Form **990**

Return of Organization Exempt From Income Tax

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

-	FOF TE	ne 2023 calei	idar yea	ar, or tax ye	ar beginni	ng			, 2023, a	ina enain	g			20
В	Check	if applicable:	C									D Employ	er identifi	ication number
	∏ Ac	ddress change	MID	COAST	FIRE BE	RIGADE						94-	25932	269
	H_{N}	ame change		00 PALO			OAD					E elepho		
	\vdash	itial return		MEL, CA								/83	11 62	25-8175
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	\vdash	ral return/terminated	1										ė	2 222 102
	\vdash	mended return									1.14 5 7 15 1	G Gross r		
	L A	oplication pendir	g F Na	me and addres	is of principal	officer CI	HERYL GO NYON CA	<u> ZTZ</u>	a. a.	2002	1	group return		— · · · · · · · · · · · · · · · · · · ·
						DO CA	NYON CA			3923	If "No."	subordinates Lattach a list	See inst	? Yes No
!	Tax-	exempt status:	X 50	1(c)(3)	501(c) ()	(insert no.)	4947	(a)(1) or	527				
J	We	bsite: W	WW M	IDCOASTI	IREBRI	GADE.	ORG		,		H(c) Group	exemption in	umber	
ĸ	=om	n of organization	: Co	rporation	Trus: X	Association	other		L ve	ear of format	ion: 197	9 M s	tate of le	gal domicile. CA
Pa	ırt I	Summa	irv									· · · · · · · · · · · · · · · · · · ·		·
	1	Briefly desc	ribe the	organizatio	on's missio	n or mos	t significant	activities	FIR	F SIIPP	RESSTO	N MED	TCAT.	RESCUE AND
							1 FROM							
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Ķ	2	Check this i		if the o		disconti	nued its ope	rations o	r dienne	ed of mo	re than 25	% of its n		
ဒ္	3	Number of							n dispos	ieu oi ino	, c (114)1 25	70 01 113 11	3	8
∘ ₹	4	Number of i							/I. line 1	b)			4	7
<u>se</u>	5	Total number	er of inc	dividuals en	nploved in	calendar	vear 2023 (Part V. h	ne 2a).				5	Ō
Activities & Governance	6						ý						6	16
잗	7a	Total unrela	ted ous	iness rever	nue from P	art VIII. d	column (C).	line 12					7a	50.
	b	Net unrelate											7b	0.
										•	P	rior Year		Current Year
	8	Contribution	is and o	rants (Part	VIII, line 1	h) .						292,7	31.	233,042.
ž	9	Program se	_			•								
Revenue	10	-				 ·	4, and 7d).				.		9.	50.
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									11,6		11.
	12						ial Part VIII.					304,3		233,103.
	13						(A), lines 1		1, 7					
	14			•	•		(A), line 4)					~ .		
	15	•					(Part IX. co		lines 5	-10)				
es	ļ			-			•			-			-	
şuş	1	Professiona		_	•		-							
Expenses	b	Total fundra	ising e	xpenses (Pa	art IX, colu	mn (D), i	line 25)			1,302.				
ш	17	Other exper	nses (Pa	art IX, colui	mn (A). lin	es lla-li	ld. 11f-24e)					205,6	13.	141,226.
	18	Total expen	ses. Ad	ld lines 13-	7 (must e	qual Part	IX, column	(A), line	25)			205,6		141,226.
	19	Revenue le										98,		91,877.
8			····							-	Regionio	na of Currer	_	End of Year
a c	20	Total assets	(Part	X line 16)								L, 077, 2		1,051,696.
8 8	21	Total liabilit			١						 	., 0 , , , 2	0.	565.
Net Assets Fund Balanc	22		•		•	- 01 4						077 (
<u> </u>	22	Net assets			Subtract iii	e zi iron	i Brie 20 .					1,077,2	1.00.	1,051,131.
	art II	Signati												
Unde	r penali piete. C	ties of perjury, 1 d Declaration of pre	eclare that parer (oth	I have examine er than officer	d this return, in) is based on	cluding acco all informate	mpanying sched on of which pre	ules and sta parer has a	tements, ar ny knowie:	ad to the best age.	of my knowle	dge and belief	, it is true.	correct, and
	· · · · ·		•								1			
۸.		Signature	of officer											
Sig	gn													
He	re	·	/L GO							<u>.</u>	Preside	ent		
			int name							1		1 1		The state of the s
			e brebare			Preparer's	-			Date		Check		>-1A
Pa			el M.	Ukesta	d CPA	Danie	l M. Uk	estad	CPA			self employ	ео І	P00196945
Pr	epar		me	DANIEL	M. UKE	STAD	& ASSOC	IATES						
Us	e Or	ily Firm's ad	dress	PO Box	22710							≟⊭m's ≟IN	20-	-0606416
					, CA 93	922						Prone no	(831	
Ма	y the	IRS discuss	this retu				ove? See in	struction	S					X Yes No

Form	990 (2023) MID COAST FIRE BRIGADE	94-2593269	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	FIRE SUPPRESSION, MEDICAL, RESCUE AND PUBLIC EDUCATION ALONG HIG	HWAY 1 FROM ROAL	OS IN
	BETWEEN		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		<del></del>	
	Did the organization undertake any significant program services during the year which were not listed or	the prior	
_	F 000 000 F30		V No
	form 990 or 990-EZ?	Yes	X No
•	· · · · · · · · · · · · · · · · · · ·		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services accomplishments for each of its three largest program services.	ices, as measured by exp	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported.	s to others, the total expen	nses.
	(Code: ) (Expenses \$ 132,001 including grants of \$ ) (I	Revenue \$	
			<del></del> .'
	The Mission Statement is as follows: The Mid-Coast Fire Brigade		
	changing needs of our community, which includes Garrapata, Palo		
	Creek, Bixby and the Coast: from Garrapata State Park south to "		
	Hurricane Point. We contribute to the quality of life within ou		
	providing fire protection, fire prevention education, and by pro	tecting lives,	
	property, and the environment with compassion, vigilance and ded	ication.	
	~		
		<del></del>	
			<b>-</b>
- AL			<del></del>
40	(Code:) (Expenses \$ including grants of \$) (Figure 1)	Revenue \$	)
	~		
	~ ·		
		<del></del>	
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
		<u></u>	
	*		
			<del>-</del>
٨٨	Other program coveres (December of Cabally Co.)		
	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
46	Total program service expenses 132, 001.		

Form 990 (2023) MID COAST FIRE BRIGADE

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		Х
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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		х
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		Х
11	If the organization's answer to any of the following questions is "Yes." then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and ecuipment in Part X, line 10? If "Yes." complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 ь		Х
С	Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	:	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	111		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	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.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. fines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." complete Schedule G, Part III.	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
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Form 990 (2023) MID COAST FIRE BRIGADE

Part IV Checklist of Required Schedules (continued)

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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	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		х
2 <b>4</b> a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	<del>                                     </del>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		<del> </del> -
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		Х
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		Х
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, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 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. 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		х
b	A family member of any individual described in line 28a? If "Yes." complete Schedule L. Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes." complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
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," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del></del> ,		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
Ь	Enter the number of Forms W 20 included to the La Table 2011			•
	Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		<i>:</i>
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Form 990 (2023) MID COAST FIRE BRIGADE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-					
h	ments, filed for the calendar year ending with or within the year covered by this return	2a		0	ļ	ļ
	If at least one is reported on line 2a, did the organization file all required federal employment		iturns?	2b	<del> </del>	
	Did the organization have unrelated business gross income of \$1,000 or more during the year	?		3a	ļ	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		* *	3b	ļ	ļ
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature if financial account in a foreign country (such as a bank account, securities account, or other fin	or othi nancia	er authority over, a I account)?	4a		x
b	If "Yes," enter the name of the foreign country				<b>†</b>	<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin	ancial	Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r trans	saction?	5 b	<u></u>	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such conot tax deductible?	ntribu	tions or gifts were	6b		
7	Organizations that may receive deductible contributions under section 170(c).				1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	rtly fo	r goods and	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	1	1
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh Form 8282?	ich it	was required to file	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b			7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene			71		Х
g	If the organization received a contribution of qualified intellectual property, did the organizatio as required?	n file i	Form 8899	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	-		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaining	ained	by the sponsoring			
_	organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				<u> </u>	
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	امدا				
	Initiation fees and capital contributions included on Part VIII, fine 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations, Enter:	10b		_		
	Gross income from more has a short-life	44-1				
		11a		-		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	116				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	r	1041?	12a		
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12b	.,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	
L	Note: See the instructions for additional information the organization must report on Schedule	U.		1	-	1
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on			14b	<b> </b>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?  If "Yes." see the instructions and file Form 4720, Schedule N.	remur	neration or	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation.	etma-	ot income?	16	<del> </del>	X
	If "Yes." complete Form 4720, Schedule O.	.əuntei	n alcomet	10	2	<del>                                     </del>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in result in the imposition of an excise tax under section 4951, 4952, or 4953?		ectivities that would	17		
	If "Yes," complete Form 6069.					
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BANAN 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 instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management No Yes Ta Enter the number of voting members of the governing body at the end of the tax year...... 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent . . . . . 16 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? See Schedule 0 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person?.............. 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Did the organization have members or stockholders?..... 6 7a 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?. See Schedule 0. X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8a X b Each committee with authority to act on behalf of the governing body?..... 8b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O...... 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No X 10a Did the organization have local chapters, branches, or affiliates?..... 10a b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts?... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See Schedule O...... 12c X 13 14 Did the organization have a written document retention and destruction policy?..... 14 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? a The organization's CEO, Executive Director, or top management official... See .Schedule .Q ... 15a b Other officers or key employees of the organization... See. Schedule. O...... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a b 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 organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>No</u>ne Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. CHERYL GOETZ PALO COLORADO CANYON ROAD CARMEL CA 93923 (831) 625-8175

Form	990	(2023)	MTD	ር ር እ ፍ ሞ	CIDC	BRIGADE
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Page 7

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# 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.

(A)
Name and title

(B)
Average

Average

(C)

Position
(do not check more than one box, unless person is both an officer and a direct and a direct

(A) Name and title	(B) Average	do box,	no: ci unle:	heck ss pe	rson	than o is both of/truste	an	Reportable compensation from	(E)  Heportable compensation from	(F) Estimațed amount
	hours per week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (w 2/1099 VISC/1099 NEC)	related organizations (W 2/1099 VISC/1099 NEC)	of other compensation from the organization and related organizations
(1) CHERYL GOETZ	20	<del>                                     </del>						7100		
President	0 -	X		Х	<u> </u>			0.	0.	0.
(2) JAKE GOETZ	20									
Vice President	0 -	X		X				0.	0.	0.
(3) ERIN CARNEY	1									
Secretary	0	X		Х	1			0.	0.	0.
(4) TINA HANNAS-DEFRIETAS	0	Ī								
Director	0	X						0.	0.	0.
(5) NORM COTTON	1					1 1				
Director	0	X						0.	0.	0.
(6) ONDINE GORTON	1	1								
Director	0	X		<u> </u>				0.	0.	0.
(7) COY WARE	1	1	ł		Ì					
Director	0	X						0.	0.	0.
(8)										
(9)		1								
(10)										
(11)		-								
(12)		-		-	-					M. S 500 11
(13)			-		-		_			
(14)		-		-	-					
	1	.1	L.,	<u> </u>	1	1 1		1		

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Form 990 (2023) MID COAST FIRE BRIGADE Part VI Section A. Officers, Directors, Tr	ustees	Key	Fr	nnl	OV	200	ar	nd Highest Co	94-259.	3269 Emp	ovees /	Page 8
(A) Name and title	(B) Average	(do box,	not ci	Pos heck ss pe	C) ition more	than dis both	one an	(D) Reportable compensation from	(E) Reportable	rom	(F	) amount
	per week (fist any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W.271099 MISC/1099-NEC)	rélatéd organizat (W-2/1059 MISC/1099-NE/	C)	compensati the organi and reli organiza	ization sted
(15)											·-··	
(16)		-										··
(17)											. <u>.</u>	
(18)		1										
(19)				-								
(20)									<u>i</u>			
(21)												
(22)		<del>                                     </del>		_	-						<del></del>	
(23)											<del></del>	
(24)												
(25)												
1b Subtotal										0.		0.
d Total (add lines 1b and 1c)		<u></u>				• • • •		0.		0.		0.
2 Total number of Individuals (including but not limi from the organization 0	ted to tho	se iis	ted	abo	ve)	who	rec	eived more than \$	100,000 of repo	ortable	compens	ation
3 Did the organization list any former officer, direct on line 1a? If "Yes,"complete Schedule J for such	or, trustee <i>individua</i>	, key	en	ıploy	/ee,	or hi	ighe	est compensated e	employee		Ye 3	S No X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual.	reportable	con	per	ısati	on a	ınd o	the	r compensation from			4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compens	ation te Sc	fro hed	m ai uie .	пу и <i>J foi</i>	nrela suci	ited h p	l organization or in	idividual		5	X
Section B. Independent Contractors  1 Complete this table for your five highest compens compensation from the organization. Report comp	ated indep	pend for th	ent 1e c	conf	ract	ors t	hat	received more that	n \$100,000 of	nn's ta	v vear	
(A) Name and business addr						<u>,</u>	-	(B) Description of		Γ	(C) ompensa	lion
VENTANA ENGINEERING PO BOX 96 CARM	EL VAI	LEY	<u>,                                     </u>	CA	93	924		ENGINEERING				
							_				· · · · · · · · · · · · · · · · · · ·	
Total number of independent contractors (includin \$100,000 of compensation from the organization	g but not	limite	ed to	the	se i	isted	ab	ove) who received	more than	45 yrs		
BAA	<u>`</u>	CE AA	1 OP:	082	3133	<del></del>				- 1	Corre 660	<b>600000</b>

		Check if Schedul	e O	contains a	respo	onse or note to any		1	•	
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
מ ע	1a	Federated campaig	ns.		1a		:			
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues.			1b					
5 5	С	Fundraising events			1c					
<b>€</b> 3	d	Related organization	ns		1d					
, is	е	Government grants (cont			ie	31,643.				
Š y	f	All other contributions, o								
うぎ	_ ~	similar amounts not incl Noncash contributions in			1f	201,399.	1,00			
Ęź	9	lines la-1f			1g		*			·
מֿ ט	h	Total. Add lines 1a-	1f				233,042.			
ue						Business Code				The second of
Program Service Revenue	2a	<del></del>								
æ	ь									
Ş	С				[					
Š	d		_ ~							
Ĕ	е			·						
ğ	f	All other program s	ervi	ce revenu	e [					
<u>ď</u>	g	Total. Add lines 2a-	2f						2	
	3	Investment income	(inc	luding div	dends.	, interest, and				
		other similar amou					50.		50.	
	4	Income from invest			-	bond proceeds			· · · · · · · · · · · · · · · · · · ·	
	5	Royalties				1				
		C		(i) ₹	921	(ii) Personal			ļ	<b>;</b>
		Gross rents	6a							
	•	Less rental expenses	6b							* t
		7a Gross amount from (i) Securities						<u> </u>		
	!				(ii) Other					
	7a			(i) Sect	mues	(ii) Other				
		other than inventory	7a							
	ь	Less: cost or other basis and sales expenses	7b							
	_	Gain or (loss)	7c							
	1									
	1									
Ĕ	8a	Gross income from fund- (not including \$	raisin	g events						
ē		of contributions reported	on t	ine (c)					]	
E E					88	11.				
-	h	Less: direct expens			81					
Other Revenue	I	Net income or (loss			ــــا	<u> </u>	11.		·	
Ü	1	Gross income from gami See Part IV, line 19	ing ac	tivities.	98		44.			
	h	Less: direct expens			91			] .		
	1	Net income or (loss			L			<u> </u>		
	1	•	-		3 EC 11 VI	163				
	10a	Gross sales of inventory, returns and allowances	less		0.02	a				
	1	Less: cost of goods			101					
	1	Net income or (loss			L	<u> </u>		<b>.</b>		
<u></u>	<del>  -</del>		,		1	Business Code				
9 "	11a									
Miscellaneous Revenue	11a b c d							<u> </u>		
景器	c					••				
<u>ģ</u> 2	d	All other revenue	·	. <del></del>						
Σ		Total. Add lines 11	a-11	d						
	12	Total revenue. See	ınst	ructions			233.103.	0.	50.	0

## Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must (	complete all columns. A	ll other organizations m	iust complete column (A	
	Check if Schedule O contains a r		ine in this Part IX		X
	not include amounts reported on lines 7b, 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	-			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members.  Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	-			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	, and the state of				
a	Management				
	Legal	· ·			
c	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees.				······
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule (I.)				
13	Advertising and promotion	2 724		2 704	
14	Information technology	3,724.		3,724.	
15	Royalties				
16	Occupancy.	17 050	17.050		
17	Travel	17,958.	17,958.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization	43,410.	43,410.		
23 24	Other expenses. Itemize expenses not	12,678.	12,678.		
	covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A), amount, list line 24e expenses on Schedule O.)				
а	FIRE VECHICLES	29,176.	29,176.		
Ь	FIREFIGHTING PAYMENTS	13,562.	13,562.		
c	TRAINING	3,819.	3,819.		
d	MEDICAL SUPPLIES	2,603.	2,603.		
е	All other expenses See Sch. 0	14,296.	8,795.	4,199.	1,302.
25	Total functional expenses. Add lines 1 through 24e	141,226.	132,001.	7,923.	1,302.
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)				

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		408,764.	1	417,944.
	2	Savings and temporary cash investments		30,830.	2	30,830.
	3	Pledges and grants receivable, net	The state of the s		3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, contributor, or 35% sons		5	
	6	Loans and other receivables from other disqualified per	<u>L</u>		-	
		section 4958(f)(1)), and persons described in section 4			6	
	7	Notes and loans receivable, net			7	
2	8	Inventories for sale or use		***************************************	8	
Assets	9	B			9	
As	10-					
	IUA	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,660,022.			
	b	Less: accumulated depreciation	10b 1,067,100.	637,672.	10c	592,922.
	11	Investments — publicly traded securities			11	332,322.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related, See Part IV, line 11		······································	13	
	14	Intangible assets	<del> </del>	. =	14	<del></del>
	15	Other assets. See Part IV, line 11		15	10,000.	
	16	Total assets, Add lines 1 through 15 (must equal line 3	1,077,266.	16	1,051,696.	
	17	Accounts payable and accrued expenses			17	5.65
	18	Grants payable			18	565.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities.			20	
S	21	Escrow or custodial account liability. Complete Part IV		······································	21	
Liabilities	22	Loans and other payables to any current or former office	icer, director, trustee			
8		key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per-	tor, or 35%		22	
ן כ	23	Secured mortgages and notes payable to unrelated th	1		23	
	24	Unsecured notes and loans payable to unrelated third			24	***************************************
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	565.
S		Organizations that follow FASB ASC 958, check here	X	· ·		565.
٥		and complete lines 27, 28, 32, and 33.	··			
ᇛ	27	Net assets without donor restrictions.		1,070,371.	27	1,044,236.
m	28	Net assets with donor restrictions	-	6,895.	28	6,895.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, chec and complete lines 29 through 33.	k here			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipme	ent fund.		30	
SS	31	Retained earnings, endowment, accumulated income.	L		31	
4	32	Total net assets or fund balances.	1	1,077,266.	32	1,051,131.
ž	33	Total liabilities and net assets/fund balances.		1,077,266.	33	1,051,696.
BA	4		TEEA0111_ 08/23/23	_,,_	!!_	Form <b>990</b> (2023)

Forn	n 990 (2023) MID COAST FIRE BRIGADE	94-2593269		Page 12
Pai	rt XI Reconciliation of Net Assets			provide the second
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23	33,103.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	<u>11,226.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	9	91,877.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	1,07	<u>77,266.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	. 6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O).  See Schedul	e u g	-13	18,012.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	10	1,05	51,131.
Pai	rt XII   Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
***************************************				Yes No
1	Accounting method used to prepare the Form 990: X 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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both.	iewed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
ь	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 se basis, consolidated basis, or both.	parate		
	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 review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	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 Guidance, 2 C.F.R. Part 200, Subpart F?	the Uniform	3a	Х
t	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	required audit	3ь	
BAA	TEEA0112L 08/23/23		Form	990 (2023)

### **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.

Attach to Form 990 or Form 990-EZ.

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

Employer Identification nun

Open to Public Inspection

OMB No. 1545-0047

Name of the organization 94-2593269 MID COAST FIRE BRIGADE Pantal Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: Ę 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. C Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 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. Enter the number of supported organizations ..... g Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (Iv) is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported organization support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2023 MID COAST FIRE BRIGADE 94~2593269

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				,	<del></del>	***************************************	
Cale beg	endar year (or fiscal year inning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	121,274.	104,183.	214,195.	292,731.	233,042.	965,425.	
2	Tax revenues fevied for the organization's benefit and either paid to or expended on its behalf			22.7,233.	2327132.	233,042.	0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	121,274.	104,183.	214,195.	292,731.	233,042.	965, 425.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1						300/ 123.	
	that exceeds 2% of the amount shown on line 11, column (f)		7				0.	
6	Public support. Subtract line 5 from line 4.						965,425.	
Sec	tion B. Total Support						3307.40.	
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	121,274.	104,183.	214,195.	292,731.	233,042.	965,425.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	116.	4.	3.			123.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	110.					0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10.	19		eri i			965,548.	
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.	
	First 5 years, If the Form 990 is f organization, check this box and	stop nere		hird, fourth, or fift	n tax year as a se	ection 501(c)(3)		
Sec	tion C. Computation of Pu	blic Support H	'ercentage					
14	Public support percentage for 20						99.99%	
	Public support percentage from 2					·	99.99%	
16a	33-1/3% support test—2023. If the and stop here. The organization is	e organization did qualifies as a publ	not check the posicly supported org	on line 13, and li anization	ine 14 is 33-1/3%	or more, check this	xod x	
b	and stop here. The organization qualifies as a publicly supported organization.    X							
17a	a 10%-facts-and-circumstances test2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the facts-and	neets the facts-an -circumstances tes	d-circumstances t st. The organization	est, check this bo: on qualifies as a pi	x and <b>stop here,</b> l ublicly supported	Explain in Part VI hoorganization	ow the	
	Private foundation. If the organiz	ation did not checl	k a box on line 13	. 16a. 16b. 17a. oi	r 17b, check this	box and see instruc	tions	
BAA			TEEA0402L	08/14/23		Schedule A	(Form 990) 2023	

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
Calenda	ar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities from the services and the services related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.		-				
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge						
7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
-	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.).						
Sec	tion B. Total Support						
Calend	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
c	acquired after June 30, 1975 Add lines 10a and 10b						
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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					501(-)(2)	<u> </u>
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a s	ection 501(c)(3)	<u></u>
Sec	tion C. Computation of P	ublic Support	Percentage	12			*
	Public support percentage for 2	U23 (line 8, columi	T (T), divided by #	ne is, column (t))			<del></del>
16	Public support percentage from						, , ,
	tion D. Computation of In	vestment inco	me Percenta	ye nd hy line 12 colo	(fl)		1 1
17		tor 2025 (line 10c,	column (t), alvidi	ғарун <del>ың</del> 13, соң . 17	H1111 (17)		
18	Investment income percentage 33-1/3% support tests—2023. If	mom zuzz Schedu	ile A, Mart III, IIA8 Ild aat abaat 45- 1	hay an line 14	d line 15 is more t	han 33.1/3% an	<u> </u>
	<ul> <li>33-1/3% support tests—2023. If is not more than 33-1/3%, chec</li> <li>33-1/3% support tests—2022. If</li> </ul>	k this box and <b>sto</b>	<b>p here.</b> The organ	uzation qualines a	is a publicly suppo	rted organizatioi	1
	line 18 is not more than 33-1/39	%, check this box a	and stop here. Th	e organization qui	alities as a publici	y supported orga	mzation
20	Private foundation. If the organ	ization did not che	ick a box on line	14, 19a, or 19b, cl	heck this box and	see instructions.	
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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

	<b>Organizations</b>

			162	NO
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes." describe in <b>Part VI</b> when and how the organization made the determination.	3b		
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
ŧ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
¢	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L. (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

	Supporting Organizations (continued)			<u>8</u>
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	-	
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		ide.
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		1 424
Sec	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	, <b>1</b>	
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons).		
8	The organization satisfied the Activities Test. Complete line 2 below.			
k	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	E The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruc	tions).	
2	Activities Test. Answer lines 2e and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ŀ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
8	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	k Z	i

	instructions. All other Type III non-functionally integrated supporting organization	s must c	omplete Sections A thro	ough E.
ec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):	-	÷	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		·
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inter (see instructions).	grated T	ype III supporting organ	ization

	dule A (Form 990) 2023 MID COAST FIRE BRIGA			-259	3269 F	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supp	orting Organization	<b>s</b> (continued)			
<u>Sec</u>	tion D — Distributions				Current Yea	ır
1	Amounts paid to supported organizations to accomplish exempt purp	poses		1		
2	Amounts paid to perform activity that directly furthers exempt purpo in excess of income from activity	ses of supported organiz	zations,	2		
3	Administrative expenses paid to accomplish exempt purposes of sur	oported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - provide	details in <b>Part VI</b> )		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the organ	ization is responsive (pr	ovide details			
	in Part VI). See instructions.			8		
	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributioπs	(ii) Underdistributi Pre-2023	ons	(iii) Distributat Amount for 2	ole 2023
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
	From 2018	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			· .	
t	From 2019					
	From 2020					
	From 2021					
	From 2022					
	f Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
ŀ	Applied to 2023 distributable amount					
	i Carryover from 2018 not applied (see instructions)					
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D, line 7: \$					
	Applied to underdistributions of prior years					
!	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.					
7	Excess distributions carryover to 2024. Add lines 3 ₁ and 4c.					
8						
	Excess from 2019					
	Excess from 2020		2			
	Excess from 2021					
	d Excess from 2022					
	E Excess from 2023					

Schedule A (Form 990) 2023

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Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Name of the organization MID COAST FIRE BRIGADE 94-2593269 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year ..... 2 Aggregate value of contributions to (during year)..... Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? i No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Yes No Part III Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year **2a** b Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a . . . . . . . d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Partill 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990. Part VIII, line 1..... b Assets included in Form 990, Part X.....

Part III	Organizations Mainta	aining Colle	ections of Art, Histo	rical Treasures, or C	Other Similar Assets	s (conti	nued)	)
3 Usi iter	ing the organization's acquisitions (check all that apply).	on, accession	, and other records, che	eck any of the following	that make significant us	e of its o	collectio	on
a [	Public exhibition		<b>d</b> Loan	or exchange program				
b 🗌	Scholarly research		e 🗌 Other					
c [_	Preservation for future generation	ations						
Pa	ovide a description of the organity XIII.		·	•		: in		
to	ring the year, did the organizat be sold to raise funds rather th	an to be mair	ntained as part of the or	historical treasures, or ganization's collection?	other similar assets	Yes		No
Part IV	Escrow and Custod Complete if the orga Form 990, Part X, li	anization ā	ements nswered "Yes" on I	Form 990, Part IV,	line 9, or reported	an am	ount (	on
1a Is i	the organization an agent, trus Form 990, Part X?	tee, custodiar	n, or other intermediary	for contributions or othe	r assets not included	Yes		No
<b>b</b> If "	Yes," explain the arrangement	in Part XIII a	ind complete the following	ng table.				
						Amount		
	ginning balance				<del></del>			
	ditions during the year.							
	stributions during the year				1e			
	ding balance					- TV.		<b></b>
	the organization include an a					Yes	-	No
b ff "	'Yes," explain the arrangement	in Part XIII.	Check here if the explai	nation has been provided	In Part XIII			J
Dark W	Endowment Funds							
Part V	Complete if the orga	anization a	nswered "Yes" on	Form 990 Part IV	line 10			
	Complete if the orga	201200011 0						
		(a) Current	year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) F	our years	s back
	ginning of year balance							
ь Со	intributions							-
	t investment earnings, gains, d losses						· · · · · · · · ·	
d Gr	ants or scholarships							
	her expenditures for facilities disprograms.							
	Iministrative expenses.							
_	id of year balance		<u> </u>			<u> </u>		
	ovide the estimated percentage		=	e 1g. column (a)) held a	\$:			
	ard designated or quasi-endov		<u> </u>					
	rmanent endowment		,					
	rm endowment	월						
(h	e percentages on lines 2a, 2b,	and 2c shoul	d equal 100%.					
	e there endowment funds not i	n the possess	sion of the organization	that are held and admin	stered for the	ſ	V	1 11-
•	ganization by:					3-(1)	Yes	No
	Unrelated organizations?	• • • •		•		3a(i)		<del> </del>
, ,	Related organizations?			na Cabadala D3	,	3a(ii)		-
	"Yes" on line 3a(ii), are the rela escribe in Part XIII the intended					30		<u> </u>
Part V			<del></del>	in lands.				·
T dit V	Complete if the organizat			rt IV, line 11a. See Form	990, Part X, line 10.			
	Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E	Book va	
	nd			25,000.				,000.
<b>b</b> Bu	ildings			1,023,849.	463,360.		560	<u>,489.</u>
	asehold improvements							
	juipment			604,099.	598,813.			<u>,286.</u>
	her			7,074.	4,927.			<u>,147.</u>
	dd lines 1a through 1e. (Colum	n (d) must eq	ual Form 990, Part X. li	ne 10c. column (B))				, 922.
BAA					Sched	dule D (F	orm 99	JO) 2023

Part VII	Investments — Other Securities	on Form 990 Part IV lin	N/A	
(a) Descrip	Complete if the organization answered "Yes" or often of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	waar markat yahua
(1) Financial		(4)	(c) Wellion of Valuation, Cost of end-os-	year market value
(2) Closely h	eld equity interests			
(3) Other	· · ·			
(A)				· · · · · · · · · · · · · · · · · · ·
(B)				
(C) (D) (E)				
(D)				F-11-0
(E) (F)				
(F) (G)			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(H)	<del></del>			
(1)				
	(b) must equal Form 990, Part X, line 12, column (B)).			
Part VIII	Investments – Program Related		N/A	-
	Complete if the organization answered "Yes" of (a) Description of investment		e 11c. See Form 990, Part X, line 13.	f
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	r-year market value
(1) (2)				0.96
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(b) must equal Form 990, Part X, line 13, column (B)).			
Part IX	Other Assets	N/A		
	Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	
(1)	(a) De	scription		(b) Book value
(1)				
(3)				
(4)		<del> </del>		<del> </del>
(5)				
(6)				
(8)				
(9)				
(10)				
Total. (Colum	nn (b) must equal Form 990, Part X. line 15, co	lumn (B)).		
Part X	Other Liabilities			
1.	Complete if the organization answered "Yes" o		e 11e or 11f. See Form 990, Part X, line	
	income taxes	ption of liability		(b) Book value
(2)		, , , , , , , , , , , , , , , , , , , ,		
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
2 Liability for	in (b) must equal Form 990. Part X, line 25, coll	umn (B))	<u> </u>	
tax positions and	ncertain tax positions. In Part XIII, provide the text of the foo er FASB ASC 740. Check here if the text of the footnote has I	tnote to the organization's fina been provided in Part XIII	nicial statements that reports the organization's liab	illity for uncertain
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Schedule D (Form 990) 2023 MID COAST FIRE BRIGADE	94-2593269 F	Page 4
Reconciliation of Revenue per Audited Financial Statements With Reven Complete if the organization answered "Yes" on Form 990, Part IV, lir	ue per Return N/A	
Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	1	
b Donated services and use of facilities		
c Recoveries of prior year grants	100	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1;	V	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered "Yes" on Form 990, Part IV, lin	nses per Return N/A	
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....

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# SCHEDULE O

## 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

MID COAST FIRE BRIGADE

Employer identification number

94-2593269

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

THE PRESIDENT . CHERYL GOETZ AND THE VICE PRESIDENT JAKE GOETZ ARE MARRIED

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

MEMBERS ELECT THE OFFICERS OF THE CORPORATION

Form 990, Part VI, Line 11b - Form 990 Review Process

THE RETURN IS PROVIDED TO THE BOARD OF DIRECTOS FOR THEIR APPROVAL

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

THE ENTITIES CONFLICT OF INTEREST POLICY SETS FORTH THE REQUIRED DISCLOSURES OF MEMBERS. DICTORS AND OFFICER.

the entity adopted 2 cal code of regs section 18730 and any admendments thereto.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

COMPENSATION ID DETERMINED BY GRANTS AND THE REQUIREMENTS ARE SET FORTH IN THE GRANT DOCUMENT

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

COMPENSATION IS REVIED BY THE BOARD. THE ONLY COMPENSATION IS DONE BY GRANT APPROVAL

Form 990. Part VI. Line 19 - Other Organization Documents Publicly Available

DOCUMENTS ARE AVAILABLE AT THE FIRE HOUSE

# Form 990, Part IX, Line 24e Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
BANK CHARGES BATTERIES COMPRESSER/SCUBA DUES AND SUBSCRIPTIONS EVENT COSTS	762. 880. 2,356. 811.	880. 2,356. 811.	762.	
FUND RAISING MISCELLANEOUS OPERATIONS SUPPLES	1,302. 994.	994.		1,302.
OTHER TAXES PROFESSIONAL FEES PROTECTIVE EQUIPMENT RAIDO	25. 850. 404. 2,364.	404. 2,364.	25. 850.	

		•

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Name of the organization	Employer identific	Employer identification number				
MID COAST FIRE BRIGADE				94-2593269		
Form 990, Part IX, Line 24e (co Other Expenses	ntinued)					
		(A)	(B) Program	(C) Management	(D)	
	_	Total	Services	& General	<u>Fundraising</u>	
REPAIRS STATE TAXES TOOLS AND EQUIPMENT Travel UNIFORMS AND EQUIPMENT		68. 100.	68.	100.		
		918. 2,462.	918.	2,462.		
				·		
	Total 🕏	14,296.	8,795.	\$ 4,199.	\$ 1,302.	
Form 990, Part XI, Line 9 Other Changes In Net Assets 0	r Fund Balan	ces				
ASSETS				<u>\$</u> Total <u>\$</u>	-118,012. -118,012.	