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OMB No 1545-0047

2017

Open to Public
InspectionDepartment 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.

A For the 2017 calendar year, or tax year beginning		, and ending			
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization Bexar-Bulverde Volunteer Fire Department Doing business as Number and street (or P O box if mail is not delivered to street address) 23103 Bulverde Road City or town San Antonio State TX ZIP code 78259 Foreign country name Foreign province/state/county Foreign postal code		D Employer identification number 51-0179143 E Telephone number 210-272-0353 G Gross receipts \$ 4,499,743	
		F Name and address of principal officer Joseph Guerra 27008 Kent Oaks, San Antonio, TX 78260		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No," attach a list (see instructions)</i>	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input checked="" type="checkbox"/> 527				J Website: ► www.bexarbulverdevfd.org H(c) Group exemption number ►	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation 1966	M State of legal domicile TX

SCANNED AUG 20 2016

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities services	Provider of fire and emergency medical		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	58	
	6 Total number of volunteers (estimate if necessary)	6	120	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
			Prior Year	Current Year
Expenses	8 Contributions and grants (Part VIII, line 1h)	29,410	26,090	
	9 Program service revenue (Part VIII, line 2g)	3,113,936	4,423,264	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,760	32,576	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,996	17,285	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,177,102	4,499,215	
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	829,972	1,250,459	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ►	0	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,160,515	1,165,753	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,990,487	2,416,212	
19 Revenue less expenses Subtract line 18 from line 12	1,186,615	2,083,003		
		BEGINNING OF CURRENT YEAR	END OF YEAR	
	20 Total assets (Part X, line 16)	6,877,347	11,534,635	
	21 Total liabilities (Part X, line 26)	4,205,749	6,780,034	
	22 Net assets or fund balances Subtract line 21 from line 20	2,671,598	4,754,601	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer <i>Joseph Guerra</i>	Date 6/15/18
	Type or print name and title <i>Joseph Guerra</i>	

Paid Preparer Use Only	Print/Type preparer's name Reed J Smiley	Preparer's signature <i>Reed J Smiley</i>	Date 6/8/2018	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00268083
	Firm's name ► Reed J. Smiley, CPA		Firm's EIN ► 74-2500491		
	Firm's address ► 1550 N E Loop 410, Suite 207, San Antonio, TX 78209		Phone no (210) 822-6900		

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.
HTAX Yes No

Form 990 (2017)

14 9/18

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission

Provider of fire and emergency medical services

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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, as measured by 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 \$ 2,289,980 including grants of \$ _____) (Revenue \$ _____)
Provide fire and EMS services to Bexar County and surrounding 47 square mile area

4b (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____) including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ _____)

(Revenue \$ 0)

4e Total program service expenses ► 2,289,980

70

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete *Schedule A*
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?
- 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*
- 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*
- 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*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete *Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a

	Yes	No
1		X
2		X
3		X
4		
5		X
6		X
7		X
8		X

Part X Balance Sheet

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

(A)	(B)
Beginning of year	End of year

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

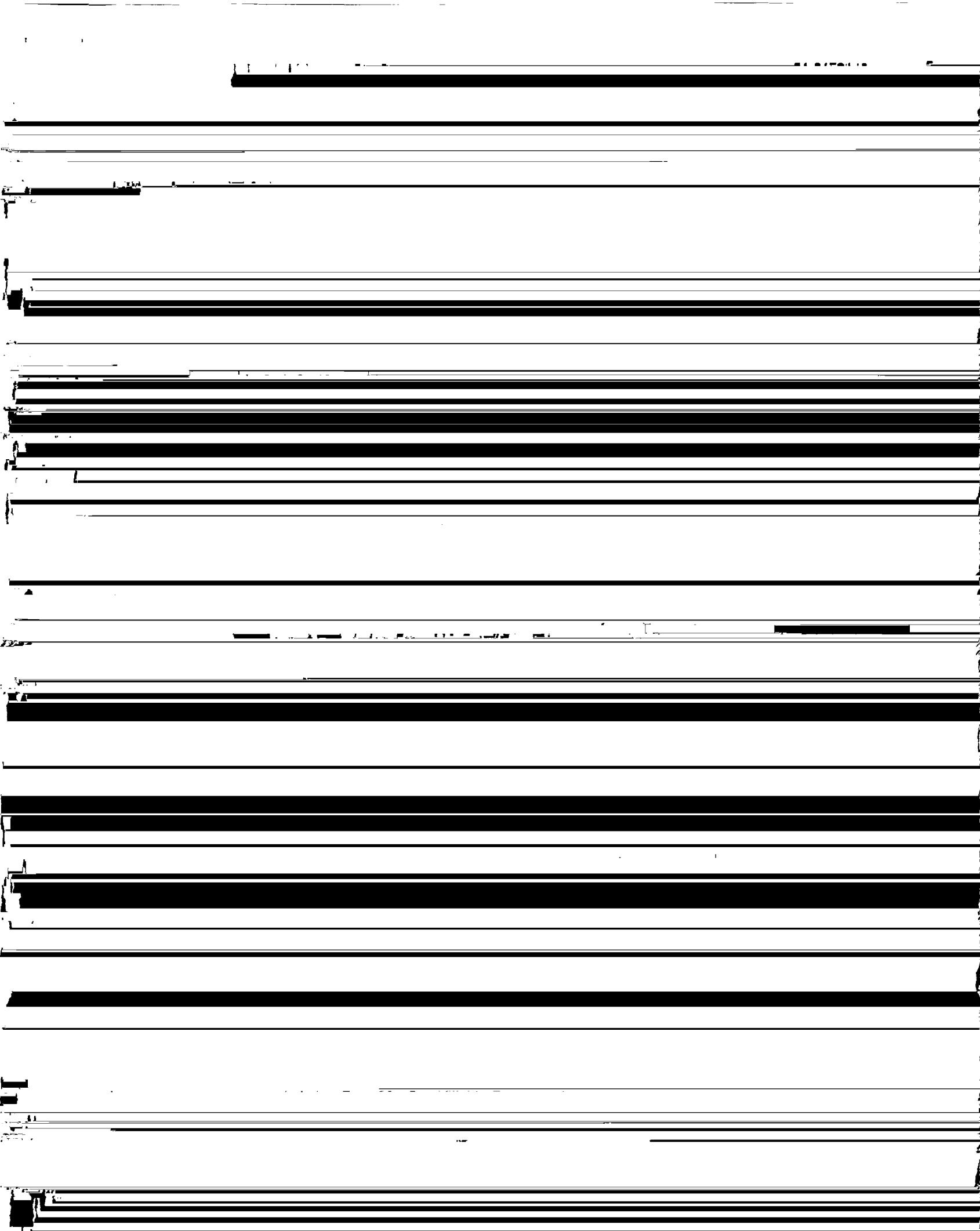
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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.

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

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
 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

	Yes	No
20a		X
20b		
21		X
22		X
23		X
24a		X
24b		



Part VI

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. X

X

Section 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 in Schedule O	1a	7
b Enter the number of voting members included in line 1a, above, who are independent	1b	7
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 supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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?	7a	X
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	X
8 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	X
9 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 in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13 Did the organization have a written whistleblower policy?		
14 Did the organization have a written document retention and destruction policy?		
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		
b Other officers or key employees of the organization		
If "Yes" to line 15a or 15b, describe the process in 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?		
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?		X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

Frances Miller

and records

Frances Miller
23103 Bulverde Road San Antonio TX 78259

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 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former			
(1) Jon Moore Director	3.00 0.00	X						7,363	0	0
(2) Clay Campbell Secretary	3.00 0.00	X	X					0	0	0
(3) Jim Bruno Director	3.00 0.00	X						0	0	0
(4) Joseph Guerra President	10.00 0.00	X	X					0	0	0
(5) Frank Middour Vice President	10.00 0.00	X	X					0	0	0
(6) Steve Morovitz Treasurer	10.00 0.00	X	X					0	0	0
(7) Fernando Moreno Director	3.00 0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1b	Sub-total	►	7,363	0	0
c	Total from continuation sheets to Part VII, Section A	►	0	0	0
d	Total (add lines 1b and 1c)	►	7,363	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part VIII**Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a	0			
b	Membership dues	1b	0			
c	Fundraising events	1c	0			
d	Related organizations	1d	0			
e	Government grants (contributions)	1e	23,597			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,493			
g	Noncash contributions included in lines 1a-1f		\$ 0			
h	Total. Add lines 1a-1f			► 26,090		
Program Service Revenue		Business Code				
2a	Emergency Services District #3	900099	4,403,003			
b	Fire Watch Services	900099	0			
c	Emergency Response	900099	12,200			
d	Sale of Miscellaneous Used Equipment	900099	0			
e	TX Division of Emergency Management	900099	8,061			
f	All other program service revenue		0			
g	Total. Add lines 2a-2f			► 4,423,264		
3	Investment income (including dividends, interest, and other similar amounts)		► 2,229			
4	Income from investment of tax-exempt bond proceeds			► 0		
5	Royalties			► 0		
Other Revenue	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses	1,800			
	c	Rental income or (loss)				
	d	Net rental income or (loss)	1,800	0		
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses	(i) Securities	(ii) Other		
	c	Gain or (loss)	0	30,875		
	d	Net gain or (loss)		528		
			0	30,347		
				► 30,347		
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c)				
		See Part IV, line 18	a	0		
	b	Less direct expenses	b	0		
	c	Net income or (loss) from fundraising events			► 0	
	9a	Gross income from gaming activities	a	0		
		See Part IV, line 19	b	0		
	b	Less direct expenses			► 0	
	c	Net income or (loss) from gaming activities	a	0		
	10a	Gross sales of inventory, less returns and allowances	b	0		
	b	Less cost of goods sold			► 0	
Miscellaneous Revenue	c	Net income or (loss) from sales of inventory	a	0		
			b	0		
					► 0	
11a	Other Income	Miscellaneous Revenue	Business Code			
b	Insurance Premium Refunds	900099	2,120			
c		900099	13,365			
d	All other revenue		0			
e	Total. Add lines 11a-11d			► 15,485		
12	Total revenue. See instructions			► 4,499,215	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 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 domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,363	7,363	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			
7 Other salaries and wages	1,015,740	957,810	57,930	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,588	5,588		
9 Other employee benefits	142,643	135,885	6,758	
10 Payroll taxes	79,125	74,645	4,480	
11 Fees for services (non-employees)				
a Management	97,378	67,907	29,471	
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		0	
12 Advertising and promotion	13,212	13,212		
13 Office expenses	1,230		1,230	
14 Information technology	20,823	20,258	565	
15 Royalties	0			
16 Occupancy	0			
17 Travel	2,887	1,123	1,764	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	152,445	152,445		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	343,532	338,379	5,153	0
23 Insurance	122,459	118,198	4,261	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Maintenance	157,109	156,049	1,060	
b Fuel	30,810	30,810		
c Firefighting Equipment	73,876	72,455	1,421	
d Utilities	49,038	49,038		
e All other expenses	100,954	88,815	12,139	
25 Total functional expenses. Add lines 1 through 24e	2,416,212	2,289,980	126,232	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

2017Open to Public
Inspection

Name of the organization

Bexar-Bulverde Volunteer Fire Department

Employer identification number

51-0179143

Part I 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)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised		

Part VII**Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or interest

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,499,215
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,499,215
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,499,215

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,416,212
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Bexar-Bulverde Volunteer Fire Department

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 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number

51-0179143

Form 990, Part VI, Section B, Line 11b. The Board of Directors reviews the Organization's Form

990 each year prior to its release, directing questions and comments about the tax return to

the preparer. Once the Form 990 is approved by the Board, it is forwarded to the President and

Chief Executive Officer for his signature and subsequent release

Form 990, Part VI, Section B, Line 12c. Conflict of Interest policy issues are addressed as

needed by the Board members. Potential conflicts, if any, are considered by the Board and

acted upon on a case by case basis when necessary. The policy is enforced by the Board

President

Form 990, Part VI, Section C, Line 10. The Organization's governing documents, conflict of

[REDACTED]

[REDACTED]