	ns.	П
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
•	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, trustees, or key employees to a management company or other person?			X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
7a		6	_	X
74	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
b		7a		X
_	stockholders, or persons other than the governing body?			7.7
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		X
	the year by the following:			
а	The governing body? · · · · · · · · · · · · · · · · · · ·	0-		V
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	90		Λ
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 0		21
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Á	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./ A	10b	4600	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Z J	X
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	N	Χ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	-		
	rise to conflicts?	12b	7	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		Χ
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
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		X
~	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Section	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a first a state of the state o			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024–A, if applicable), 990, and 990–T (section 501(
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	C)		
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	financial statements available to the public during the tax year.	and		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SEE ATTACHMENT #3			

Form 990 (2022)

FDA

22 9907

BWF 990

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the orga							sated a			
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours per		(do not	check	more th	ian one both an		Reportable	Reportable	Estimated
	week		officer	and a di	rector/	trustee)	r	compensation from the	compensation from related	amount of other
	(list any hours for	In di	Inst	Officer	Key	Higi	Former	organization	organizations	compensation
	related	vidu	tutio	cer	етр	loye	ner	(W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organiza-	al tr	onal		Key employee	6 0		1099-NEC)	1099-NEC)	organization
	tions below	In dividual trustee or director	Institutional trustee		· O	pen				and related
	dotted line)		6		.4	Highest compensated employee	7 2			organizations
(1) CANNON COUNTY RE					W.		47	A.N		€
SQUAD				4				AND		
(2) MICHAEL UNDERHIL	10.00			X					0	4 0
PRESIDENT									w .	
(3) CANNON COUNTY RE							4	A VA.		+44
SQUAD	10.00			Х	Z		Á	0	0	0
(4) UNIT DIRECTOR			7.				*		4	
CANNON COUNTY RESC				7						
(5) SQUAD				x						
CHIEF FINANCIAL	5.00	7	*	^				0		0
(6) OFFICER				1					, VA. J	7
CANNON COUNTY RESC	2 00			X						
(7) SQUAD	2.00			^		2			0	0
SENIOR VICE PRESID					1	*		A 7		
(8) CANNON COUNTY RE	F 00			x						
SQUAD WIGH PRICE	5.00			^				U	0	0
(9) JUNIOR VICE PRES			1							
(10)			7				4			
(11)										
								A		
(12)					4	7				
(13)		-			N.	37				
(14)										

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Part	VI Section A. Officers,	Directors.	Truste				s. and F		t Compensated Fm	nlovees (continued)	Tugo C
				30, 110			o, and i	iigiico	d Gompensated Em	picyces (continued)	(F)
	(A)	(B)	-2.75	(do no	Posi	tion	222.024		(D)	(E)	Estimated
	Name and title	Average		box, ur		rson is	both an		Reportable	Reportable	amount of
		hoursper	0 =				/trustee) 	П	compensation	compensation	other
		week (list any hours	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the	from related	compensation
		for related	rect	E	Cer	emp	nest	ner	organization	organizations	from the
		organiza- tions	o #	nal		loy	ee		(W-2/1099-MISC/	(W-2/1099-MISC/	organization
		below	ıste	trus		e	npe		1099-NEC)	1099-NEC)	and related
		dotted line)	n n	tee			nsai		,		organizations
(45)	100 E 000						te d				
(15)										A	
(4.0)										***	
(16)											
(4=)											
(17)											
	The state of the s								Sample Colleges	*************************************	
(18)											
						- T					
(19)									4		
(20)									43.47		
(21)	W.A							-			
									Y S	4	
(22)								Ve a			
							1	. 4		WW/A	
(23)						Α.			**************************************		
(/											
(24)					.04	40			433		
()					4						
(25)				1							
(25)										7	
-											
1b	Subtotal			40000000	**************************************	200		· : :			
C	Total from continuation sh									<u>é</u>	
d	Total (add lines 1b and 1c)										100 miles
2	Total number of individuals (to thos	e liste	d above) who	received more than S	\$100,000 of	
	reportable compensation fro	m the orga	nization	All.		A					
					146						Yes No
3	Did the organization list any									A TO	
	employee on line 1a? If "Yes	," complete	Sched	lule J fo	or such	n indiv	idual 🐍				3 X
4	For any individual listed on li	ne 1a, is th	e sum d	of repo	rtable	compe	ensation	and o	ther compensation fr	om the	
	organization and related organization	anizations (greater t	than \$	50,000	0? If "\	Yes," coi	mplete	Schedule J for such	individual	4 X
5	Did any person listed on line										
	for services rendered to the										5 X
Section	B. Independent Contracto										J A
1	Complete this table for your	4000000	compe	nsated	linden	ender	nt contra	ctors	hat received more th	an \$100,000 of	
4	compensation from the organ										av voor
		(A)	- Salas Base					,	(B)	Tine organizations te	
	Name and	business a	ddress				(Description of se	nino	(C)
						A			Description of se	VICES	Compensation
							Hitty		7		
-						- 1					
							*455				
	Total number of in 1		, .						CONTRACTOR OF THE PARTY OF THE		
2	Total number of independent	contractor	s (inclu	ding bu	ut not l	imited	to those	e listed	above) who		Contract the second
	received more than \$100,000										
FDA	22 9908 BWF990 Fo	rm Software	Copyrigh	nt 1996 -	- 2023 H	IRB Ta	x Group. I	nc.		Landau	Form 990 (2022)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line in the	is Part VIII			П
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants,	일 1:	a Federated campaigns 1a			and the prospection	312-314
Gra		b Membership dues · · · · · · · 1b			法等最后按照	
S,	A P	c Fundraising events				
:E	<u>a</u>	d Related organizations 1d				
S,	[e Government grants (contributions) 1e		国际集体企业	Mark Market	
ij	2 1	f All other contributions, gifts, grants, &				
<u>i</u>	Į į	similar amounts not included above 1f 27,704				
Ē	2 9	Noncash contributions included in lines 1a-1f. 1g \$				
_0;	ē 1	n Total. Add lines 1a-1f	55,122			12000
Program Service		Business Code		Tarabar.	A TA TA	
	28			(P)	Allegan	
	, k)		45.5		
Su				/=/ \www.	-	
Jrar Jev				a W		
Š.	ءَ ا	All attacks		ZA CAS	*	
-	0	All other program service revenue	4,3	457		
	-		*			
	3	Investment income (including dividends, interest, and	45.0h		4	
	4	other similar amounts)	319		AP.	
	5	Income from investment of tax-exempt bond proceeds		4		
	3	Royalties			4 K / 49	
	6a					
	b		1,425.5			
	C					
		Net rental income or (loss)				
		(i) Securities (ii) Other		Also de la compa	2.09	
	7a	Gross amount from sales of assets other than		h. 21111		
		inventory	MALE SILE			
<u>a</u>	b	Less: cost or other basis	Print. W			型、"看"。但
Revenue		and sales expenses 7b				
ě	c	Gain or (loss)				- ,415,1746,
e.	d	Net gain or (loss)				
윺	8a	Gross income from fundraising events		A PERSON		
		(not including \$ 27,418				
		of contributions reported on line 1c).		IF.A.		
		See Part IV, line 18			Shirt	
	b	Less: direct expenses 8b				
	C	Net income or (loss) from fundraising events		h i Tan A		
	9a	Gross income from gaming activities.		35. 2.22		
4		See Part IV, line 19 9a	AND			
		Less: direct expenses 9b				
	100	Net income or (loss) from gaming activities				
	Ioa	returns and allowances	100			
	b	Less: cost of goods sold				
		Net income or (loss) from sales of inventory	22/06/200			
						110 110 110 110 110 110 110 110 110 110
Miscellaneous Revenue	11a	COUNTY BUDGET Business Code	18,400			
liscellane Revenue	b	COST RECOVERY SYSTEM	12,653			
ver	С	INSURANCE REIMBURSEMEN	728			
/lisc Re	d	All other revenue	48,073			
<		Total. Add lines 11a-11d	79,854			
	12	Total revenue. See instructions	135,295	to convertible property that		
FDA	22	9909 BWF 990 Form Software Copyright 1996 - 2023 HRB Tax Group,				orm 990 (2022)

Form 990 (2022)

Part IX Statement of Functional Expenses

Sec	ction $501(c)(3)$ and $501(c)(4)$ organizations must complete all (3)	columns. All other or	ganizations must cor	mplete column (A)	
	Check if Schedule O contains a response or note t	to any line in this Pa	rt IX		
Do 8b,	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				一种学生是全国支撑
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,				
	lines 15 and 16			- 医多种性原则	44年40年年11日
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			7-	
	trustees, and key employees			Name of the second	
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		A	FIXE	
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)		₩	-	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	4	Y A Y	A	
b	Legal·····	A 300		AT A	
C	Accounting	A/A	4149		
d	Lobbying	ATEM	A	A WENGE	
е	Professional fundraising services. See Part IV, line 17	VA VAA		THE PARTY OF THE	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	MATERIAL TOPONOMICS OF THE PARTY OF THE PART	///	7	
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				- 6 Te
13	Office expenses	820			
14	Information technology	1,679			
15	Royalties				
16	Occupancy	47		//=	
17	Travel			A	
18	Payments of travel or entertainment expenses		9		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,177			
20	Interest		4		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,795			
23	Insurance	1,093	/ // 🤫		
24	Other expenses. Itemize expenses not covered		es ar a.		
	above. (List miscellaneous expenses on line 24e. If			Elektralis	
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	BUILDING IMPROVEMENT/MAINTENA	394	A		
b	CAPITAL EQUIPMENT FUNDING	76,110	.43		
C	FIRE PREVENTION AND SAFETY PR	13			
d	FUNDRAISING EXPENSES	5,525			
е	All other expenses	42,184			
25	Total functional expenses. Add lines 1 through 24e	138,090			
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) · · ·				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			П
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	15,330	1	17,863
	2	Savings and temporary cash investments	85,501	2	48,845
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			AND EAST OF THE REST OF
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	T 42464 45 85 45 45 45 45 45 45 45 45 45 45 45 45 45	6	$\chi_{-}\chi_{-}\chi_{-}$
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
4	10	a Land, buildings, and equipment: cost or		9	Landy Control of the
		other basis. Complete Part VI of Schedule D 10a 21,696			
		b Less: accumulated depreciation	21,696		10 001
	11	Investments publicly traded securities	21,090	10c	18,901
	12	Investments other securities. See Part IV, line 11		11	
	13	Investments program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11.		14	
	16		100 505	15	
	17	Total assets. Add lines 1 through 15 (must equal line 33)	122,527	16	85,609
	18	Grants payable		17	The state of the s
	19	Deferred revenue		18	
	20			19	é
	21	Tax-exempt bond liabilities		20	# AV
Ø	22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	4
Liabilities	22	Loans and other payables to any current or former officer, director,			
ig		trustee, key employee, creator or founder, substantial contributor, or 35%			谜底 中海
Ë	00	controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	LEVAN TO		
ılar	27	Net assets without donor restrictions		27	
B	28	Net assets with donor restrictions		28	
nu		Organizations that do not follow FASB ASC 958, check here			
Ē	4	and complete lines 29 through 33.		T-line	
0 8	29	Capital stock or trust principal, or current funds	33,343	29	43,174
set	30	Paid-in or capital surplus, or land, building, or equipment fund	1 / 1 / 1	30	13,174
As	31	Retained earnings, endowment, accumulated income, or other funds	00 101	31	12 125
Net Assets or Fund Balances	32	Total net assets or fund balances	100 500	-	42,435
	33	Total liabilities and net assets/fund balances	100 505	32	85,609
DA	22	99011 BWF 990 Form Software Convicts 4000 accounts with	122,321	33	85,609

200	CANNON COUNTY RESCUE SQUAD 62-1637	1420			Pac	ge 12
Pa	Heconciliation of Net Assets	All Co.				
	Check if Schedule O contains a response or note to any line in this Part XI					. П
1	Total Tevenue (must equal Part VIII, column (A), line 12)	1				,295
2	l otal expenses (must equal Part IX, column (A), line 25)	2				,090
3	Revenue less expenses. Subtract line 2 from line 1	3				,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				,527
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	111111111111111111111111111111111111111			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	A		-34	,123
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X. line		Photonic (A.		
Do	32, column (B))	10_	13/1/2		85	,609
Par	t XII Financial Statements and Reporting	addito.		L T		
-	Check if Schedule O contains a response or note to any line in this Part XII			7		П
					Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 📗 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	, . .		2a		Χ
	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	7.4)			
	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?	,	N/.A.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				-	
	Schedule O.					
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
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 on Schedule O and describe any steps taken to undergo such audits		.N./.A.	3b		,
DA	22 99012 BWF 990 Form Software Copyright 1996 – 2023 HRB Tax Group, Inc.		Constant	orm \$	990 (2	2022)
						,
		1				
			Titugani			
		2				
		D.				

4						
4						

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

CAN	INO		Y RESCUE				62-163	7420						
Pai	-	Reason	for Public Ch	arity Status. (All organization	ns must con	nplete this pa	art.) See instructions.							
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)														
1	∐≠	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	$\prod f$	school descr	bed in section 170	0(b)(1)(A)(ii). (Attach Schedule	E (Form 990).)								
3	∐ £	hospital or a	cooperative hospita	al service organization described	d in section	170(b)(1)(A))(iii).	A						
4	∐₽	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
	city, and state:													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6	∐ A	federal, state	, or local governme	nt or governmental unit describ	ed in sectio	n 170(b)(1)(A)(v).							
7	∐ A	n organization	that normally recei	ves a substantial part of its sup	port from a g	governmenta	l unit or from the gener	ral public						
	_ 0	described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	∐₽	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	∐ A	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
	0	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
	_	niversity:												
10	X A	n organization	that normally recei	ves (1) more than 33^1 / $_3$ % of its	support from	n contributio	ns, membership fees, a	and gross						
				s exempt functions, subject to c	Water to the second section of the section of the second section of the second section of the second section of the section of the second section of the sectio	490000000								
	S	upport from gi	oss investment inco	ome and unrelated business tax	kable income	(less section	n 511 tax) from busines	sses						
				June 30, 1975. See section 50	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P		Water and A second	A						
11				erated exclusively to test for put				7						
12				erated exclusively for the benefi										
				organizations described in sec										
	Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.													
а	Ш			n operated, supervised, or cont										
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the													
	п			st complete Part IV, Sections										
b	Ш			on supervised or controlled in c										
				pporting organization vested in		ersons that c	ontrol or manage the s	upported						
	П			lete Part IV, Sections A and C			4							
Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.														
d	П													
u	Ц			rated. A supporting organization										
				The organization generally mu				ntiveness						
е	П	requirement (see instructions), You must complete Part IV, Sections A and D, and Part V.												
Ŭ	Ц	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.												
f	En			nizations										
g				out the supported organization										
		of supported	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of other						
4		anization	(, ;	(described on lines 1-10	listed	in your g document?		support (see instructions)						
				above (see instructions))	Yes	No								
(A)														
(B)					17 YEA	47								
(C)					4									
(D)														
E)														
Γotal														
D-		west Destart												

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

<u></u>	If the organization fails to qualify un	ider the tests list	ed below, please	complete Part II	l.)				
	tion A. Public Support	() 00/0	(1) on (n)	()	(1) 0001	() 0000	(n) = l		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	51,664	82,044	189,912	41,309	55,122	420,051		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	19,020					19,020		
3	Gross receipts from activities that are not an unrelated trade or business under section 513····				and the second s				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge	21,450		Attended			113,413		
6	Total. Add lines 1 through 5	92,134	101,064	262,855	41,309	55,122	552,484		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
	other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b		ARRE		A		552,484		
8	Public support. (Subtract line 7c from line 6.)						332,464		
	tion B. Total Support	4							
	ndar year (or fiscal year beginning in)	(a) 2018 92,134	(b) 2019	(c) 2020 262, 855	(d) 2021 41,309	(e) 2022 55,122	(f) Total 552, 484		
9	Amounts from line 6	32,134	101,004	202,833	41,303	33,122	332,101		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	257	381	265			903		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						And the second s		
С	Add lines 10a and 10b	257	381	265	Ą	N. A.E./	903		
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	92,391	101,445	263,120	41,309	55,122	553,387		
14	First 5 years. If the Form 990 is for the organ organization, check this box and stop here	nization's first, sec	cond, third, fourt	h, or fifth tax yea	r as a section 50	1(c)(3)	Г		
Sec	tion C. Computation of Public Sup			. AV					
15	Public support percentage for 2022 (line 8, co	olumn (f), divided	by line 13, colu	mn (f))		15	99.84%		
16	Public support percentage from 2021 Schedu	ıle A, Part III, line	15			16	%		
Sec	tion D. Computation of Investment								
17	Investment income percentage for 2022 (line	10c, column (f),	divided by line 1			17	0.16%		
18	Investment income percentage from 2021 Sc					18	%		
19a	33 ¹ /3% support tests 2022. If the organiz	3 ¹ /3 %, and line							
b	17 is not more than 33 ^{1/3} %, check this box and stop here. The organization qualifies as a publicly supported organization								
	line 18 is not more than 33 1/3 %, check this bo	ox and stop her	e. The organization	on qualifies as a	publicly sunnort	ed organization			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CANNON COUNTY RESCUE SQUAD

Employer identification number 62-1637420

PART XI - DEPRECIATION AND RESTRICTED FUNDS

PART IX LINE 24E - INCLUDES COUNTY MAINTAINED EXPENSES, VEHICLE MAINT, RESCUE EQUIP, PROTECTIVE GEAR, ETC

PART IX LINE 24E CAPITAL EQUIPMENT FUNDING - 2023 F250 FORD PURCHASED ON 11/2022